

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Atlanta Nursing Home
Centre ID:	0010
Centre address:	Sidmonton Road
	Bray
	Co Wicklow
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Atlanta Private Nursing Home Ltd.
Person in charge:	Wendelleah Carcallas
Date of inspection:	18 January and 19 January 2011
Time inspection took place:	18 Jan Start: 09:00 hrs Completion: 17:00 hrs 19 Jan Start: 08:10 hrs Completion: 12:40 hrs
Lead inspector:	Linda Moore
Support inspector:	N/A
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken following a change in circumstances; for example:

- following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Atlanta House Nursing Home was established in 1976 and the current provider took ownership in 1987. The service provides 43 residential places to male and female residents, with the majority of residents over the age of 65. On the day of the inspection, some residents had dementia related conditions and many others have mental health issues.

The centre is a three-story period building, with a single-story extension to the rear. The upper levels can be accessed by stairs and lift.

The communal areas are on the ground floor. These include a recreation room, television-cum-dining room, dining room and a second combined sitting and dining room in the conservatory which leads to the back garden. The relatives' room and prayer room are also located on the ground level. Residents are permitted to smoke in the television room.

There are 12 single bedrooms of which nine are en suite, 14 two-bedded rooms, five of which are en suite and one three-bedded room. Some of the en suites have a shower as well as toilet and wash-hand basin. There are also three showers, two of which are wheelchair accessible. All rooms without en suites have a wash-hand basin. There are two toilets near the communal areas on the ground floor; one of these is wheelchair accessible.

The extension to the rear of the building includes staff shower and toilets and a small treatment room.

Location

Atlanta House is situated close to the promenade in Bray, Co Wicklow. It is within a 10 minute walk of the local train and bus services.

Date centre was first established:	1976
Number of residents on the date of inspection	42
Number of vacancies on the date of inspection	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	19	10	13

Management structure

Thomas and Noeleen Cahill are the owners and Providers of the designated centre. For the purpose of the report, Thomas Cahill is referred to as the Provider and Noeleen Cahill as the Administrator; both are nurses by profession. The Person in Charge is Wendelleah Carcallas and she reports to the Provider and is supported in her role by the Administrator. The Administrator works in the absence of the person in charge. The nurses report to the Person in Charge and the care staff report to the senior carer who in turn reports to the nurse on duty. The maintenance and cleaning staff report to the Housekeeper who in turn reports to the Person in Charge. The kitchen assistants and Chef report to the Catering Manager who also reports to the Person in Charge. The receptionist and accounts personnel report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	0*	1	6	2	2	0	4**

* The person in charge was in the centre on the second day of inspection

** The other staff on duty included the Administrator who is a nurse and deputises in the absence of the person in charge. There was 1 physiotherapist, 1 maintenance person, 1 Aromatherapist

Background

A registration inspection of Atlanta Nursing Home was carried out by the Health and Information Quality Authority (the Authority) on 13 and 14 May 2010 and this centre is now registered. The action plan from that inspection report highlighted 20 issues to be addressed and made two recommendations. This inspection was carried out to review the actions required from the registration inspection.

Summary of findings from this inspection

The inspector reviewed all the actions and recommendations outlined in the report of the inspection dated 13 and 14 May 2010. The inspector found that while the provider and person in charge had made some improvements in the development of policies, environmental issues, collection of monitoring data, and staffing levels, the service still did not meet all of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) or the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The inspector found that the provider had addressed a number of the required actions. These included:

- the person in charge was now available to supervise the care delivered
- additional staff members were on night duty
- person in charge had commenced the collection of monitoring data
- policies were being updated including, continence, falls, complaints policy and medication management
- residents files were now stored secularly
- bedpan washer had been installed
- floorboards were replaced in one bedroom
- a rusty grid was replaced in a shower and new shower unit installed
- a water supply is now provided in the cleaners room
- the safety statement was updated

The provider had identified time frames for the completion of all issues - these times had been exceeded in many cases and actions were not completed. For example, the arrangements in place for residents to participate in activities were not adequate, residents' needs were not set out in the care plans and some residents were not assessed for seating. The inspector noted that assessment, care planning and delivery of care was inconsistent in terms of wound care, nutrition and weight loss in the centre.

