

	<b>Nursing Home Inspection Report</b>
	Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.
<b>Nursing Home</b>	Sheelin Nursing Home
<b>Number of Residents</b>	33
<b>Registered for</b>	39
<b>Nursing Home Address</b>	Tonagh Mount Nugent Co. Cavan
<b>Proprietor</b>	Mr. Russell Mellett & Ms. Nancy Gilsenan
<b>Proprietor's Address (if different from above)</b>	
<b>Person-in-Charge of Nursing Home</b>	Ms Mary Katherine Kavanagh
<b>Date and Time of Inspection(s)</b>	3/04/2008 0900hrs – 1600hrs. SEHO 0950hrs – 1300 hrs
<b>Date report issued</b>	28.05.08
<b>Summary of previous report findings</b>	Further to the previous inspection of 5 <sup>th</sup> December 2007 which shows the following: Articles 28.1, Article18.1& have been satisfactorily addressed. Articles 11.2(f) & (i), Article12 (a), Article29 (a), Article 19.1(d), Article 17, Articles 14 (a) & (b) have not been addressed.
	<b>Current Inspection Summary Findings</b>
<b>Compliance status</b>	<b>Findings of latest (unannounced) inspection which took place on 03/04/2008</b>  The inspectors findings based on the <a href="#">current nursing home inspectorate regulations</a> are as follows:

Inspection Report

Findings

# Nursing Home Inspection Report

Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

## Summary Findings of Current Nursing Home Inspection

- **Under Care & Staffing the nursing home was compliant with 19 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 7 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.**

Regulation number

**Article 10.5(d)** the registered proprietor and the person in charge of the nursing home shall ensure that: *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

1. Following review of the printed nurses duty roster the Person In Charge is rostered to work between the hours of 1600-2000 only on weekdays, and works from 0800-2000 at weekends. The nurse on duty on weekdays from 0800-1600 is only recently appointed within the last five weeks and is orientating to her new role. There is inadequate support to the orientating nurse in her role as sole staff nurse in charge on weekdays.
2. A member of staff (\*\*) listed on the nurses roster who is a newly qualified nurse with UK central Council is working in Sheelin without a PIN number and is awaiting registration with An Bord Altranais. It was stated that \*\* was

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

Compliance/Non Compliance

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Required Action	<p>working at Sheelin since last October. **'s name appeared on the nursing and carers roster.</p> <ol style="list-style-type: none"> <li>1. The Person In Charge should review the induction training and supervision needs of new members of staff.</li> <li>2. The name of ** should not appear on the nursing roster until ABA registration process is completed. It must be explicit and clear which role ** is taking within the nursing home. Provide Designated Officers with PIN number within specified timeframe.</li> </ol>
Timescale	1&2 Within one week of receipt of this report.

Regulation number	<b>Article 29(a)</b> <i>“make adequate arrangements for the recording, safekeeping, administering and disposal of drugs and medicine”,)</i>
Non-Compliance	On the date of inspection an open tube of the drug **eye ointment was noted on the locker in the bedroom of resident **. The tube was open and partially used. There was no evidence as to when this tube of **ointment was opened and therefore it cannot be identified when it should be discarded. There was no evidence of whether this medication was prescribed for this particular resident as there was no pharmacy dispensing label on the tube. Therefore there was a potential risk of administering medication to a resident for whom it has not been prescribed, and a further risk of administering out of date medication.
Required Action	<p>All eye medication to have a pharmacy dispensing label which clearly identifies the person for whom the medication has been prescribed and the date of expiry. The opening date should be clearly written on the bottle or tube by the person who opens the medication to ensure that it can be clearly identified as to when it expires.</p> <p>2. The person in charge to update the medication management policy and procedure to reflect the current guidelines from An Bord Altranais on Medication Management 2007. The person in charge to ensure all nurses read and understand these guidelines.</p>
Timescale	Within one week of receipt of this report.

