

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Centre name:	Bethany House Nursing Home
Centre ID:	0015
Centre address:	Main Street
	Tyrrellspass
	Co Westmeath
Telephone number:	044-9223391
Fax number:	044-9221916
Email address:	<a href="mailto:bethanyhousenh@eircom.net">bethanyhousenh@eircom.net</a>
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Madeline and David Corboy
Person in charge:	Madeline Corboy
Date of inspection:	12 October 2010
Time inspection took place:	<b>Start:</b> 12:30 hrs <b>Completion:</b> 16:00 hrs
Lead inspector:	Catherine Connolly-Gargan
Support inspector:	None
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
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

Bethany House is a purpose-built facility. The accommodation used by the residents is all located on the ground floor. The first floor is used as staff accommodation. The centre accommodates 32 residents in total, of which two are aged less than 65 years and have acquired brain injury. The remaining 28 residents all aged greater than 65 years have long-term and dementia care needs.

Residents accommodation consists of 15 single rooms, seven double rooms and one three bedded room, none of which have en suite facilities.

There is an assisted bathroom and two toilets for residents use. Residents have access to an enclosed yard to the back of the centre. There is ample car parking to the front of the building.

### Location

Bethany House is located on the main Street of Tyrrellspass, Co Westmeath within easy access of the amenities located in the town.

<b>Date centre was first established:</b>	2006
<b>Number of residents on the date of inspection</b>	28 + 3 in hospital
<b>Number of vacancies on the date of inspection</b>	1

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	0	12	16	0

### Management structure

Bethany House is owned by MPM Nursing Home Ltd, which has two directors, Madeline and David Corboy. Madeline Corboy is also the Person in Charge and is supported in her role by nurses, carers, catering, domestic and caretaker staff.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	1	6	2	2	1	1 caretaker

## Background

A first inspection was carried out of this centre by the Health Information and Quality Authority (the Authority) on 27 April 2010. It was a scheduled unannounced inspection which took place over one day.

Prior to the inspection, the provider was requested to complete a provider led investigation report on 05 March 2010 referencing the management of two incidents where residents sustained fractures following falls. The investigation was returned on the 19 March 2010. The information provided did not address all areas requested. Following the inspection of the 27 April 2010 and in response to a number of serious governance issues, an immediate action letter was forwarded to the provider on the 28 April 2010. The immediate action letter requested urgent address of staffing levels and skill mix, person in charge, risk management and residents' rights and privacy. The provider response was returned three times for further clarification. The third provider response was returned to the Authority on the 14 June 2010 and was found acceptable.

The structure of the company changed with one director leaving the board and Mr David Corboy becoming an active member of the company on 06 September 2010. There are currently two directors in the company and they are Madeline and David Corboy. The company owns Bethany House Nursing Home.

## Summary of findings from this inspection

The providers Madeline and David Corboy demonstrated a commitment to meeting the requirements of the action plan and recommendations. There were 43 actions identified during inspection. 39 actions were satisfactorily addressed. The remaining four actions were partially addressed, they involved structural improvements. There were four recommendations which were satisfactorily completed. The provider Madeline Corboy, who is also the person in charge, described how she had utilised the expertise of external personnel to assist her in not just meeting the actions required but also in putting robust foundations in place that she could build on to enhance the safety and quality of life for residents in the centre.

Immediate actions were found to be satisfactorily addressed. Those immediate actions were inadequate staffing levels and skill mix, governance by the person in charge, risk management and residents' rights and privacy.

A double celebration was planned by the residents and staff in the centre for two married couples who are residents in the centre and wished to renew their marriage vows. This was a full day celebration which included a church ceremony and a meal hosted by the centre for residents and their families.

The action plan at the end of the report identifies areas where actions were partially completed and still do not meet the requirements of the legislation and standards.

## Issues covered on inspection:

The inspector reviewed the action plan which included the immediate action plan requested by the Authority with Madeline and David Corboy. All immediate actions were satisfactorily addressed. The inspector also viewed documentation including policies and procedures, duty rota, training records and schedules, structural improvements, safety and quality of life improvements for the residents.

## Actions reviewed on inspection:

### **1. Action required from previous inspection:**

Make arrangements for all persons working in the centre to participate in regular fire drills.

This action was satisfactorily completed. All staff participated in a fire drill. This was confirmed by a record of names in the fire training log. Staff were able to discuss evacuation. Fire drills are rehearsed every six to eight weeks to facilitate on-going opportunity for all staff to maintain competency in this area at various times of the day and night. The next fire drill was scheduled for the 29 October 2010.

### **Action required from previous inspection:**

Display clear notices indicating fire escape routes in the centre.

This action was satisfactorily completed. Three additional notices have been erected on advice of the fire officer. These were observed by the inspector.

### **Action required from previous inspection:**

Conduct an assessment to ascertain the fire risk and safety of the laundry facility in its present location.

This action was satisfactorily completed. A safety advisor from An Bord Gais completed a risk assessment. Although he concluded that the laundry facilities were within a safe distance from the gas fuel tank, a recommendation was made to enhance fire protection for the laundry consisting of constructing a six foot high concrete between the gas tank and the laundry structure. The inspector observed this wall insitu.