The inspector was seriously concerned about the poor management of suspected elder abuse in the centre which came to the inspector's attention during the inspection. An incident had not been notified to the Authority as required by the Regulations. There was a significant risk identified in the management of allegations of elder abuse as staff members, including the person in charge, were still not familiar with the procedures to be followed for the prevention, detection and response to abuse. There was no investigation into a reported incident and appropriate action was not taken.

The inspector found that a resident was smoking in his bed in a shared room on the first floor creating a potential fire risk. The provider was required to submit an emergency action plan outlining the actions taken to address this issue.

Following the inspection, the provider and person in charge were also required to submit the following emergency action plans to:

- complete an investigation into the allegation of abuse, follow up on the findings and update the inspector of the progress of the inspection by Friday 28 January 2011
- submit the appropriate notifications to the Authority of any allegation, suspected or confirmed abuse

The Action Plan at the end of this report identifies further areas for improvements required to meet the Regulations and the Standards and maintain residents' safety.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide suitable numbers of staff at all times appropriate to the assessed needs of residents, and the size and layout of the building.

This action had been partly completed.

The person in charge told the inspector that she continued to base staffing levels on the assessed needs of the residents, including their health and social needs. She said she determined dependency levels using a validated assessment tool. The inspector found that there was additional staff numbers on duty since the registration inspection. The person in charge is now freed up to supervise and develop staff and monitor the care provided.

The inspector reviewed the planned and actual rota and found that since the registration inspection there were three members of staff on night duty at all times. The administrator showed the inspector the rota which indicated that additional staff were allocated if residents required an escort to an appointment or if a resident became unwell.

Table 1: staff deployed over a 24 hour period for 42 residents

	Provider	Admin	Person in charge	Nurses	Care Assistants	Cleaning	Catering
Morning		1	0	1	6	3	2
Afternoon		1	0	1	3		
6pm to 8pm		0	0	1	3		
8pm to 8am		0	0	1	2		

The inspector noted the CCTV was in place and was monitored from the provider's office. There was no documentary evidence that residents and relatives were informed that this was in place.

The provider and person in charge were on study leave on the day of the inspection. In their absence, the inspector spoke to the administrator and reviewed the roster. The inspector noted that the levels and skill-mix did not meet the centres rostering policy and was below the recommended norm. The rostering policy defined the staff to resident ratio at 1:8 until 8.00 pm. On the day of the inspection, there was one staff member to ten residents. The provider, who was listed on the roster as a nurse, was not replaced when he was on training. The administrator said she was carrying out the role of the person in charge in her absence and that her role also included coordinating the activities.

2. Action required from previous inspection:

Update the emergency evacuation plan to ensure it contains adequate information to guide staff to respond to emergencies.

Develop arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Update the risk management policy to include all information as required by the regulations.

The inspector read the emergency evacuation plan which was revised since the registration inspection. This provided directions for staff in the event of a fire or other emergency. It included a contingency plan for the total evacuation of residents from the building should it be required. Staff spoken to were knowledgeable about the plan.

The inspector read the falls management policy which was amended since the registration inspection. The policy provided clear guidelines to staff on how to prevent and minimise the risk of falls and how to respond should a resident fall. It included information on the falls assessment tool to be used and directed that the resident should be re-assessed following a fall. It also stated that the resident's care plan should be updated to reflect the resident's changing needs.

The inspector read residents' care plans and found that a resident at risk of falls had a falls risk assessment in place and re-assessments had been completed following falls by nursing staff or the physiotherapist. The resident also had a mobility care plan developed by the staff nurse and a care plan developed by the physiotherapist which guided the care to be delivered to the resident. The inspector read the physiotherapy records and found that they are now integrated into the residents' file.

One resident's notes showed that the physiotherapist completed the post falls assessment on the day she had fallen and he suggested that she be provided with a walking frame to replace the "rolater" she was using. This mobility aid was provided to the resident.