Regulation	<b>Article 17</b> <i>“The registered proprietor and the person in</i>
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Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

number	<i>charge of the nursing home shall have a brochure available with information about the nursing home, including the name and address of the home, the name of the registered proprietor, the admissions policy, accommodation provided and special facilities and services”,</i>
Non-Compliance	The current brochure does not include a specific admissions policy. The brochure should clearly indicate the type and dependency of residents which the nursing home can accept and indicate any limitations where appropriate. The brochure should also include the name of the Registered Proprietor. This is a recurrent non-compliance.
Required Action	1. Review the brochure to include a specific admissions policy and update the registered proprietor’s name both of which should reflect the most recent Registration application form. 2. A printed insert of brochure requirements is acceptable until a new brochure is available within the specified timeframe.
Timescale	1. Within 3 months of receipt of this report 2. Within 2 weeks of receipt of this report.
Regulation number	<b>Article 11.2</b> In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows: <b>(a) adequate accommodation and space in single and shared sleeping rooms and portable screens or screening curtains to ensure privacy for individual persons</b>
Non-Compliance	Insufficient screening between beds in twin room *. Curtain screen was torn and did not extend fully across the length of the rail to ensure privacy for both residents.
Required Action	Provide adequate screening in all twin rooms which ensures privacy for individual persons.
Timescale	Within two weeks of receipt of this report.
Regulation number	<b>Article 11.2</b> In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows: <b>( f ) suitable and sufficient equipment and facilities having regard to the nature and extent of the dependency of the persons maintained in the nursing home;</b>
Non-Compliance	On the day of inspection it was noted that items of equipment were stored inappropriately. This is a recurrent non-compliance having been noted on a previous inspection on 5.12.07 additionally it was

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	<p>noted that some equipment were not in a suitable state of repair for use of residents.</p> <ol style="list-style-type: none"> <li>1. Three transit wheelchairs and one zimmer frame were stored on the corridor between rooms ** &amp; ** on the first floor of the nursing home.</li> <li>2. The leather covering on the motorised wheelchair of resident ** was torn on both arms and the handle at the back of the chair.</li> <li>3. The extract fan at en-suite at bedroom ** was excessively noisy.</li> </ol>
Required Action	<ol style="list-style-type: none"> <li>1. Ensure an appropriate storage facility is provided for the safe storage of all equipment used within the home.</li> <li>2. Replace the motorised wheelchair or replace the covering with a similar appropriate covering.</li> <li>3. This fan to be replaced or the noise from the fan to be reduced to an acceptable level</li> </ol>
Timescale	<ol style="list-style-type: none"> <li>1&amp;2. Within one month of receipt of this report.</li> <li>3. Within seven days of receipt of this report.</li> </ol>

Regulation number	<b>Article 11.2</b> In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows: <b>(j) emergency call facilities are provided at each bed;</b>
Non-Compliance	Staff Call bells in all bedrooms on the 1st floor are located very high up on the walls and in many cases are over the bed. This results in staff having to lean over the bed and overreach or climb onto the bed, in order to reset the bell. There is a risk of falls or injury to both staff and resident. This was demonstrated to the Designated Officers when one of the nursing staff was observed trying to reset a call bell.
Required Action	Relocate all call bells on the first floor to a level and position which ensures that all staff can access them safely.
Timescale	Within one month of receipt of this report.

Regulation number	<b>Article 14</b> The registered proprietor and the person in charge of the nursing home shall; (a) <i>ensure that the nursing home and its curtilage is maintained in a proper state of repair and in a clean and hygienic condition;</i>
Non-Compliance	<ol style="list-style-type: none"> <li>1. There is a hole in the wall behind the door in bedroom * on the upper floor.</li> <li>2. The male and female toilets on the 2<sup>nd</sup> floor were malodorous</li> </ol>

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Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