### **2. Action required from previous inspection:**

Review staffing levels whereby the person in charge is adequately engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

This action was satisfactorily completed. The duty rota was reviewed and a formal arrangement was put in place whereby the person in charge was involved exclusively in the governance of the centre on a daily basis from 14:00 hrs to 17:00 hrs. A senior on-call rota has also been put in place to provide support for staff out of hours. Review of the rota confirmed that these arrangements were in place.

On the day of the inspection a staff nurse was supervising the care practices while the person in charge was involved with management issues.

**3. Action required from previous inspection:**

Put in place a system for reviewing the quality and safety of care provided to and the quality of life of residents.

This action was satisfactorily completed. A quality of life audit has been developed by the person in charge and collates data on accidents, incidents and near misses on a weekly basis. Data collated is reviewed weekly and then quarterly. Areas where improvements can be made are actioned and re-audited. A full review of all residents' falls had been completed.

**Action required from previous inspection:**

Utilise data collated to manage clinical risk and improved resident care outcomes.

This action was satisfactorily completed. Actions taken in response to an audit of residents in the centre included the installation of handrails on both sides of one corridor. Additional staff were rostered on night duty in response to increased dependency needs. This was confirmed on the weekly care records by the inspector.

**Action required from previous inspection:**

Conduct a review of all falls in the centre having regard for all the healthcare needs of the residents.

This action was satisfactorily completed. The inspector studied this review. A review of falls from May 2009 to May 2010 highlighted that there was a trend occurring in night-time falls of residents who were newly admitted to the centre. An appropriate action plan was introduced by the person in charge to address this issue.

**4. Action required from previous inspection:**

Develop a rota detailing a senior on-call structure as part of the emergency plan for the centre that informs staff who to call in an emergency or for professional advice out of hours.

This action was satisfactorily completed. This on-call rota was viewed by the inspector on the duty rota.

**5. Action required from previous inspection:**

Using appropriate evidence based tools, review the staffing levels on day and night duty, taking into account the size and layout of the centre, the number of residents, their dependencies, their assessed needs and ensure that residents can be safely evacuated in case of fire.

This action was satisfactorily completed. The provider/person in charge has developed a staff skill measurement tool based on Benner's (1984) stages of clinical competence.

The inspector viewed documents titled 'clinical skills framework: handbook for care staff' and also a 'handbook for staff nurses'. Completion of these documents assisted the person in charge to accurately measure staff skill levels. This was used together with residents' dependency levels, specific clinical activities and results of risk management audits to ensure that staffing levels and skills met the needs of the residents.

**Action required from previous inspection:**

Review supervisory arrangements ensuring that all staff are adequately supervised.

This action was satisfactorily completed. Robust arrangements had been put in place to ensure all staff were adequately supervised. New supervisory grades of staff have been recruited to enable supervision of care staff, cleaning and laundry staff at all times. The person in charge assists with resident care until 14:00 hrs each day and in doing so is able to supervise the team on an on-going basis. Staff were rotated from night duty to day duty to ensure they were appropriately supervised. The organisational chart reflects the supervisory arrangements.

**Action required from previous inspection:**

Provide the inspection team with a proposal that demonstrates that staffing levels are adequate at all times to meet the needs of residents in the centre.

This action was satisfactorily completed. Proposal received and reviewed by the inspector.

**Action required from previous inspection:**

Review current roles and job descriptions of care staff. Redraft to reflect evidence based recruitment practices and delegation of roles to meet the person-centred care needs of the residents.

This action was satisfactorily completed. This action was satisfactorily completed. Roles of laundry and cleaning staff have been reviewed to meet the needs of residents without compromising availability of care staff to meet residents' needs. All carer job descriptions have been revised. All staff attended the morning handover, care required to meet the residents' needs was pre planned and delegated appropriately.

**6. Action required from previous inspection:**

All near misses are recorded as part of the risk management documentation procedures.

This action was satisfactorily completed. All near misses are recorded as part of the risk management documentation on a weekly basis. This data is analysed and used as part of the risk management process in the centre.

**Action required from previous inspection:**

Commence a process where analysis is done of all accidents, incidents and near misses in the centre identifying trends and areas where improvement can be made.

This action was satisfactorily completed. Analysis is completed of all accidents, incidents and near misses and evidence of actions implemented was observed by the inspector.

**Action required from previous inspection:**

Put a process in place whereby copies of all accidents, incidents and near misses are maintained in the centre.

This action was satisfactorily completed. All accidents, incidents and near misses are maintained for reference in the centre and were viewed by the inspector.

**7. Action required from previous inspection:**

Ensure that a comprehensive policy referencing procedures to be followed in the event of a missing resident as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) is fully developed and implemented.

This action was satisfactorily completed. A policy has been developed clearly referencing the procedures for staff to follow in the event of a resident leaving the centre unaccompanied.

**Action required from previous inspection:**

Put a process in place where all residents who tend to wander are risk assessed and procedures are put in place to minimise the risk of harm or injury to them.

This action was satisfactorily completed. Residents who had any cognitive issues were risk assessed on admission and on-going as part of their care assessments. All staff are made aware of these residents. Access through doors to the front of the building is electronically controlled. All residents have access to an enclosed area to the back of the centre containing a potting shed, ducks and a donkey.

**Action required from previous inspection:**

Conduct training and practice drills so that staff can adequately respond if a resident goes missing.

This action was satisfactorily completed. All staff had participated in missing resident drills.

**Action required from previous inspection:**

Develop and implement a comprehensive policy that informs staff of measures to take in the event of loss of water, heat or light.