The inspector read the recorded accident/incident reports and noted that the form had been amended since the inspection. The events documented were recorded in detail and included an account of the action taken to prevent a recurrence and the outcome for the resident. The person in charge told the inspector that since the previous inspection she now meets with the staff and discusses any resident who has fallen in order to learn from this incident and prevent a recurrence. The inspector read the records of the learning outcomes.

While the inspector found the incidents of falls were recorded, reviewed and learning implemented, this was not the case for all incidents that occurred in the centre. Staff members were not clear as to what other incidents, such as those relating to challenging behaviour, should be recorded.

On the first day of the inspection, the administrator and the staff nurse could not locate the risk management policy. This policy was located by the person in charge on the second day of inspection.

The inspector read the policy and noted that it still did not comply with the Regulations. While this policy included information on risk rating and assessment, it did not include the arrangements for recording, investigating and learning from incidents or adverse events involving residents.

The inspector was concerned about the staff members' lack of awareness of the risk management policy and the processes in place to identify or respond to all risks.

3. Action required from previous inspection:

Put in place appropriate arrangements for residents to participate in activities appropriate to his or her interests and capacities, informed by an individual assessment.

This action had not been addressed.

There was no activities coordinator in place, although the provider had said that there was. The inspector was concerned about the lack of improvement in this area since the previous inspection.

Many residents who were independent had varied and fulfilling days, and recently some residents had been on a trip to the zoo with the staff. One resident told the inspector that he had his own scooter and he used it to go into Bray, (weather permitting). Another gentleman said that he went out to visit his friend a few times every week. One resident said she liked to sit in her room and read the newspaper and the inspector observed her doing this.

Many of the more dependant residents with cognitive impairments such as dementia did not have a meaningful day. The inspectors observed that many of the more dependent residents sat for periods throughout the day with nothing to do. Mass at 3.00 pm was the only stimulation for residents at that time.

The inspector asked some carers to describe their work routine. It involved getting residents up, taking them to the sitting room, assisting with meals, toileting, and returning them to bed. The inspector found this to be institutional, task based approach to caring for people, with little thought to enhancing the quality of life.

On one occasion during the inspection the inspector observed 16 residents sitting around the walls in the conservatory, while an aromatherapist gave one resident a foot massage. Many of these residents were asleep and others had nothing to do. The administrator said all residents enjoyed the experience of the gentle music playing in the background and the aroma from the oils burning in the room.

The inspector spoke to the aromatherapist who said she visited twice a week and provided aromatherapy, reflexology, Indian head massage and Reiki healing free of charge to residents. There was no written record of any treatment provided to residents or the outcome of the treatment.

The inspector noted that this therapy was provided in the conservatory area while the aromatherapist sat on the floor in front of the resident. The inspector observed one resident having difficulty relaxing due to the noise in the room. She eventually did relax and enjoyed the experience. However, there was no separate facility available to provide this therapy.

The inspector read the residents' files and found that some of these contained assessments for fulfilment and these included the residents' likes and dislikes. The inspector noted that some residents had a care plan to guide the activation to be delivered. However, one resident's notes showed the assessment was blank and another care plan was not specific enough to provide a meaningful day to the resident.

In the fit person self assessment programme completed by the provider/person in charge, they had identified the need to develop an individual assessment and specific activities for people with dementia. This was identified again by the provider in the action plan but had not been done. The administrator said that she was still planning to assess residents' likes and dislikes and provide more meaningful activation for residents but due to time constraints had not completed this.

When the inspector spoke to carers about fulfilment and stimulation of residents, there were mixed responses. The inspector found that staff gave little thought to their role in activating or stimulating residents. Some carers said this "was not their job", others said that they did not know what else they could do with residents. From reading care plans, talking to staff and observing practice, the inspector was not satisfied that staff had an understanding of the specific needs and potential of residents with dementia.

4. Action required from previous inspection:

Set out each residents needs in an individual care plan.

Carry out formal reviews of the care plan no less frequently than at three-monthly intervals.

The provider said this would be completed in December 2010.

