### Nursing Home Inspection Report


<table>
<thead>
<tr>
<th>Inspection Report</th>
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<tbody>
<tr>
<td><strong>Nursing Home</strong></td>
</tr>
<tr>
<td><strong>Number of Residents</strong></td>
</tr>
<tr>
<td><strong>Registered for</strong></td>
</tr>
<tr>
<td><strong>Nursing Home Address</strong></td>
</tr>
<tr>
<td><strong>Proprietor</strong></td>
</tr>
<tr>
<td><strong>Proprietor’s Address</strong> <em>(if different from above)</em></td>
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<tr>
<td><strong>Person-in-Charge of Nursing Home</strong></td>
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<tr>
<td><strong>Date and Time of Inspection(s)</strong></td>
</tr>
<tr>
<td><strong>Date report issued</strong></td>
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<tr>
<td><strong>Summary of previous report findings</strong></td>
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### Current Inspection Summary Findings

Findings of latest (announced) inspection which took place on 22/02/2008

The inspectors findings based on the [current nursing home inspectorate regulations](#) are as follows:
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### Summary Findings of Current Nursing Home Inspection

- **Under Care & Staffing** the nursing home was compliant with 18 out of 21 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 26 out of 27 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 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.

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

<table>
<thead>
<tr>
<th>Regulation number</th>
<th>Article 19.1 (d):</th>
<th>Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>‘In every Nursing Home, the following particulars shall be kept in a safe place in respect of each dependent person:’</td>
<td><strong>Nursing Assessment &amp; Care Plans:</strong></td>
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<td>(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’</td>
<td>Of the random files reviewed, the Designated Officer noted that the following residents did not have a nursing reassessment completed since admission:</td>
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- Resident ** last assessed 18/04/06.
- Resident ** last assessed April 2005.
- Resident ** last assessed 23/11/06.
- Resident ** last assessed 12/10/05.

In relation the care plans, the Person in Charge stated that all residents care plans were updated on a six
monthly basis. It was evident on review of the nursing documentation that the care plans were not always individualised specific to the residents’ needs.

**Risk Assessment Tools:**

1. The following residents had Waterlow assessment completed: Resident **/ **/ **/**. However, there was no indication on this form as to what intervention was required for each risk category. It was not evident in the care plans how frequently the Waterlow score is to be completed.

2. It was documented that resident ** had weight loss which had been reviewed and managed by the GP. The nutritional risk assessment tool in place stated that the risk assessment score was “3”, which was defined on this form as “little or no risk”, which does not reflect **’s weight loss problem accurately.

**Required Action**

The Person in Charge to ensure that:

a) All residents have a nursing assessment completed on a regular basis as defined in the Nursing Home Policy.

b) All residents are reassessed when there is a change in the resident’s condition, and on transfer from another facility.

c) Criteria for reassessment are incorporated into the Nursing Home Assessment/Reassessment Policy.

d) Risk assessment tools are researched-based and the information obtained from the Risk Assessment Tools and the Nursing Assessment are utilised in conjunction with professional judgment to formulate an individualized care plan which is reflective of the specific needs of the resident.

e) Risk Assessments are reviewed more frequently when there is a change in the resident’s condition. The specific interventions and the frequency of reassessment are clearly identified in the care plan. Where necessary the resident is referred to the relevant specialist
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<table>
<thead>
<tr>
<th>Timescale</th>
<th>(a), (b), (e) &amp; (g): To commence on receipt of this report.</th>
<th>(c) &amp; (f): To be addressed within two months on receipt of this report.</th>
<th>(d): To be addressed within one month of this report.</th>
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Regulation number | Article 27.1 (a) |  
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<td>‘The Registered Proprietor and the Person In Charge of the Nursing Home shall:’</td>
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<td>(a) take adequate precautions against the risk of fire, including the provision of adequate means of escape in the event of fire and make adequate arrangements for detecting, containing and extinguishing fires, for the giving of warnings and for the evacuation of all persons in the Nursing Home in the event of fire, and for the maintenance of fire fighting equipment’</td>
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Non-Compliance 1. Following previous statutory inspections of the Nursing Home that was carried out on the 20/12/06, 08/06/07 and 24/09/07, it was highlighted in the Inspection Report dated 06/02/07, correspondence dated 26/06/07 and Inspection Report dated 24/09/07 that the Registered Proprietor/ Person In Charge is to forward to the Inspectorate a written confirmation that the Fire Condition placed by the Assistant Chief Fire Officer on the 11th January 1990 specifying the ‘Non-ambulant patients to be confined to ground floor’ is removed or that Resident ** is moved to the ground floor of the Nursing Home. During the Inspection, the Designated Officers was informed by the Registered Proprietor that this issue was followed up by the Fire Department and that the Nursing Home was recently inspected by a representative from the Fire Department.
Department as part their action to address this issue. However, to date, no written confirmation has been received by the Inspectorate that the Fire Condition has been removed. Furthermore, on the day of the inspection, Designated Officer noted that Resident ** was still residing on the first floor of the Nursing Home. In addition to this, Designated Officer also noted that two other non-ambulant residents (Resident ** and resident **) are residing on the first floor of the Nursing Home.