This action was satisfactorily completed. An emergency policy was drafted and in place. It informs staff on measures to take in the event of loss of water, heat or light to ensure residents' needs are met.



**8. Action required from previous inspection:**

Conduct a multi-disciplinary assessment on all residents to identify the need for placing a close circuit television (CCTV) camera in residents' communal areas.

This action was satisfactorily completed. Following a review of CCTV camera use, they have all been removed from residents' communal areas.

**Action required from previous inspection:**

Ensure that all the requirements of the Data Protection (Amendment) Act 2003 are met regarding the use of CCTV in the centre.

This action was satisfactorily completed. As CCTV cameras are still in place to compliment security at access doors to the centre, signage is in place to inform all visitors they are in place.

**9. Action required from previous inspection:**

Develop and implement a comprehensive centre-specific written risk management policy which assesses all risks throughout the designated centre and identifies the precautions, controls and monitoring arrangements required to control those risks.

This action was satisfactorily completed. A risk management policy has been developed and was in place in the centre.

**Action required from previous inspection:**

Undertake the identification and assessment of risk throughout the centre and implement controls to limit identified risks.

This action was satisfactorily completed. A hazard risk analysis was completed on all areas of the centre. Controls were developed for each hazard identified.

**Action required from previous inspection:**

Put a training programme in place where all staff are made aware of their responsibilities regarding managing risk in the centre.

This action was satisfactorily completed. The staff training programme on management of risk in the centre was completed. Following training, the person in charge used a process of random questioning and observation to ensure staff had adequate knowledge in this area.

**Action required from previous inspection:**

Conduct a risk assessment of external grounds to ensure residents can access the garden safely. Make the grounds of the designated centre safe for residents, staff and visitors.

This action was satisfactorily completed. Vulnerable residents did not access the front of the centre unaccompanied.

All residents had access to the enclosed area to the rear of the centre which had been risk assessed and was deemed safe. Residents were observed in this area.

**Action required from previous inspection:**

Provide adequate external seating where residents can sit and rest if they wish.

This action was satisfactorily completed. Sheltered seating was available in the enclosed garden area. Ducks and turkeys were observed in this area. The person in charge told the inspector how the residents enjoyed rearing their own turkey for Christmas dinner.

**Action required from previous inspection:**

Conduct a risk assessment and remedy the uneven floor surface on corridors in the centre to ensure the care, safety and welfare of residents.

This action was partially completed. Planning for this work was in the final stages. The provider/person in charge worked closely with the contractors to ensure that residents' safety would not be compromised at any stage of the work. Additional staff were scheduled on duty. This action is restated in the action plan at the end of this report.

**Action required from previous inspection:**

Install handrails on both sides of the corridors to reduce risk of falls to residents.

This action was satisfactorily completed. The inspector viewed the additional handrails in place.

**Action required from previous inspection:**

A visitor's book was not in use to monitor the movement of persons in and out of the centre which could impact negatively on the safety and security of residents.

This action was satisfactorily completed. The inspector observed a visitors' book in place which she was invited to sign on entering and leaving.

**10. Action required from previous inspection:**

Take reasonable measures to prevent accidents to residents' by securing the door of the sluice and secure chemicals on cleaner's trolley.

This action was satisfactorily completed. Key pads have been placed on the sluice and laundry door to restrict entry to these areas. A new cleaner's trolley had been purchased with a locking facility insitu for hazardous chemicals and cleaning solutions.

**11. Action required from previous inspection:**

Implement a programme of mandatory education and training for staff and introduce a means of monitoring training to ensure it is maintained and kept up-to-date.

This action was satisfactorily completed. The inspector viewed a training plan for the centre. Mandatory education was referenced including elder abuse on the 10 July 2010. Training on moving and lifting techniques was in place.

Cardiopulmonary resuscitation and fire training were also scheduled. A process was in place to ensure all staff members had attended this training as a matter of priority.

**Action required from previous inspection:**

Provide the inspection team with a copy of this programme and proposed monitoring system.

This action was satisfactorily completed. A monitoring document was sent to the Authority referring moving and lifting, elder abuse recognition and prevention, infection control, first aid and cardiopulmonary resuscitation. Others training included person centred care planning, missing person drills, fire training and drills and training on the policies and procedures.

**12. Action required from previous inspection:**

Provide adequate permanent ventilation to external air to promote the health and safety of residents by preventing the inhaling fumes from hair preparations and smoke.

This action was satisfactorily completed. An extractor fan has been provided in the room where hairdressing takes place.

**Action required from previous inspection:**

Conduct an assessment on the suitability of the location and impact on the lives of the residents and staff in the centre.

This action was satisfactorily completed. An assessment of the location of the smoking area had been completed and a ventilation system was put in place.

**Action required from previous inspection:**

Conduct an assessment on the suitability of the location of the hairdressing service and the impact on the lives of the residents who occupy that room.

This action was satisfactorily completed. An assessment of the location of the hairdressing service had been completed and a ventilation system was put in place.

**13. Action required from previous inspection:**

Assess residents' health, personal and social care needs prior to admission. In the case of an emergency admission, carry out the assessment as soon as possible and within 72 hours of admission.

This action was satisfactorily completed. The person in charge now completes pre-admission assessment on all new admissions. She presented details of the most recent admission, where she went to the hospital to see the prospective resident and completed

her assessment. Having concluded that she had the resources in place to care for the resident, she invited his wife to visit the centre. As he was a new admission, she scheduled additional staff to meet his needs.