The inspector noted that this action was only partly completed. From a review of the residents' files, it was noted that there had been some improvements to the assessment and care plans in the area of continence promotion and continence. For example, these were now being managed in line with the policy in place. The inspector read a number of residents' assessment and care plans and noted that risk assessments available in the files were completed and were current.

The person in charge told the inspector that she attended a one day course on care planning and had completed a certificate in Gerontology. She showed the inspector records of this training and also the in-house training on care planning she had carried out with staff nurses.

The assessment available in the residents' files were comprehensive but were not updated in line with residents' changing needs. One resident's assessment did not identify the resident was at risk of falling and another resident's assessment did not identify that the resident displayed behaviours that challenge. This detail was only found in the care plan.

Some of the care plans viewed were person-centred and contained key information in relation to the residents. However, this was not always the case. In many cases the care plans would not guide the care to be delivered to the resident.

There was a policy providing direction to staff on the use of restraint and it included the need for a care plan to be developed. However, the inspector found this policy was not being used to guide practice. When the inspector read the records of residents on some form of restraint was used, care plans were not in place.

The policy also stated that family members would be included in the decision to implement restraint, again the policy did not guide practice, as the assessment read by the inspector was completed by the GP and nurse only. The person in charge said she was waiting for the family members to visit before consultation would begin.

The inspector was concerned about the management of nutrition and weight loss. The inspector read the records of a resident which showed she had a weight loss of 9kg from 15 September 2010 to 22 December 2010. Her assessment for nutrition dated 3 November 2010, stated "takes normal diet, needs to be supervised by carer to chop (her food) and prompt her during the meal". She was seen by the GP on 4 November 2010 and the record states "refused food". The inspector found that there was no updated assessment of this resident despite her change in condition. There were records that showed she was weighed on a monthly basis despite the concern regarding her weight loss. The person in charge stated that this residents' weight should be recorded weekly, but this was not taking place.

The inspector read this resident care plan for nutrition and found it was of a poor standard. It would not guide the care to be delivered to this resident. In discussion with the person in charge and a staff nurse they could describe the care that was delivered to this resident, but it was not recorded.

One resident had recently returned from hospital following surgery and she required a dressing on her foot. The inspector read her wound care assessment and it included an assessment of the wound and the wound care delivered. From review of the nursing notes, GP notes and discharge letter, it was apparent that this resident had not been cared for in line with the discharge letter instruction. When the inspector discussed this with the person in charge, she said the nurse was new to the role and just made the decision to apply a dressing which she deemed appropriate. This could have resulted in poor outcomes for the resident.

The inspector spoke to staff nurses regarding the allocation and accountability of staff for reviewing and updating residents' care plans and assessments. The staff said they were assigned a number of care plans to update, but were finding this difficult for many reasons. The staff nurse on night duty said he could not assess what residents needs were during the day and this posed a challenge to assessing residents' needs. The staff nurse on day duty said she was not familiar with the care planning process as she was new to the role. This could lead to poor quality care plans, and thus poor delivery of care.

5. Action required from previous inspection:

Provide adequate seating to meet residents' needs.

This action had not been completed.

The administrator and person in charge told the inspector that two of the residents had been assessed for seating the day prior to the inspection by private occupational therapists and were awaiting receipt of the assessments.

The inspector continued to observe residents sitting in ill fitting and inappropriate chairs for the majority of the day. One resident told the inspector that the chair he was sitting in was uncomfortable. He moved himself from one hip to the other throughout the day and many other residents appeared to slip down in their chairs. The person in charge said she would prioritise these residents for assessments.

6. Action required from previous inspection:

Ensure all areas of the premises are clean.

Ensure rooms 20 and 27 are only used by independent residents.

Provide the necessary sluicing facilities.

Provide sufficient number of toilets, showers and baths for residents.

The provider said this part of the action would be completed within 6 year time scale.

This action was met in part.

The inspector observed the physical premises was clean. One of the residents showed the inspector his bedroom, which was recently decorated and had matching duvet cover and curtains. The inspector observed that the floor in one of the bedrooms had been replaced to remove the odour and the room was odour free.

