Mrs. Claire Ryan,
Proprietor,
Sacre Coeur Nursing Home,
Station Road,
Tipperary Town,
Co. Tipperary

26th July 2006

Integrated Inspection Report

Dear Sir/Madam,

The Nursing Homes Inspection Team visited Sacre Coeur Nursing Home on 11th July 2006 and again on 25th July 2006.

There were twenty-four residents on this date. The Nursing Home is currently registered for twenty-six residents.

The following issues require your attention and action.

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:-

(e) where the person has left the nursing home, the date on which he or she left and a forwarding address
(f) where the person is admitted to hospital, the date of and reasons for the admission and the name of the hospital.
(g) where the person dies in the nursing home, the date, time and the certified cause of death.

Breach:
xxxx xxxx who died on 9th July 2006 had not been entered in the register. xxxx xxxx was admitted on 21st May 2006 for Clinical Winter convalescence and had left. There was no discharge date on the register.

Required Action:
All discharges/transfers/deaths must be recorded in the bound register.

Timescale:
Immediately
Article: 19.1
(a) where the person is in receipt of a health board subvention, a summary of the assessment of the person’s level of dependency on admission and on review.
(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.
(h) a record of any occasion on which physical or chemical restraint is used, the nature of the restraint and its duration.

Breach:
Care Plans for the following were found to be incorrect:

**XXXXX XXXXX** - Assessment on admission not completed. There was no Barmel, Winchester or similar assessment to indicate level of dependency. Nurse xxxxx reported that his sacral area had broken one week previous to inspection. No record was found in the Day/Night entries of this change in condition. There was no Waterlow, Braden, or Norten Assessment to indicate his risk level (xxxx xxxxx is wheelchair bound).

**XXXXX XXXXX** - Her assessment did not indicate if she is mobile or not, what her mental state is, other than a note in the Day/Night entries which stated “She was confused”. Nurse xxxxx stated that skin in her sacral area had broken. An entry on her notes made 9th July 2006 confirmed this, but no risk assessment had been undertaken.

**XXXXX XXXXX** - No Care Plan or Nursing assessment were on file. The admission form was poorly filled out with areas not completed. There was no date on this chart.

Restraint Book - There were three entries with residents names recorded. Two entries were not dated. One entry was not signed.

**Required Action:**
Care plans and Nursing Assessment tools should be used to indicate the risk and dependency of the resident.

**Timescale:**
Immediately – as discussed with xxxx xxxxx and Nurse xxxx xxxxx on 25th July 2006.

Article:19.1  
(g) a record of any accident or fall involving a dependent person.

**Breach:**
Accident Book – On a number of entries it was not stated if the relative had been notified.

**Required Action:**
Comprehensive details of the incident/accident must be recorded to include time G.P called, time ambulance arrived, time relatives notified and any other relevant information.

**Timescale:**
Immediately – as discussed with xxxx xxxxx and Nurse xxxx xxxxx on 25th July 2006.
Recommendations

- Ceiling in room 14 to be repaired.
- The dimmer switch to be repaired in room 15.
- The ceiling to be painted in room 16.
- The defective hot water tap to be repaired in room 17.
- The plaster on the ceiling over the sink in room 12 was noted to be wet. This needs to be attended to.
- Urine bottles are not to be stored in the shower room or ensuites. Remove to sluice room.
- Pedal bin for waste paper required for sluice room.
- Liquid soap and paper towels must be provided in all communal rooms i.e., bathrooms, laundry, sluice, staff toilet.
- Call bell in room 6 must be provided. Spare lead would be recommended.

The Chairperson of the Inspection Team is to be notified on or before the above date(s) indicating the steps taken by the home to carry out the actions as required under the regulations.

Signed:

____________________     ____________________
Inspection Team Member     Inspection Team Member