**Action required from previous inspection:**

Develop and implement a comprehensive admission procedure.

This action was satisfactorily completed. An admission policy was drafted and in place which referenced a comprehensive admission procedure.

**14. Action required from previous inspection:**

Ensure that the range of policy documents outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) is available including missing persons and behaviour management.

This action was satisfactorily completed. All policy documents outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 were available. This included a missing resident and behavioural management policy. The person in charge was in the process of implementing these.

**15. Action required from previous inspection:**

The activities program in the centre requires development to ensure activities are specific to individual resident's needs and that each resident including those with physical, cognitive or sensory disability are afforded opportunities for participation in purposeful and meaningful activity.

This action was satisfactorily completed. Profiling of all residents had been done. A residents' support group coordinated by a psychotherapist facilitated residents to participate and build their self esteem. There was a strong emphasis on reminiscence therapy and sharing experiences. As a result of profiling and the support group programme each resident's activity needs were clearly outlined. The inspector viewed a comprehensive list of activities to suit all interests including involvement in menu planning, home-grown produce gardening, pony and cart rides, turkey rearing plus trips to the farmers market. An aspect of the care plan requires assessment of most appropriate meaningful and social activities.

**Action required from previous inspection:**

Develop programmes of suitable and meaningful activities are to be developed in consultation with the residents.

This action was satisfactorily completed. A new activities programme has been developed based on resident profiles and feedback from residents. A residents' support group had also been established. It was facilitated by a psychotherapist, agreed by the residents and was funded by the provider. The group was scheduled to run for three ten week sessions. The aim of the support group was to be suitable to all residents and welcomed all their inputs. This group facilitates detailed reminiscence, views and discussions among the residents.

The person in charge told the inspector that they were designing the Christmas celebrations around feedback from this group. There are two married couples living in the centre who wished to renew their marriage vows. This double celebration was held in the summer. It was planned by the residents and staff. The celebration was recorded and the DVD record is favourite viewing by many of the residents. The inspector viewed some parts of the DVD record of the celebrations.

**Action required from previous inspection:**

This programme should be clearly displayed to enable residents to choose what to attend.

This action was satisfactorily completed. The newly developed activity programme is displayed in very large font. It can be clearly read and is located in a focal point of the centre.

**16. Action required from previous inspection:**

Develop a forum to ensure that residents are consulted and facilitated to participate in the organisation of the centre.

This action was satisfactorily completed. A residents' forum was in place. Meetings were held on a monthly basis and minutes taken.

**Action required from previous inspection:**

Seek feedback from residents on an on-going basis to inform future planning.

This action was satisfactorily completed. The minutes were available for the residents to read, informing residents who were unable to attend of the discussion that took place. One to one discussion is done with residents who don't like to be in a group setting so their views can be represented at the meetings. The residents' views are noted from the residents' forum and from the development group discussions to inform future planning.

**Action required from previous inspection:**

Put procedures in place where residents are given information that will enable them to have a clear understanding of the roles and responsibilities of the staff meeting their needs.

This action was satisfactorily completed. The roles and responsibilities of staff have been included in the Residents' Guide for residents' information.

**17. Action required from previous inspection:**

Evaluate the arrangements for mealtimes with the aim of promoting independent dining with adequate space to eat comfortably in the dining room.

This action was satisfactorily completed. Dining arrangements had been reorganised and the dining area extended to incorporate the sitting area. This allows for more space for residents with assistive equipment. The residents mealtime needs are assessed daily.

The person in charge reads horoscopes, headlines and notices of deaths, births and marriages in the locality to maintain the residents' links with the local community.

**Action required from previous inspection:**

Clearly display menu for the residents' information.

This action was satisfactorily completed. A new menu board had been placed in the dining room. It was easy to read and visible to the residents. The inspector viewed this board.

**18. Action required from previous inspection:**

Put adequate worktop facilities in place where residents clothing can be sorted as appropriate and clean and dirty linen can be separated.

This action was satisfactorily completed. A new worktop area has been put in place for adequate segregation and folding of clothing.

**Action required from previous inspection:**

Complete a risk assessment to confirm the adequacy of the laundry facilities provided.

This action was satisfactorily completed. A risk assessment was completed to confirm the adequacy of the laundry facilities provided. Ventilation and situation in relation to the nursing home were evaluated.

**Action required from previous inspection:**

Carry out an assessment of the adequacy and suitability of storage for residents' personal clothing in their bedrooms. Remedy deficits.

This action was satisfactorily completed. An assessment was carried out. The residents in the bedroom requiring assessment were involved. They confirmed their satisfaction with their storage facilities and the situation is kept under review.

**19. Action required from previous inspection:**

Develop and implement a policy on responding to medical emergencies.

This action was satisfactorily completed. A policy was in place to inform staff and supplement training on emergency medical care for residents who may suffer cardiac or respiratory arrest.

**Action required from previous inspection:**

Provide essential emergency equipment to respond to medical emergencies.

This action was satisfactorily completed. A comprehensive variety of suitable emergency equipment was purchased. It was arranged in a holdall making it transportable and capable of been brought to the location of the resident or visitor if required.

**Action required from previous inspection:**

Implement a procedure for the routine checking of emergency supplies and equipment.