A bedpan washer had been installed since the previous inspection and all bedpans were being decontaminated after use. The inspector noted that there was no shelving in this room for bedpans or urinals to be stored hygienically and no covers for the bedpans for when they were being transported. This posed a risk of cross infection.

The inspector visited bedrooms 20 and 27 and met the residents. There was evidence to suggest that these bedrooms were not being used by independent residents. One of the residents in bedroom 20 told the inspector that he could not walk independently. His "patient handling plan" located in his bedroom stated "stair climbing not advised as Zimmer frame used".

The two residents in bedroom 27 had a cognitive impairment. One of their "patient handling plans" stated "supervision required just for the stairs". As these residents are not independent on the stairwell, this continues to pose a serious risk to the safety of these residents.

The inspector noted that the rusty grid in the shower room on the ground floor has been replaced and an additional shower room had been installed on the top floor since the previous inspection.

The administrator said that there had been discussions with an architect about how to bring the centre in line with the Standards. There were no plans available at this stage. The inspector found that there were still insufficient accessible bathrooms, toilets and showers for use by residents. On the first floor, two bedrooms were en suite but there was only one toilet for use by the other ten residents and this was not wheelchair accessible. On the second floor there were four toilets including two on the return of the stairs. Twelve residents used these toilets, which were narrow and did not allow for residents to be assisted should they require this. There were two baths (one of which was assisted) in the centre and three showers (two were assisted) available for use for the 31 residents whose rooms do not have an en suite shower.

7. Action required from previous inspection:

Keep all records in a safe and secure place.

Ensure all information relating to residents' is treated confidentially.

The action was completed for the most part.

The inspector noted that the office had been reorganised since the registration inspection. Residents' records, care plans and personal information were now stored in the office which was locked when not in use and not accessible to the public.

The inspector observed that the handover now took place in the sitting room and not the dining room. However, there was one resident present during the morning handover. This meant that residents' personal information was discussed in a communal space and was not treated with total confidentiality.

8. Action required from previous inspection:

Put in place a complaints procedure which includes an independent appeals process.

This action was complete.

The revised complaints procedure, which was on public display, was read by the inspector. The procedures provided clear guidelines on the appeals process in the event that a complainant was unhappy with the outcome.

The person in charge had discussed this policy with the staff at a training session and they had signed the policy as read.

9. Action required from previous inspection:

Review the health and safety statement to ensure it is specific to the centre and appropriately implemented.

This action was completed.

The inspector read the revised health and safety statement, dated October 2010. It was specific to the centre and included the roles of the provider and person in charge. The person in charge said there was a health and safety representative, but this person's roles and responsibilities were not detailed in this document. This person was identified in the organisation structure in the document and the inspector met with her. The health and safety statement identified the hazards and the control measures for food safety, slips, trips and falls, and identified the staff responsible to manage these risks. The person in charge had discussed the revised statement with all staff and they signed that they read this.

The safety representative and person in charge told the inspector how environmental risks were identified and addressed - these included risk assessments carried out on a daily, weekly, monthly and six-monthly basis by the safety representative.

The person in charge also undertook environmental risk assessments on a monthly basis. The records showed that risks in relation to the roof were addressed.

10. Action required from previous inspection:

Update the statement of purpose to include all requirements as outlined in Schedule 1 of the Regulations.

This action was completed.

The inspector read the revised statement of purpose and found it now meets the Regulations.

11. Action required from previous inspection:

Develop and implement a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre.

This action had begun and was ongoing.

The person in charge had commenced gathering information on such areas as use of bedrails, use of sedatives and psychotropic medications, wound care, residents with MRSA and falls. However, further work needed to be undertaken to identify possible trends and improve the quality of service and safety of residents.

12. Action required from previous inspection:

Revise the policy and procedures to include appropriate information on prevention, detection and responding to abuse.

This action was not addressed.

To the contrary, inspectors were concerned about the lack of awareness of the person in charge of her role in the prevention, detection and response to abuse.

The inspector read the training records and noted that staff had attended "elder abuse" training on 10 November 2010. The training was attended by the provider, administrator and person in charge. Staff spoken to were still unaware of the process to report a suspected allegation of abuse.