	<ol style="list-style-type: none"> <li>3. The plaster at the external wall of the sluice room is crumbling and not adhering properly to the wall.</li> <li>4. The laundry floor was in a dusty condition</li> <li>5. A suitable fan grid is not provided in the ceiling at the front of the laundry extract fan</li> <li>6. The grouting at the shower room mid floor is discoloured.</li> </ol>
Required Action	<ol style="list-style-type: none"> <li>1. Repair the hole and provide a suitable finish to the wall.</li> <li>2. Ensure a thorough cleaning of the toilets with suitable disinfect to eliminate the odour and ensure effective barrier to cross infection.</li> <li>3. The cause of this defect to be eliminated and the existing plaster to be removed and the wall to be replastered and painted.</li> <li>4. The floor to be thoroughly cleaned giving particular attention to the areas behind and beneath equipment.</li> <li>5. A suitable fan grid to be provided</li> <li>6. This grouting to be renewed or alternatively and preferably a smooth durable impervious and readily washable surface to be provided at the shower room</li> </ol>
Timescale	<p>1,3 &amp; 6 Within one month of receipt of this report.                  2&amp;4 Within two days of receipt of this report.                  5. Within fourteen day of receipt of this report</p>
Regulation number	<p><b>Article 14</b> The registered proprietor and the person in charge of the nursing home shall; <b>(b) make adequate arrangements for the prevention of infection, infestation, toxic conditions, or spread of infection and infestation at the nursing home;</b></p>
Non-Compliance	<p>On the day of inspection there were three residents who were MRSA positive in the Nursing Home. It was noted that;                  Personal protective equipment or a clinical waste bin was not provided at the entrance to these residents bedrooms as part of an infection control process.</p> <p>Large tubs of silcock's base and soft paraffin creams were noted in the assisted shower on the ground floor and outside the designated store room on the upper floor. These were identified to the Designated Officers as communal creams.</p> <p>An inappropriate bin was being used as a clinical waste bin in the sluice room. This bin was not foot pedal operated.</p>

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**Required Action** Provide appropriate personal protective equipment and a clinical waste bin at the entrance to these residents bedrooms as part of an infection control process.  
Cease the practice of using communal toiletries for residents and provide individual toiletries for each resident which are clearly identifiable and are stored appropriately and ensure that adequate space and arrangements shall be made for the hygienic storage of individual resident's toiletries.  
Replace bin with appropriate pedal operated bin.

**Timescale** Within two weeks of receipt of this report.

**Regulation number** **Article14** 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-Compliance**

1. A wall mounted soap dispenser was not provided at bedroom \*
2. Liquid soap was not available at a dispenser at room \*.
3. An approved hand disinfectant was not available immediately inside the two back doors of the nursing home.
4. Wheelie waste bins at the yard were overfilled.

**Required Action**

1. A suitable wall mounted soap dispenser to be provided close to the wash hand basin.
2. Liquid soap to be available from a wall mounted dispenser at room \*.
3. An approved hand disinfectant dispenser to be suitably sited inside the back doors.

**Timescale**

1 & 2 Within one day of receipt of this report.  
3 & 4 Within fourteen days of receipt of this report

**Regulation number** **Article19.1**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 administration system it was noted that medications are being administered from a copy of the original medical prescription which is not signed by the GP. The MARS administration

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Required Action	<p>sheets are also not signed by the GP. In some instances Nurses are transcribing onto the MARS sheets and these are also unsigned by the GP. In the case of one resident ** the nurse transcribed medications from a faxed prescription onto the MARS sheet. A follow up prescription was not on file.</p> <p>The current practice of administration of medication is not based on best practice guidelines and is of itself at high risk of error. A recommendation was made during the last inspection on 5.12.07 to the Person in Charge to review the practice in line with the most recent An Bord Altranais guidelines, ' Guidelines to Nurses and Midwives on Medication Management', (July2007).</p>
Timescale	Within one week of receipt of this report.