This action was satisfactorily completed. Monthly checking was in place to ensure that all emergency equipment was available and in working condition. The inspector viewed the checking sheet.

**20. Action required from previous inspection:**

Provide a sufficient number of accessible bathrooms/showers and toilets having regard for the number of dependent persons and wheelchair users in the centre and in line with the Health Act 2007 (Care and Welfare Of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

This action was partially completed. An assessment of the numbers of bathrooms/showers and toilets had been done. The provider/person in charge confirmed that there was a deficit of one toilet. This will be provided in the centres development plan for 2011. This action is restated in the action plan at the end of this report.

**21. Action required from previous inspection:**

Develop and implement a policy referencing cardiopulmonary resuscitation of residents that instructs the provision of cardiopulmonary resuscitation for all residents and access to emergency services unless advised otherwise through documented collaborative discussion with the resident, their family and their GP.

This action was satisfactorily completed. A policy had been developed that referenced cardiopulmonary resuscitation. Emergency equipment had been put in place and staff had received accredited training in cardiopulmonary resuscitation techniques.

**Action required from previous inspection:**

Ensure all staff receives up to date training and assessment of competence in cardiopulmonary resuscitation techniques.

This action was satisfactorily completed. An external trainer was contracted to provide staff with cardiopulmonary resuscitation training. All staff had received this training.

**Action required from previous inspection:**

Document residents' wishes around end of life so that that their healthcare needs can be met.

This action was satisfactorily completed. The residents care plans records their end of life wishes and a multidisciplinary approach was taken in care planning to include the residents GP, family and where possible the resident themselves.

**22. Action required from previous inspection:**

Develop and implement a comprehensive policy detailing all aspects of restraint management for residents in the centre.

This action was satisfactorily completed. A policy was in place referencing a minimal restraint philosophy, it informed on all aspects of restraint management.

**Action required from previous inspection:**

Put processes in place where residents have an in-depth assessment of need where restraints are used as a last resort measure for the least amount of time.

This action was satisfactorily completed. All residents requiring any form of restraint were individually assessed. Each type of restraint was reviewed and only used for a minimum amount of time. For example lap belts and headrests were only in use while some residents travelled by bus in their assistive chairs. Bedrails on beds are split so residents who use them as a lever to assist them with turning can still avail of the top half for assistance. These residents can move freely in and out of their beds. Consents were in place for any restraints used.

**Action required from previous inspection:**

Put adequate procedures in place where the resident who is restrained has a comprehensive person-centred care plan referencing frequency of monitoring, review and progress.

This action was satisfactorily completed. Residents requiring restraint are assessed frequently while restraints are in use and monthly for the need for the restraint. At this monthly review, alternative measures are reviewed to minimise the use of restraint. Residents using restraints had a care plan in place to reference this.

**Action required from previous inspection:**

Obtain the residents consent where possible or families consent for use of restraint before it is put in place.

This action was satisfactorily completed. Consents were in place for any restraints used.

**23. Action required from previous inspection:**

Develop and implement a comprehensive medication management policy that will inform staff in the centre on all of the medication management procedures outlined in Standard 14 of the *National Quality Standards for Residential Care settings for Older People in Ireland* and in line with An Bord Altranais Guidelines.

This action was satisfactorily completed. The risk management policy was revised to include all aspects of medication management.



**Action required from previous inspection:**

Put a risk management procedure in place where all incidents of medication error, near miss or adverse effects are recorded and used as part of a quality review process that analyses and measures all aspects of medication management in ensuring resident safety.

This action was satisfactorily completed. The risk management documentation is in place to record any medication errors. All risk management data is reviewed weekly by the person in charge. This information is used as part of a quality review process that analyses and measures all aspects of medication management in ensuring resident safety.

**Action required from previous inspection:**

Put in place adequate means of medical review of all residents to include review of medication prescriptions.

This action was satisfactorily completed. Medications were reviewed on a three monthly basis or more often as necessary in response to the residents changing needs.

**Action required from previous inspection:**

Ensure all medication is prescribed and administered in accordance with legislative requirements and An Bord Altranais Professional Guidelines.

This action was satisfactorily completed. Prescribing practices have been reviewed and corrected.

**Action required from previous inspection:**

Redraft policy on insulin administration in line with best practice guidelines.

This action was satisfactorily completed. A new policy on insulin administration had been completed and added to the centre's medication management policy.

**Action required from previous inspection:**

Revise policy on administration of nebulised medication to include guidelines for staff on nebuliser cleaning procedures in line with the standards and legionella prevention.

This action was satisfactorily completed. Guidelines were put in place for staff on nebuliser cleaning procedures in line with the standards and legionella prevention.

**24. Action required from previous inspection:**

Put systems in place to ensure that residents' needs are set out in an individual care plan developed and agreed with each resident where unable – their relatives will be consulted.

This action was satisfactorily completed. New care plans have been developed. Residents and/or relatives attended meetings with the person in charge or deputy in them and were aware of contents.

**Action required from previous inspection:**

Keep the residents' care plans under formal review in response to their changing needs.

This action was satisfactorily completed. Care plans were reviewed three monthly and also as the residents conditions changed.

**Action required from previous inspection:**

Provide a programme of education on care planning to provide staff with the skills and knowledge to complete holistic person-centred care plans for residents.

This action was satisfactorily completed. A programme on person-centred care planning training was provided for all nurses and healthcare supervisors.