2. On the day of the inspection, the Designated Officers noted one resident smoking a cigarette in the sluice room. At this time the sluice room had full garbage bags stored on the floor next to where the resident was smoking. There was a strong smell of cigarette smoke on the corridor which did not attract any attention from staff who were observed by the Designated Officers walking past the sluice room during the course of their work while the resident was smoking in the sluice room. There was a 'No Smoking' sign posted on the door of the sluice room. The Designated Officers asked a staff member if she was aware that the resident was smoking in the sluice room. She replied that she was and that another elderly resident also smoked in the sluice room when the weather was cold. The Designated Officers informed the staff member that smoking in the sluice room is a fire hazard and must cease immediately.

The Designated Office also reviewed the nursing documentation of the resident whom was noted smoking in the sluice room on the day of the inspection. On review of this resident’s nursing documentation, the Designated Officer noted that the same resident had a history of seizures and confusion. The resident’s nursing documentation also included a "record of events chart", in which, it was documented that on 19/02/08 between 9.00 pm and 10.00 pm “smoking ++” and on 13/02/08 between 9.00 pm and 10.00 pm “smoking ++”. The resident had a care plan in place which stated “Reiterate the No Smoking Policy in Fingal..."
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“House”. However, it was documented in the progress notes on 19/02/08 “smoking +”.

The Designated Officers discussed this issue with the Registered Proprietor/ Person In Charge at the post inspection feedback session. The Designated Officers were informed that the two residents smoke outside the nursing home under supervision, and that the outside shelter that had been in place previously had been blown down during strong winds. The Designated Officers emphasised during the post inspection feedback session that smoking in the sluice room is a fire hazard and must be ceased immediately.

#### Required Action

Person In Charge to ensure that:

1. All non-ambulant residents are to be nursed on the ground floor of the Nursing Home, in accordance to the condition placed by the Assistant Chief Fire Officer on 11th January 1990.

2. A written confirmation from the appropriate authority is forwarded to the Inspectorate Office if the condition placed by the Assistant Chief Fire Officer on 11th January 1990 has been removed.

3. Smoking within the sluice room is to cease immediately.

4. A suitably designated smoking area is to be provided within the Nursing Home for use by residents who do not wish to smoke outdoors.

#### Timescale

1 & 2: To be addressed within two weeks following receipt of this report.

3: To be addressed within 24 hours following receipt of this report.

4: To be addressed within two months following receipt of this report.

<table>
<thead>
<tr>
<th>Regulation number</th>
<th>Article 27.1 (a), (c) &amp; (d)</th>
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<tr>
<td></td>
<td>‘The Registered Proprietor and the Person In Charge’</td>
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</table>
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- **of the Nursing Home shall:**
  - (a) take adequate precautions against the risk of fire, including the provision of adequate means of escape in the event of fire and make adequate arrangements for detecting, containing and extinguishing fires, for the giving of warnings and for the evacuation of all persons in the Nursing Home in the event of fire and for the maintenance of fire fighting equipment
  - (c) take all reasonable measures to ensure that materials contained in bedding and the internal furnishings of the Nursing Home have adequate fire retardancy properties and have low levels of toxicity when on fire
  - (d) ensure that emergency lighting is provided in the home

**Non-Compliance**
Following review of the copy of the report dated 25/01/08 of the recent inspection carried out by the Dublin Fire Brigade representative on the Nursing Home; highlighting multiple fire safety related issues, the Nursing Home is non-compliant with Articles 27.1 (a), (c) & (d) outlined above.

