

	Nursing Home Inspection Report
	Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.
Nursing Home	Shrewsbury Nursing Home
Number of Residents	34
Registered for	36
Nursing Home Address	154 Clonliffe Road Ballybough Dublin 3
Proprietor	Margaret Gaughran
Proprietor's Address (if different from above)	As above
Person-in-Charge of Nursing Home	Margaret Gaughran
Date and Time of Inspection(s)	07/05/2008 from 07.00 to 14.15
Date report issued	19/05/2008
Summary of previous report findings	Following the previous inspection from 18/08/2007, the nursing home has not addressed non-compliance under the following regulations. Article 14 (d)
	Current Inspection Summary Findings
Compliance status	Findings of latest (unannounced) inspection which took place on 07/05/2008 from 07.00 to 14.15 The inspectors findings based on the current nursing home inspectorate regulations are as follows:

Inspection Report

Findings

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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 27 out of 27 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 8 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	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 person maintained therein and the nature and extent of their dependency.
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Non-Compliance	On the morning of inspection the Designated Officers noted that there was one Registered Nurse and one Care Assistant on night duty to care for 34 dependent residents who resided on three floors in the nursing home. The Designated Officers asked the Staff Nurse on duty how many staff were on night duty for the current night shift. The Staff Nurse informed the Designated Officers that there were two staff members on night duty. On asking the Staff Nurse how many staff were usually on night duty the Staff Nurse stated that there are always only two staff on night duty. The Designated Officers reviewed the staffing schedule with the Staff Nurse for the month of April 2008 to May 11 th 2008. The Designated Officers noted that it was
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Non-Compliance (This section should be deleted if no non-compliances have been recorded)

Compliance/Non Compliance

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recorded on the schedule that there should be one Staff Nurse and two Care Assistants on night duty every night. On asking the Staff Nurse where the second scheduled Care Assistant was at the time of inspection the Staff Nurse stated that the Care Assistant who's name was scheduled for night duty had a weeks vacation the previous week, and was currently on a weeks sick leave. This was not recorded on the schedule.

Required Action

The Person in Charge to ensure that:

- a) 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.
- b) The staffing schedule is maintained accurately and is reflective of the staffing levels that are on duty.
- c) Submit to the Nursing Home Inspectorate an accurate roster reflecting the actual staffing on each shift

Timescale

(a) & (b) on the day of receipt of this report.

Regulation number

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;

(d) ensure that a separate well ventilated room is provided for sluicing and for the storage of dirty linen

Non-Compliance

During inspection, the Designated Officers noted that the laundry facilities remain in use in the sluice room. This poses a risk to the spread of infection. This is a non compliance in relation to the required action and the timescale outlined in the two previous inspection reports which were delivered to the nursing home on 18/09/2007 and 08/03/2007.

Required Action

Remove washing machine and clothes dryer from the

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sluice room

Or

Alternatively provide written confirmation from an Infection Control Specialist to confirm that adequate arrangements are in place for the prevention or spread of infection relating to current facilities and confirmation that a well ventilated room is provided for sluicing and the storage of soiled linen.

Timescale Within one week on receipt of this report

Regulation number 12 The registered proprietor and the person in charge of the nursing home shall:—

(b) ensure that handrails are provided in circulation areas and that grab-rails are provided in bath, shower and toilet areas;

Non-Compliance The Designated Officer noted that there were no grab-rails in the toilet next to room *, or in the shower room on the top floor.

Required Action The Person in Charge to ensure that grab-rails are provided in all bath, shower and toilet areas.

Timescale Within two weeks on receipt of this report.

Regulation number 12 In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows:—

(g) bed and bedding appropriate to the dependency of each person and suitable and sufficient furniture and other necessary fittings and equipment;

Non-Compliance The Designated Officers noted that the mattress on bed * had bottomed out.

Required Action The Person in Charge to ensure that the mattress is replaced.

Timescale Within one week on receipt of this report.

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Regulation number 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 **Admission Assessment.**

- Of a random review of nursing notes the following resident's assessments were not signed or dated by the Registered Nurse. Resident **/**/**.
- The following residents did not have a comprehensive nursing reassessment in last six months. Resident **/**/**.

Care Plans.

The care plans reviewed did not reflect the current health status of the residents. For example resident ** had a care plan in place for Eating and Drinking which stated that the resident was an "insulin dependent diabetic, diet controlled". However the Staff Nurse informed the Designated Officers that the resident was not an insulin dependent diabetic.

Resident ** also had a care plan in place for "Mobilising" which stated "unable to mobilise due to stroke". The nursing intervention stated "resident able to mobilise on her own". The Designated Officers discussed other examples with the Person in Charge at the post inspection feedback session.

- *Residents **/**/** care plans were initialled and not signed by the Registered Nurse.*
- *The care plans did not consistently have a review date documented.*

Daily Nursing Notes.

Residents **/**/** did not consistently have a daily

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nursing note signed by the Registered Nurse.

Required Action

- a) All daily nursing notes are signed and dated by the Registered Nurse. (An Bord Altranais Recording Clinical Practice Guidelines to Nurses and Midwives, 2002).
- b) Reassessment is completed on a regular basis as per nursing home policy which includes reassessment when there is a change in the resident's condition, and on transfer from another facility.
- c) Following reassessment, care plans in place are reviewed, and are reflective of the current health status of the resident.
- d) Care plans are signed by the Registered Nurse and have a review date.
- e) Audit of the Nursing documentation on a regular basis. (An Bord Altranais Recording Clinical Practice Guidelines to Nurses and Midwives, 2002).

Timescale

- (a) On receipt of this report as discussed at the post inspection feedback.
- (b) & (c) Within one month on receipt of this report.

- (d). Within three months on receipt of this report.

All regulations, their reference numbers and the details of those regulations can be viewed in [Nursing Homes \(Care and Welfare\) Regulations, 1993](#).

Comments and Recommendations

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Comments and recommendations made by the inspection team as a result of the inspection	<p>The Designated Officers recommend the following:</p> <ul style="list-style-type: none"> • All nursing home policies, procedures and guidelines are signed and dated by the Person in Charge. There is written evidence that all relevant staff have read and understood the nursing home policies, procedures and guidelines. • It is acknowledged that the complaints procedure is posted in the hallway of the nursing home. However the Designated Officers recommends that a Complaints Policy is formulated to support the nursing homes internal complaints process. • Further development of the activities programme within the nursing home to include an individualised activities assessment of all residents that reflects the resident's choice. 	Recommendations
This report has been completed/issued by	Noel Mulvihill LHO Manager	Author