**Action required from previous inspection:**

Review input of the carers in evaluating residents care and explore ways in which they can make a contribution in this process.

This action was satisfactorily completed. The healthcare supervisors were facilitated to attend training on person-centred care planning. The care assistants attend the handover meeting and are encouraged to feedback on residents care.

**Action required from previous inspection:**

Evaluate risk assessment tools in use to ensure consistent measurement and introduction of adequate controls.

This action was satisfactorily completed. Risk assessment tools were evaluated and evidence based tools used. Some of these tools included Waterlow pressure risk, Meaningful activities and Barthel dependency score.

**25. Action required from previous inspection:**

Redraft the policy on end of life care taking into consideration and putting procedures into place that address the needs of residents in multi occupancy rooms at this stage of their life.

This action was satisfactorily completed. The end of life policy was redrafted that put procedures in place to address the needs of residents in two and three bedded rooms. There was a care plan for end of life care for residents who are at that stage of their lives.

**Action required from previous inspection:**

Develop guidelines for the care of the deceased resident and for the removal of remains to the mortuary from the centre to maximise the dignity and respect of all residents within the centre.

This action was satisfactorily completed. Guidelines were developed and implemented. Relatives of residents nearing the end of their lives are provided with accommodation and encouraged to stay with their loved one if they wish.

**Action required from previous inspection:**

Develop and implement evidence based guidelines for staff to carry out verification of death procedures.

This action was satisfactorily completed. A procedure for nurses to verify death was in place and in use.

**26. Action required from previous inspection:**

Install adequate bedpan washing facilities.

This action was satisfactorily completed. A new bedpan decontamination unit was installed. The inspector viewed the new unit.

**Action required from previous inspection:**

Put a programme of in-service education for staff in use of bedpan washing facility.

This action was satisfactorily completed. All staff had been trained in use of bedpan washing facility.

**Action required from previous inspection:**

Develop and implement an appropriate contingency plan in the event of sluicing equipment breakdowns.

This action was satisfactorily completed. A service agreement was in place to ensure function or repair.

**27. Action required from previous inspection:**

Install thermostatic controls to ensure the temperature of the hot tap water does not exceed 43°C at the point of contact for residents.

This action was satisfactorily completed. Thermostatic controls are in place to control hot water temperatures. Temperatures of water in the hot water tap are periodically checked to ensure they do not present a scald risk to residents.

**Action required from previous inspection:**

Make arrangements for implementation of systems to report, record and track equipment for repair.

This action was satisfactorily completed. A procedure was in place where the equipment is signed as fit for use by the maintenance person. When repaired the person in charge or deputy are informed by the maintenance person and his signature is co-signed.

**Action required from previous inspection:**

Conduct a full review of all equipment, put in place system of review and quality assurance to ensure that all equipment is operating.

This action was satisfactorily completed. A full review was completed of all equipment by the maintenance person and person in charge. The revised maintenance procedure strengthened quality, safety and availability of equipment to meet residents' needs. The inspector was told that this process promotes safety in that faulty equipment was not put back into use until co signed by the person in charge or deputy.

**28. Action required from previous inspection:**

Develop a centre-specific communication policy.

This action was satisfactorily completed. A communications policy has been drafted for the centre that reflects the communication arrangements in the centre.

**Action required from previous inspection:**

Ensure all staff are familiar with the policy.

This action was satisfactorily completed. The person in charge facilitated staff to familiarise themselves with policies and procedures. Staff were in the process of reading this policy and when completed would sign a sign-off sheet confirming that they are aware of and understand the contents of the policy.

**29. Action required from previous inspection:**

Provide a cleaning room appropriate to the size of the centre for use by cleaning staff to store equipment, to prepare and to dispose of cleaning solutions.

This action was not satisfactorily completed. The provider/person in charge stated that she was in the process of establishing a temporary arrangement. A cleaners' room is included in the development plan for the centre proposed for 2011. This action is restated in the action plan at the end of this report.

**30. Action required from previous inspection:**

Provide adequate facilities for staff to change and store personal belongings.

This action was satisfactorily completed. Twelve additional lockers were purchased to facilitate staff to store their personal belongings and valuables.

**31. Action required from previous inspection:**

All staff receives education and training and regular updates (at least annually) on the risks of infection that are commensurate with their work activities and responsibilities and their role in preventing and managing infection.

This action was satisfactorily completed. All staff had attended training in infection control from the 06 to the 08 August 2010.

**Action required from previous inspection:**

The person in charge, in accordance with relevant legislation, promotes healthy and safe working practices through the provision of information, training, supervision and monitoring of staff under the heading of infection control.

Provide adequate supervision to ensure that recommended infection control and prevention procedures are adhered to at all times by all staff in the centre.

This action was satisfactorily completed. Comprehensive supervisory arrangements were in place. Healthcare supervisors monitored infection control and staff practices on a daily basis.

**32. Action required from previous inspection:**

Provide personal protective equipment (PPE) at convenient points throughout the centre in secure holders to minimise risk of accident or injury to vulnerable residents.

This action was satisfactorily completed. PPE equipment and holders have been strategically placed at a number of points for staff convenience and to meet the needs of residents.

**Action required from previous inspection:**

Provide adequate hand-washing facilities including hand sanitizer units.

This action was satisfactorily completed. Nine additional hand sanitizers have been installed in the centre. These were viewed by the inspector.