**Required Action**
The Registered Proprietor to submit to the Nursing Home Inspectorate Office a written schedule prepared by a competent person of measures which would enable the home to comply with the provisions of the above Articles, as per outlined in Article 27.2 (ii)

**Timescale**
Written schedule to be submitted within one week following the receipt of this report

**Regulation number**
**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-Compliance**
On review of the medication prescription record of
### Nursing Home Inspection Report


| Resident M.F.: |  
|---|---|
| 1. Designated Officers noted that Resident **'s medications were ‘blocked signed’ as prescribed. However, it is observed that the prescribing signature does not fully encompass the entirety of the prescribed medications. |  
| 2. Designated Officer also noted that Resident ** was prescribed Difene 75 mg twice daily and Difene Gel/ Spray as required on 17/02/08. Both of these medications were not signed by any medical practitioner on the day of the inspection. |  

### Required Action

Person In Charge to ensure that:

1. When practicing ‘block signing’, the prescribing signature should encompass the entirety of the prescribed medications.
2. All medication prescriptions are individually signed by the medical practitioner who prescribed the medications.

### Timescale

1 & 2: To be addressed immediately as outlined to the Person in Charge on the day of the inspection

<table>
<thead>
<tr>
<th>Regulation number</th>
<th>Article 5 (a)</th>
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| *The Registered Proprietor and the Person In Charge shall ensure that there is provided 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’

### Non-Compliance

During inspection, the Designated Officers noted that resident ** was nursed on the first floor of the nursing home. Resident ** is highly dependent and requires frequent nursing intervention.

On the day of the inspection, the Designated Officers met resident ** at 10.30 a.m. On initial meeting with Resident **, the resident appeared a little distressed and was visibly flushed. On asking resident ** how ** was feeling, ** replied “pull off the covers, I'm hot.”
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There were no nurses visible on the first floor at this time, and the Designated Officers removed one of the covers as requested and reported to the Staff Nurse later on during the course of the inspection that the resident was flushed and complained of feeling hot.

The Designated Officers returned back to the first floor to visit this resident in the afternoon, and again observed that the resident to be a little distressed. The resident had been repositioned onto her left side in bed, and the call bell was out of her reach as it was attached to the bed clothing behind the resident. The resident was hard of hearing and said repeatedly to the Designated Officers “get me a nurse I want to be turned”. The Designated Officers noted that the resident did not use the call bell when it was provided. The nursing staff arrived promptly when the Designated Officers rang the resident’s call bell.

The Designated Officers informed the Person in Charge of their concerns regarding this very dependent resident being nursed upstairs particularly in relation to the fact that there is no a staff member permanently assigned to this floor and that the resident is unable to use the call bell. The person in Charge stated that the family have “put it in writing that they want the resident to remain nursed upstairs”.

Required Action

The Person In Charge to ensure that Resident **, who is a highly dependent and non-ambulant resident, is transferred to the ground floor of the Nursing Home in order to:

1. Ensure continuous nursing care and supervision of the resident

2. Comply with the condition placed by the Assistant Chief Fire Officer on 11th January 1990 that stated ‘Non-ambulant patients to be confined to ground floor’

Timescale

To be addressed within 48 hours following the receipt of this report

All regulations, their reference numbers and the details of those regulations can be viewed in
### Nursing Home Inspection Report


### Comments and Recommendations

<table>
<thead>
<tr>
<th>Comments and recommendations made by the inspection team as a result of the inspection</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>It is acknowledged that an Accident/ Incident Audit was implemented and in place on the day of the inspection. It is further recommended however that the audit analysis is incorporated into the residents nursing care plans as part of a preventative management strategy of Accident/ Incident within the Nursing Home</td>
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<thead>
<tr>
<th>This report has been completed/issued by</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noel Mulvihill</td>
<td>LHO Manager</td>
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