Regulation number	<p><b>Article 19.1</b> In every nursing home the following particulars shall be kept in a safe place in respect of each dependent person: <b>(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.</b></p>
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Non-Compliance	<ol style="list-style-type: none"> <li>1. On the day of the inspection the Designated officers were informed that resident ** had MRSA. On review of the nursing records, including assessment, care plans and daily nursing notes a number of residents had not had their plan of care updated to reflect recent changes in their health status. This is also reflected in the non-compliance relating to Article 14 outlined above. There was no clarity relating to the MRSA status of two residents ** and **. ** was MRSA positive to her leg wound on 28/3/08, but the nursing care plan had not been updated to reflect the MRSA status which would have relevance in relation to choice of appropriate dressings. In relation to resident ** staff were unclear as to the status of the MRSA infection in the residents left eye, in the absence of universal precautions as described in Article 14. The infection control policy of the nursing home was not being adhered to, this poses a risk of cross infection to both residents and staff alike.</li> <li>2. One Resident ** was diagnosed with leg ulcers, and had been attending Cavan General Hospital, Tissue Viability Clinic where treatment had been prescribed following assessment, on return to the nursing home the treatment was reassessed by the senior RGN who stated that, in her opinion, it was not</li> </ol>
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working, the senior RGN then changed the treatment regime to\*\*. There was no communication or consultation with Cavan General Hospital in this regard. On the day of the inspection the designated officers advised the senior RGN to make immediate contact with the TVN at Cavan General Hospital to discuss progress to date, and arrange a review for \*\*.

## Required Action

1. Update and evaluate nursing care plans and all documentation relating to patients undergoing treatment schedules to eradicate MRSA infection.
2. Adhere to the infection control policy of the nursing home relating to management of MRSA infections. Including completion of the daily record sheet used by the nursing home.
3. When a resident is prescribed a course of treatment/dressings by a specialist, which it is subsequently decided needs to be changed, this decision must be clearly communicated to the hospital, or appropriate specialist and a more timely review date sought that a reassessment of needs be made.. (On the day of the inspection the senior RGN made telephone contact with TVN at Cavan General Hospital)

Timescale Within two weeks of receipt of this report.

Regulation number **Article 28.2** In every nursing home the procedure to be followed in the event of fire shall be displayed in a prominent place in the nursing home.

Non-Compliance Fire procedure not displayed prominently throughout the nursing home to provide instruction for staff, residents and visitors on action to be taken in the event of a fire.

Required Action Fire procedure to be prominently displayed.

Timescale Within two weeks of receipt of this report.

Regulation number **Article 12** 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 grounds of the nursing home;*

Non-Compliance On the day of inspection the designated officers noted a number of residents were being transported from bedrooms to the sitting room in transit wheelchairs

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Required Action	without footrests. Ensure that all residents are transported safely whilst in transit wheelchairs with feet raised on footrests to prevent risk of injury.
Timescale	Within two weeks of receipt of this report.

Regulation number	<b>Article 11.2</b> In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows ; <b>(h)</b> <i>suitable and sufficient lighting and ventilation, with natural lighting and ventilation in rooms which are regularly occupied by dependent persons;</i>
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Non-Compliance	The extract fan at en-suite at bedroom * was not in working order
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Required Action	This extract fan to be repaired or replaced
Timescale	Within seven days of receipt of this report.

Regulation number	<b>Article 11.2</b> In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows ; <b>(i)</b> <i>over-bed lamps at each bed accessible to the person and permanent night lighting with dimming facilities</i>
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Non-Compliance	<ol style="list-style-type: none"> <li>1. Some over bed lights were not within ready reach of the bed occupants</li> <li>2. The over bed light at bedroom * was not in working order</li> </ol>
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Required Action	<ol style="list-style-type: none"> <li>1. The over bed lights to be relocated so as to be within ready reach of the bed occupants. The rooms in question are: *, **, ** and **.</li> <li>2. This light to be put in working order.</li> </ol>
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Timescale	<ol style="list-style-type: none"> <li>1. Within one month of receipt of this report.</li> <li>2. Within one day of receipt of this report</li> </ol>
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All regulations, their reference numbers and the details of those regulations can be viewed in [Nursing Homes \(Care and Welfare\) Regulations, 1993](#).

	<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>Comments and recommendations made by the inspection team as a result of the inspection</p>		<b>Recommendations</b>
<p>This report has been completed/issued by</p>	<p>Noel Mulvihill, LHO</p>	<b>Author</b>