**33. Action required from previous inspection:**

Outline a statement of purpose that includes all the information required in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

This action was satisfactorily completed. A statement of purpose was drafted to meet the requirements of the legislation.

**34. Action required from previous inspection:**

Provide appropriate, accessible storage facilities for all equipment.

This action was partially completed. Equipment storage arrangements had been risk assessed by the provider/person in charge. Storage arrangements were revised. Additional storage is proposed for inclusion in future development plans in 2011. This action is restated in the action plan at the end of this report.

**35. Action required from previous inspection:**

Review cleaning procedures training and staffing levels to ensure that cleaning staff have the necessary skills and knowledge to maintain the centre in a clean state.

This action was satisfactorily completed. Cleaning staff are supervised by the recently appointed healthcare supervisors who work with all grades of staff. Ongoing education is provided for cleaning staff to maintain good standards. The centre was noted to be very clean on the day of the follow-up inspection.

**Action required from previous inspection:**

Put robust supervisory arrangements in place to ensure the residents' needs are met in this area.

This action was satisfactorily completed. A review of the staffing arrangements was completed. Two new supervisory grade positions were developed. Comprehensive job descriptions were viewed by the inspector for this role. There was a supervisor on each shift who directly worked alongside and supervised carer, cleaning and laundry staff. Supervisors reported to staff nurses. The person in charge told the inspector that this system was working well.

**36. Action required from previous inspection:**

Commence a process of bringing files of staff currently employed in the centre in line with the requirements outlined in Schedule 2 of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action was satisfactorily completed. The person in charge was awaiting return of completed garda vetting for one staff member. All other required documentation was in place including declarations of medical fitness and photographic identification for each staff member.

**Action required from previous inspection:**

Develop and implement written policies and procedures relating to the recruitment, selection and vetting of staff taking cognisance of the information set out in the legislation.

This action was satisfactorily completed. A recruitment policy was developed and in place to inform future staff recruitment procedures in line with the legislation.

A policy referencing vetting and supervision of volunteers to the centre was also developed and implemented.

**37. Action required from previous inspection:**

Put in place a training schedule to inform all staff of the provisions of the Health Act 2007, all care and welfare of residents' Standards and regulations and their impact on the role of the centre's staff.

This action was satisfactorily completed. Training had taken place for all staff on 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*. The person in charge has commissioned translation of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) into the Polish and Lithuanian languages to enhance understanding of the legislation of some Polish and Lithuanian members of her staff.

**Action required from previous inspection:**

Copies of all relevant documents to be made available to staff.

This action was satisfactorily completed. Copies of 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 were made available to all staff. They were knowledgeable on the contents of these documents.

**38. Action required from previous inspection:**

Ensure all residents medical wellbeing and medications are reviewed on a regular basis.

This action was satisfactorily completed. Residents were reviewed on a regular basis by their GPs. The frequency of reviews was monitored by the person in charge.

**Action required from previous inspection:**

Put procedures in place where the residents' GP documents medical reviews, changes in healthcare and treatments are recorded.

The action was satisfactorily completed. All changes, reviews and treatments were documented in the residents care plans.

**Action required from previous inspection:**

Develop and implement a robust system where all residents' medical investigations are followed through and communicated appropriately.

This action was satisfactorily completed. A diary and weekly planner was introduced and was used to record all residents' out-patient appointments, medical reviews and individual

therapies. These were reviewed on a daily basis and a plan put in place to facilitate the residents to attend them.

**39. Action required from previous inspection:**

Redraft the complaints policy to ensure all aspects of the complaints procedure are implemented and operational in the centre.

This action was satisfactorily completed. The complaints policy was redrafted to include all the legislative requirements. A copy had also been mounted on the inside of residents' doors.

**Action required from previous inspection:**

The policy must be displayed in all ward areas in the centre.

This action was satisfactorily completed. A summary of the complaints policy was displayed in the centre.

**Action required from previous inspection:**

Put a training programme in place whereby all staff will be informed of the complaints procedures to be followed. Ensure residents and staff are fully informed of the complaints procedure.

This action was satisfactorily completed. The revised complaints policy was introduced at residents and staff meetings. It was also included in the residents' handbook which each resident has a copy of.

**40. Action required from previous inspection:**

Complete a training needs analysis for all staff based on the needs of residents in the centre.

This action was satisfactorily completed. A training needs analysis was completed that reflected the needs of the residents in the centre.

**Action required from previous inspection:**

Implement a programme of education and training to address any deficits in knowledge and on-going development in line with contemporary evidence-based knowledge.

This action was satisfactorily completed. The inspector viewed a schedule of training for staff based on this analysis. This training included person centred care planning on 14 July 2010, Infection Control from the 06 to 08 October 2010, dementia care, continence promotion and assessment on 21 August 2010.

**Action required from previous inspection:**

Provide staffing training on mandatory training as required by legislation e.g. manual handling.



This action was satisfactorily completed. Elder abuse recognition and prevention and moving and handling of residents and fire training were scheduled as a matter of priority to ensure that all staff had attended training in the centre.

**41. Action required from previous inspection:**

Provide handrails and signage on doors to assist residents to move around the centre independently.

This action was satisfactorily completed. Handrails and additional signage was in place on bathroom, shower and toilet doors and was observed by the inspector.

**42. Action required from previous inspection:**

Assess all residents seating requirements and put in place.

