

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Rushmore Nursing Home
Centre ID:	0381
Centre address:	Knocknacarra Galway
Telephone number:	091 523257
Fax number:	091 554175
Email address:	rushmorenursinghome@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Sharon and Michael Conlon
Person in charge:	Maria Killian
Date of inspection:	16 September 2010
Time inspection took place:	Start: 10:30 hrs Completion: 17:00 hrs
Lead inspector:	Nan Savage
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About 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

Rushmore Nursing Home was originally a two-storey domestic house and converted for use as a residential centre for older people in the early 1970s. It is a family run business and was purchased by the current provider in 1988. Two single-storey extensions were added in March 1996 and November 1998. There are places for 28 residents providing long-term, palliative, respite and short-term care. At the time of inspection, there were 26 residents over the age of 65 living there, including some residents with dementia. The provider informed inspectors that a day-care facility is provided subject to staffing levels and space. On the day of inspection there was no day care in the centre.

The dining room, kitchen, visitors' room, oratory and the majority of residents' bedrooms are all located in the single-storey section of the building. The entrance door is fitted with a call bell and leads to a small reception area where the nurses' station is located. The nurses' station is also used by the providers as an administration office.

Communal accommodation comprises of a day-room, a dining room and separate visitors' room. The kitchen is adjacent to the dining room and the day-room is directly opposite the dining room. A small seating area is located approximately half way down the main corridor.

There are 20 bedrooms in total, 12 single bedrooms and 8 two-bedded rooms. Three single and one two-bedded room are located on the first floor with the remaining nine single and seven two-bedded rooms on the ground floor. During February and March 2010 renovations were undertaken to the bedrooms and assistive bathroom on the first floor. The bedroom sizes were increased in order to comply with 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* and new bedroom furniture was also provided. A chairlift is available to transport residents between the ground floor and first floor, if required.

Seven single bedrooms and two two-bedded rooms have en suite shower, toilet and hand-washing facilities. The remaining bedrooms have hand-washing sinks provided. There are two assistive bathrooms; one on each floor with a bath, toilet and hand-washing facilities for residents' use only. The ground floor assistive bathroom also has a shower. An additional toilet for residents and visitors' use is also provided on the ground floor. There is a separate staff toilet for both catering and non catering staff in a portacabin at the rear of the centre.

The centre has an enclosed outdoor space with seating with a decorative water fountain. There are two entrances; the main entrance is off the Knocknacarra Road while the rear entrance for staff use only is through a cul de sac off the Upper Salthill Road.

The centre is wheelchair accessible. Limited car parking for relatives, staff and visitors is available to the front and some additional parking for staff is available at the rear of the centre.

Location

Rushmore Nursing Home is located in Knocknacarra, Co. Galway, approximately three miles from Galway city centre.

Date centre was first established:	1 January 1990
Number of residents on the date of inspection	26
Number of vacancies on the date of inspection	2

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	5	6	5

Management structure

The Providers are Sharon and Michael Conlon and the Person in Charge is Maria Killian who took up this position in June 2010. The Person in Charge is supported by a team of staff nurses and care assistants who report directly to her. In her absence a senior nurse deputises as Person in Charge. Catering and housekeeping staff also report directly to the Person in Charge. Maintenance work is the responsibility of Michael Conlon.

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	1	1	4	2	1	1	*1

*Provider arrived during the inspection.

Background

Rushmore nursing home was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on 23 and 24 March 2010. The provider had applied for registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. The inspection report is available on www.hiqa.ie

The providers demonstrated a commitment to developing and improving the service and quality of life for the residents by implementing a refurbishment programme to upgrade the facilities provided to residents. The providers along with the person in charge implemented a team approach to delivery of care.

Good practice was observed across all domains. The inspectors found the centre to be well-managed and on the day of inspection there were adequate levels of staff on duty with appropriate skill-mix to meet the needs of residents. Staff demonstrated a comprehensive knowledge of residents' needs and this was reflected in residents' care plans which were person-centred and developed based on comprehensive assessments. Inspectors were also satisfied that the residents' medical and nursing needs were being met to a satisfactory standard.

Inspectors identified significant areas for concern in fire safety and in the physical environment. Written confirmation from a competent person confirming that the requirements of the statutory fire authority had been complied with was not obtained. A service record of the fire alarm system was not available.