The previous inspection findings detailed that the volunteer advocate had requested to attend the elder abuse training. While she was facilitated to attend this training she had not attended.

The person in charge showed the inspector where she had amended the prevention, detection and response to abuse policy and staff had signed that they read this. The inspector was concerned that this policy was still not specific enough to inform and guide practice. The administrator said that she planned to undertake a "train the trainer" course on the protection of vulnerable adults.

During the course of the inspection an alleged incident of abuse was disclosed to the inspector by the person in charge. This incident had not been notified to the office of the Chief Inspector as required by the Regulations.

The inspector read a very brief record of the events which took place, however, there was no record of an investigation completed. The person in charge said that she had not taken any action to respond to the needs of all residents involved. There was no incident report completed to detail these incidents and when the inspector read the nursing notes of residents involved there was no record that this incident in their notes. The inspector requested that the person in charge commence an appropriate investigation and an update of the progress of the investigation was to be submitted to the Authority on Friday 28 January. The person in charge was also required to complete and submit the appropriate notification forms to the Authority as required by the Regulations.

The notifications were received in the office of the Authority on Thursday 20 January.

An update of the investigation was received by the Authority on the Monday 31 January, this required further work. A more comprehensive report of the investigation was received on Wednesday 2 February 2011. The final investigation report was received in the offices of the Authority on Monday 7 February 2011. This detailed the findings and actions to be taken.

13. Action required from previous inspection:

Offer residents freedom to exercise choice around their preferred daily routine.

This action was completed.

Residents told the inspector that they could now have a shower when they wished and that staff were available to support them if required.

The administrator and person in charge confirmed that an additional staff member was now on duty to assist residents with a shower. The residents' records showed that if a resident requested a shower on a certain day it was facilitated. Many of the residents were complimentary about the new shower room, stating that they were "delighted with it and they do not have to go to the ground floor for a shower any more".

14. Action required from previous inspection:

Provide staff with education and training which enables them to provide care in accordance with contemporary evidence based practice.

This action was partly completed.

The inspector read the staff training records and this showed that staff had attended training in the management of behaviours that challenge. However, the inspector was concerned that the procedure for the management of behaviours that challenge was not consistently used to inform practice. The inspector reviewed the care plan of one resident and found that behavioural assessments were not completed, there was no information relating to triggers that prompted the behaviour, the behaviour itself was not recorded in detail and there was insufficient detail as to the interventions to be taken. The policy stated that a log of incidents was to be maintained, but this was not in place. While there were care plans in place to manage this resident's aggressive verbal and physical behaviours, the inspector found that it was not comprehensive enough to guide staff.

15. Action required from previous inspection:

Update the medication management policy to include information on the ordering, prescribing, storing and administration of medicines to residents.

This action was partly complete.

The inspector read the revised medication management policy, which was centre-specific and included the system in place to report and manage medication errors. Staff were aware of this policy.

The inspector read the record of medication errors and noted that these forms were being completed if there was an error and if a resident refused their medication. From discussion with staff they were not aware of what constituted a medication error.

This system for recording and responding to errors or potential errors in medication administration had only begun and the person in charge said that she was currently only documenting these incidents. She planned to use this information to respond to errors/minimise risk and encourage learning in the centre.

16. Action required from previous inspection:

Notify the Authority of any incidences as referred to in the Regulations.

This action was not completed.

Following the registration inspection in May 2010, the Authority received a number of notifications as required by the Regulations.

The inspector requested that a notification be submitted to the authority immediately. Notifications were received in the offices of the Authority on 20 January 2011.

17. Action required from previous inspection:

Provide all written and operational policies and procedures outlined in Schedule 5 of the Regulations and provide for the review of policies in line with legislation.

This action was partly completed.

The inspector read the continence policy, falls policy, behaviours that challenge policy and those required by the Regulations. These included the prevention of elder abuse policy, complaints policy and emergency evacuation policy. The person in charge showed the inspector records where she had trained staff on the content of policies and they signed that they read them. Staff were knowledgeable about some of these policies and applied them in practice, but this was not always the case. The staff on duty were not aware of the location of all policies and procedures. The inspector was concerned that many of the policies were not specific enough to guide practice and staff were not aware of their content.