This action was satisfactorily completed. A review of residents seating had taken place. Additional suitable seating was introduced for residents who required it.

**43. Action required from previous inspection:**

Provide suitable lockable storage facilities for use by residents'.

This action was partially completed. A safe was available for residents' valuables. The provider/person in charge was in the process of locating suitable locks for the residents' lockers to give them the option of keeping their valuables with them in their bedrooms. This action is restated in the action plan at the end of this report.

## Recommendations

Standard	Best practice recommendations
Standard 25: Physical Environment	A curtain pole was not adequately secured in a room with accommodation for three residents.
	Inspector's findings: This recommendation was satisfactorily completed. The curtain Pole has been adequately secured.
Standard 18: Routines and Expectations	All staff did not wear name badges to assist residents with remembering their names.
	Inspector's findings: This recommendation was satisfactorily completed All staff wore name badges on the day of the inspection.
Standard 25: Physical Environment	The doors to the rooms were not clearly distinguishable for residents with cognitive impairment.
	Inspector's findings: This recommendation was satisfactorily completed. The inspector observed additional pictorial signage on bathrooms, showers, toilets etc.
Standard 4: Privacy and Dignity	Conduct an assessment to determine the appropriateness of the use of a thickened glass window which functioned as part of a wall between residents' private accommodation and the administrators' office.
	Inspector's findings: This recommendation was satisfactorily completed. A review had been carried out on privacy for residents in this room and the person in charge was satisfied that there was no breach of privacy for the residents in this area. It will be kept under on-going review.
Standard 29: Management Systems	The provider/person in charge is a nurse; however, she wore the same coloured uniform as staff nurses. There was no evidence to conclude that this did not cause confusion for residents and visitors to the centre.
	Inspector's findings: This recommendation was satisfactorily completed. The provider now uses a different dress code to the staff nurses.

**Report compiled by**  
Catherine Connolly-Gargan  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

12 October 2010

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection</b>	<b>Type of inspection:</b>
<b>27 April 2010</b>	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Action Plan

### Provider's response to additional inspection report\*

<b>Centre:</b>	Bethany House Nursing Home
<b>Centre ID:</b>	0015
<b>Date of inspection:</b>	12 October 2010
<b>Date of response: DAY/MONTH/YEAR</b>	13 December 2010

#### 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 is failing to comply with a regulatory requirement in the following respect:

The floor surface on corridors in the centre was uneven and impacted on safety and welfare of residents.

#### Action required:

Complete works to remedy defects on floor surface on corridors in the centre to ensure the care, safety and welfare of residents.

#### Reference:

Health Act, 2007  
Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety  
Standard 29: Management Systems

**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>This work has now been completed, the current floor has been re levelled and re surfaced.</p>	<p>Completed December 2010</p>
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<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b> Did not provide adequate toilet facilities to meet the needs of all residents in the centre.</p>	
<p><b>Action required:</b> Provide a sufficient number of toilets in line with the Health Act 2007 (Care and Welfare Of Residents in Designated Centre for Older People) Regulations 2009.</p>	
<p><b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>We currently have four en suite bedrooms and four communal toilets including assisted bathrooms for 28 residents, under the Health Information and Quality Authority's standards there is one toilet to every six residents, this leaves us needing to add another toilet which we will address in our development plan March 2011.</p>	<p>March 2011 development plan</p>

<p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b> There is a lack of storage space for assistive devices e.g. hoist, commodes and assistive equipment belonging to residents.</p>	
<p><b>Action required:</b> Provide appropriate, accessible storage facilities for all equipment.</p>	
<p><b>Reference:</b> Health Act 2007 Regulation 31: Risk Management Procedures Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The issue of additional storage areas will be met in development plan</p>	<p>Current</p>

<p>which will be completed in March 2011. We have currently done a full risk analysis on the current storage areas for the above equipment and have found that this area is the most appropriate location until additional storage areas are provided.</p>	<p>location risk assessed November 2010 development plan March 2011</p>
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<p><b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b> Did not provide sufficient lockable storage space for residents' personal belongings and possessions in their rooms.</p>	
<p><b>Action required:</b> Provide suitable secure storage facilities for the use by residents to store their valuables in their rooms.</p>	
<p><b>Reference:</b> Health Act 2007 Regulation 7: Residents' Personal Property and Possessions Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response</p> <p>A lockable storage space has been provided for each resident in the form of an individual lockable deposit box. We will also be adding lockable areas in bedside lockers as we replace and upgrade these items in the future.</p>	<p>Completed November 2010 upgrading of current bedside locker will be on going</p>

**Any comments the provider may wish to make:**

**Provider's response:**

The management and staff of Bethany House would like to thank the inspector for the courtesy and respect shown to the residents and staff during our last inspection. We are very pleased that the inspection team have acknowledged the vast amount of work done by our management and staff to date and also the acknowledgment of the commitment given by the owners and person in charge to work with the Health Information and Quality Authority to fully implement the action plan.

We are also very pleased that some of the many positive and creative projects and policies that we have developed for our residents have been highlighted such as our double wedding celebration and our personal development group.

We will now be focusing on completing the final actions within this plan which are mostly structural in nature and are works that need to be outsourced, we will be doing our best to finish these within the timelines stated, but most point out that we are dependant on the companies sourced.

**Provider's name:** Madeline and David Corboy

**Date:** 13 December 2010