There were deficits in the design, size and layout of the building. Inspectors found that the communal space for residents and the laundry facilities provided did not comply with the criteria in *the National Quality Standards for Residential Care Settings for Older People in Ireland*. There was also insufficient storage space available for the storage of equipment.

There were also some improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) such as maintaining the directory of residents up-to-date and in the risk management policy.

The additional inspection report outlines the findings of a follow up inspection that took place on 16 September 2010. This inspection was unannounced and focused on the areas where improvements were required as highlighted in the Action Plan in the inspection report of 23 and 24 March 2010.

Summary of findings from the follow up inspection

The provider had either completed or was in the process of addressing the majority of the actions required following the inspection report of 23 and 24 March 2010. The inspector noted that some actions were still outstanding even though the provider had stated that these actions were complete in the action plan, other actions were partially complete.

The provider implemented the following key measures since the previous inspection:

- significant identified environmental risks had been addressed and managed
- the fire assembly points were identified in the fire procedures displayed
- occupational therapy (OT) and physiotherapy were available to residents
- measures were in place to monitor the suitability of a resident for self-medicating and a lockable facility was provided for this resident to store his medication safely
- training in the moving and handling of residents was provided to all staff
- an emergency plan was in place
- a hand-wash basin had been installed in the laundry/sluice room and suitable laundry bags were now in use to store soiled linen and clothing. Staff changed into their uniforms in the staff changing facilities provided
- up to date service records were available for the call bell system, fire alarm and chair lift
- areas occupied and used by residents were maintained at appropriate temperatures and without draughts
- additional policies were developed and implemented including policies on induction, temporary absence and discharge of residents, behaviour management and the recruitment, selection and vetting of staff
- a residents' advocate had been appointed and a residents' committee was established
- residents' confidential information was stored securely
- the directory of residents was now maintained up-to-date and contained a record of all the information required in the Regulations.

The key measures which were outstanding from the previous inspection were as follows:

- written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with was not obtained
- a staff member who was identified during the previous inspection as not having received formal training in fire safety and evacuation had still not received this training
- the carpets which were stained and worn in sections were not replaced
- some practices in relation to infection control were not addressed such as the use of shared hand towels and the drying of mop heads outside
- a formal process for auditing and monitoring of accidents, incidents and near misses had not been implemented to inform learning and improve practice.

Plans were in place to complete structural work within the agreed timeframes. The provider reiterated her commitment to addressing these issues as part of the planned refurbishment.

Subsequent to the inspection, a fit person interview was carried out with the new person in charge on the 21 September 2010.

Issues covered on inspection

1. Action required from previous inspection:

The risk management system in place does not control the risk of accidental injury to residents, staff or visitors in that:

- the health and safety statement and risk management policy was not fully implemented into practice
- access and egress was not controlled from the some parts of the centre and side gates were left open which lead to public roads
- the surfaces of the boiler room were scalding hot and posed a potential risk to residents' safety
- cleaning chemicals were not securely stored in the laundry room
- grab rails were not provided to the bath in the ground floor assistive bathroom.

This action was partially complete.

Access and egress was controlled from the centre. The provider had installed a keypad system on the side gate, which led to a public road. This measure also secured other areas around the building. The provider informed the inspector that this gate opened automatically if the fire alarm was activated. The boiler room was locked during the inspection and the inspector noted that all cleaning chemicals were securely stored in a new locked cupboard in the laundry room. Grab rails were provided to the assisted bath in the ground floor assisted bathroom.

The inspector was unable to view the risk management policy. The policy was not available at the time of inspection. The provider informed the inspector that she had taken the policy home to update the content.

2. Action required from previous inspection:

Adequate fire precautions and records were not in place and therefore posed a potential risks to residents, staff and visitors safety:

- fire procedures displayed did not identify the fire assembly points
- one staff member had not received formal training in fire safety
- written confirmation from a competent person that all the requirements of the statutory fire authority was not provided.

This action was partially complete.

Fire procedures were displayed which clearly identified the fire assembly points. However, written confirmation was not obtained from a competent person to confirm that the centre was in compliance with all the requirements of the statutory fire authority.

Training records reviewed by the inspector indicated that the staff member who had not received training in fire safety and evacuation had still not received this training. The provider had stated in her response to the previous action plan that fire training would be completed in July 2010. The inspector was informed by the provider that a new training date was arranged at the end of September 2010 and recently employed staff members would also attend this training. Documentation was provided which confirmed fire training was scheduled for 23 and 24 September 2010.