18. Action required from previous inspection:

Provide staff with education and training which enables them to provide care in accordance with contemporary evidence based practice.

This action related to continence promotion and was complete.

The person in charge had updated the policy on continence. The assessments for continence were updated and the findings from this were reflected in residents care plans.

19. Action required from previous inspection:

Put in place arrangements to maintain a good standard of health and safety in the centre.

This action was completed.

The inspector visited the cleaning storage area at the rear of the centre and observed that the hot and cold water supply was now available.

20. Action required from previous inspection:

Ensure staff files contain the required information as contained in Schedule 2 of the Regulations.

While inspectors found this action was not completed, there was evidence that progress was made and the providers were continuing to up-date the files.

The inspector read a number of staff files and noted that all Garda Síochána vetting had been applied for. Twenty five staff that did not have evidence of medical fitness in their files. The person in charge said that she reminded staff to submit this information and was still waiting for it to be received.

Other issues on inspection

Fire Safety

One resident was observed to be smoking in a shared bedroom and the fire alarm was activated. The inspector noted that the staff responded well. However, the person in charge said that a risk assessment had not been undertaken on this situation and therefore there was no management plan to prevent a risk of fire. The inspector requested that a risk assessment of this resident be undertaken and submitted to the Authority by Thursday 20 January. This was received by the Authority as requested and was of a good standard.

Directory of Residents

The inspector noted that the list of residents available was not complete. The inspector then viewed the directory to determine the number of residents in the centre and this was also not complete. It did not include information on a resident who had returned from hospital.

Report compiled by:

Linda Moore

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

24 January 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
13 and 14 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to additional inspection report*

Centre:	Atlanta Nursing Home
Centre ID:	10
Date of inspection:	18 and 19 January 2011
Date of response:	28 February 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The policy for prevention, detection and response to abuse was not satisfactory.

Action required:

Revise the policy and procedures to include appropriate information on prevention, detection and responding to abuse.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

Please state the actions you have taken or are planning to take with timescales:

Timescale:

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<p>Provider's response:</p> <p>Policy and procedure on abuse revised accordingly that includes information on prevention, detection and responding.</p> <p>Dealt with at handovers and staff were informed of revised details which were provided for signature to confirm that they were read and understood by staff.</p>	<p>Complete</p> <p>Ongoing</p>
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2. The person in charge has failed to comply with a regulatory requirement in the following respect:

There was no record of incidence of suspected abuse and appropriate action had not been taken where a resident may have suffered abuse.

Action required:

Record any incidence and take appropriate action where a resident may have been harmed or suffered abuse.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Standard 8: Protection

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

Administrator and head carer attended "Train the Trainer" course on Detection and Prevention of Elder Abuse.

Complete

Investigation and appropriate action done, guided by the revised policy.

Supervision of vulnerable residents is constantly monitored by staff.

Ongoing

Staff training on going. Policy read and signed by staff member.

3. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy in place is not fully in compliance with the Regulations. There were no documented arrangements for investigation and learning from adverse events involving residents.

A resident was smoking in his bedroom and there was no risk assessment in place.	
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre.	
Action required: Up date the risk management policy to include the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All reasonable measures are taken to prevent accidents in Atlanta House Nursing Home.</p> <p>Risk management policy reviewed and does contain arrangements for the identification, recording, investigation and learning from serious and untoward incidents or adverse events involving Residents. It also goes on to cover elimination of cause.</p> <p>Person in Charge booked to attend Risk management and Audit Education Day – 31 May 2011</p> <p>Risk assessment on wound, nutrition, restraint is in place.</p> <p>Risk assessment on behaviours that challenge being updated.</p>	<p>Complete and Ongoing</p> <p>Ongoing</p>

4. The provide has failed to comply with a regulatory requirement in the following respect: Staffing levels and skill-mix did not follow the rostering policy and were below the recommended norm.
Action required: Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: On the day of the inspection staffs were attending a training course. Procedures are now in place to provide cover for staff attending training courses.	Complete

5. The person in charge has failed to comply with a regulatory requirement in the following respect: The activity programme did not meet the needs of more dependent residents. While many residents had varied and fulfilling days, some of the more dependant residents with cognitive impairment such as dementia did not. Residents did not all have an individualised assessment or care plan relating to the activities of their choice.	
Action required: The need of each resident based on a comprehensive assessment process is to be set out in an individual care plan developed and agreed with each resident.	
Action required: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Administrator attending three-day Course on Activities and Training Staff in Individualised Activity – 28 February to 2 March 2011.	Complete

<p>8. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Some residents had not been appropriately assessed for seating.</p>	
<p>Action required:</p> <p>Provide suitable equipment as required by residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 13: Healthcare</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Ongoing training with staff to assess residents with their seating needs on a daily basis and intervention when necessary.</p>	<p>Ongoing</p>

<p>9. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>There was still insufficient number of accessible toilets showers and baths to meet the residents' needs.</p> <p>Bedrooms number 20 and 27 were not being used by independent residents. These rooms could only be accessed by going up steps, this caused a potential risk to residents.</p>	
<p>Action required:</p> <p>Provide sufficient number of toilets, showers and baths for residents.</p>	
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>11. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The person in charge did not make notifications to the Authority.</p>	
<p>Action required:</p> <p>Notify the Authority of any incidences as referred to in the Regulations.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>This was an isolated incident, brought to the attention of the Inspector by the Person in Charge and arose out of a misunderstanding of the requirement. It will not be repeated.</p> <p>Person in Charge sent notification to the Authority.</p> <p>Person in Charge will notify Authority of all incidents as per the Regulations.</p>	<p>Complete</p>

<p>12. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>A number of the policies were not specific enough to guide practice and staff were not aware of the content of these.</p>	
<p>Action required:</p> <p>Revise the policies including those outlined in Schedule 5 of the Regulations and disseminate these to staff.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>While all policies and procedures are formally reviewed on a three-monthly basis, we do have ongoing review and we are making ongoing improvements to ensure that they are centre specific, robust and fit for purpose.</p> <p>We are very surprised to note that staffs were not aware and familiar with these policies. This is not consistent with our experience at ground level. However, we will again underpin with staff the need to be aware of the contents of our policies and procedures and to regularly revisit and study them again.</p>	<p>Ongoing</p> <p>Complete and Ongoing</p>
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<p>13. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Twenty five staff that did not have evidence of medical fitness in their files.</p>	
<p>Action required:</p> <p>Ensure staff files contain the required information as contained in Schedule 2 of the Regulations.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 24: Staffing Records Standard 23: Staffing Levels and Qualifications</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Every effort is made to ensure compliance with Schedule 2 of the Act. The Person in Charge is constantly following up with staff on these issues. Staff have been given one month in which to comply with their medical fitness certificates.</p>	<p>Ongoing - End March 2011</p>

Any comments the provider may wish to make:

Provider's response:

In relation to the alleged incident of elder abuse we would point out that the incident in question did not come to the Inspector's attention – it was brought to her attention by the person in charge and we have learned accordingly. Great care must be taken to ensure that transparency does not result in negative reporting, and thus the underreporting of incidents.

Other areas that can appear confusing or repetitive:

- the definition/understanding of what constitutes the "Activities Coordinator". It is our understanding that where a person arranges the activities, then person is coordinating as opposed to delivering the activity
- instances where the report accurately reflects what took place or it comments/reports on the physical/environmental arrangements, but the comments are subjective and do not accurately or fairly reflect the overall situation or the residents' current experience in Atlanta
- where capital projects are required and the Provider has a period of time in which to carry out construction work – these projects require time and will be carried out on an incremental basis as acknowledged in the legislation. Is repetition warranted in each report?

We are not stating that matters cannot be improved and as we strive for continuous improvement. We are committed to person centred care and we welcome the involvement of the Inspectors. We would, however, ask that issues/comments taken in isolation are not subjectively taken as indicative of the overall level of care provided in Atlanta.

Provider's name: Thomas J. Cahill

Date: 9 March 2011