3. Action required from previous inspection:

Occupational therapy (OT) and physiotherapy was not available to residents.

OT and physiotherapy was not provided for a resident who required assessment and the seating assessment for this resident was carried out by nursing staff without the use of a recognised assessment tool.

This action was complete.

Occupational therapy and physiotherapy were available to residents in a private capacity and at an additional charge. The provider put in place arrangements for a physiotherapist to attend residents on a weekly basis. A sample of residents' files were viewed which confirmed that the physiotherapist carried out both individual assessments and group therapy. The provider stated that an occupational therapist carried out an OT assessment for five residents and as a result of these assessments, two specialised chairs were ordered.

4. Action required from previous inspection:

There was no risk assessment undertaken to determine the suitability of a resident who was self-medicating and a lockable facility was not available for this resident to store his medication safely.

This action was complete.

A policy on self-medication was in place and reflected staff practice. The inspector reviewed this resident's care plan and noted that a risk assessment had been undertaken to determine the suitability of the resident to self-medicate. The inspector read records which confirmed that this resident's medications were checked and counted by staff on a fortnightly basis. An ongoing assessment and review was planned to monitor the continued safety of the resident in self-medicating. The inspector noted that a lockable facility was provided in the resident's bedroom for the resident to store his medication safely.

5. Action required from previous inspection:

One staff member had not received moving and handling training since 2003.

The certificate of one staff members' training in moving and handling was not available.

This action was complete.

Staff training certificates for moving and handling of residents were available. The provider and person in charge confirmed that the staff member whose certificate was not available on the previous inspection, no longer worked in the centre.

The staff member who had not received moving and handling of residents training since 2003 had subsequently received this training on the 10 May 2010. The training certificates viewed confirmed this.

Moving and handling practices observed on the day of inspection were satisfactory.

6. Action required from previous inspection:

There was no emergency plan.

This action was complete.

The inspector reviewed the emergency plan and found that it gave clear guidance to staff on what action to take in the event of emergencies such as fire, flooding, loss of heating and power outage. Procedures were also in place for contacting relevant bodies and a premises was identified to evacuate residents to in the event of an emergency.

7. Action required from previous inspection:

The following practices were not in line with best practice in infection control and posed an infection control risk:

- adequate sluicing and bed pan washing facilities were not provided. Sluicing operations took place in the laundry room
- hand wash facilities were not provided in the laundry and as a result staff used the sluice sink to wash their hands
- an open weaved basket was used to store soiled bibs and tea towels and staff were unsure of the temperature that these items were to be washed
- a hand towel was in use in the residents' assistive bathroom
- some staff wore their uniforms into work at the beginning of their shifts
- mop heads were left to dry outside.

This action was partially complete.

A designated hand-wash basin equipped with materials for hand washing and drying was provided in the laundry/slucie room.

Staff were familiar with the laundry procedures and were able to explain the correct temperatures to wash residents' clothing and other items such as tea towels and soiled bibs. The provider had purchased a laundry trolley which included sealable colour coded laundry bags.

The inspector observed during the inspection that staff did not wear their uniforms into work at the beginning of their shifts. Staff spoken to confirmed that they changed into their uniforms in the staff changing facilities provided.

The inspector identified some practices in infection control, which had not been addressed since the last inspection even though the provider had outlined in the action plan that this was the case. Hand towels were in use in all residents' toilets and the assisted bath/shower rooms. The inspector also noted that mops heads were left to dry outside.

The provider acknowledged the need to upgrade the existing laundry and sluicing facilities in the previous action plan. While separate laundry space was not provided by the initial target date of September 2010, the provider confirmed that plans were still in place to complete these works by April 2011. The inspector requested a copy of these plans to be forwarded to the Authority.

8. Action required from previous inspection:

Parts of the interior of the centre were not maintained in a good state of repair. For example:

- the carpet was heavily worn and stained in sections and a smell of urine was noted in some parts of the building
- during the first day of the inspection the centre was cold and draughty in some parts including the day-room
- the frame of the reading table in the visitors' room was rusted in sections and paint had flaked from the surfaces.

This action was partially complete.

The inspector noted that there was no smell of urine in any part of the building during the inspection and that the building was suitably heated and there were no draughts.

The heavily worn stained carpet had not been replaced within the agreed timeframe. During the inspection the provider confirmed that the carpet would be replaced but did not give a timeframe for when this would be complete.

The defective reading table located in the visitors' room was replaced.

9. Action required from previous inspection:

Parts of the centre were inadequate in size, not suitably designed and laid out to comfortably meet the residents' individual and collective needs. For example:

- the size of the communal space for residents was inadequate and not suitable for the residents' needs.
- inadequate storage was available for equipment
- the laundry facilities were not suitable and were of inadequate size. There was insufficient space to sort, dry and store laundry, segregate clean and soiled laundry and to iron residents' clothing.

This action was not complete.

However, the agreed timeframe for the commencement of these works was April 2011. The provider confirmed that these works were still planned. The provider was requested to submit a draft set of plans.

10. Action required from previous inspection:

Maintenance service records for some equipment were not available including the call-bell system, fire alarm system and service of the chair lift.

This action was complete.

The inspector viewed the service records for the call bell system which was serviced on 27 January 2010 and the fire alarm system which was tested on 16 June 2010. The inspector read the certificate for the chair lift which confirmed that a service had taken place on May 2010.

11. Action required from previous inspection:

Some policies as required in Schedule 2 of the Regulations were absent including an induction policy, temporary absence and discharge of residents and a policy on behaviour that challenges.

Other policies were not signed and dated such as the admission policy and protection of residents from abuse. Some policies were not comprehensive such as the admission policy and did not inform practice.

Staff were not adequately trained on all the policies.

This action was almost complete.

The provider had developed all policies as listed in Schedule 5 of the Regulations. The inspector reviewed a sample of the policies and found that they were signed and dated. These included an induction policy, temporary absence and discharge of residents and a policy on behaviour that challenged. The policy on behaviour that challenged was comprehensive and gave clear instructions to staff on how to recognise behaviour that challenged the role of staff, interventions and guidance on the standardised assessment tool. However, the temporary absence and discharge of residents' policy did not refer to the requirement that the directory of residents must be updated with all transfer details.

A process was in place for staff to sign when they had read and understood the policies. Staff spoken to confirmed they were reading policies relevant to their role and work duties. When questioned most staff were knowledgeable about the content of the policies and informed the inspector that they signed a record once they understood them fully. However, some staff were not familiar with recently amended policies which were relevant to their duties. Some staff reported that the provider regularly checked their knowledge of the content of the policies.

12. Action required from previous inspection:

There was no assessment of residents' social history or interests. As a result, residents' interests and preferences did not inform the activities provided.

This action was partially complete.

The inspector viewed a sample of residents' files and noted that a life history was completed for these residents. However, there was no assessment of residents' capabilities and information gathered on residents' interests did not inform a social participation care plan for each resident.

Arrangements were in place to educate and train staff to enable them to develop the activities programme in line with residents' capabilities and in accordance with contemporary evidence based practice. The provider and a senior care assistant completed training in reminiscence on 14 September 2010 and records were available to confirm this training had taken place. Two staff were scheduled to attend a Sonas programme in October 2010.

13. Action required from previous inspection:

Residents were not offered sufficient choice at mealtimes and menu planning was not adequately documented which meant that there was not adequate planning of meal choices to provide an interesting and varied diet.

This action was complete.

Residents were offered choice at each mealtime and the alternative to the main meal was recorded on the menus displayed. The menu was prominently displayed on the dining room tables and on the residents' notice board. The inspector also noted that a two week menu cycle had been implemented.

Some residents confirmed that they were asked if they preferred to have a bath or shower. However, there was no record to indicate that staff offered residents this choice on a consistent basis.

14. Action required from previous inspection:

Confidential information such as residents' fluid and continence charts were kept in folders which were left on the hall table at the entrance. Specific information private to residents and which detailed their names were held in these folders.

This action was complete.

Confidential information including residents' files were stored securely. The inspector noted during the inspection that confidential information was stored in the nurses' station/administration office.

15. Action required from previous inspection:

The recruitment policy did not include all the required documentation as specified in Schedule 2 for employees.

Staff files did not contain all the documentation required such as three references. Some sections of the staff appraisal forms were not complete and the signature of the staff member and person completing the staff appraisal were not recorded on some of the forms.

This action was partially complete.

The inspector reviewed the policy in relation to recruitment, selection and vetting of staff dated 1 July 2010. The policy was found to be comprehensive and based on the requirements of the Regulations.

The inspector looked at a sample of staff files and noted that additional information was obtained including Garda Síochána vetting. The provider informed the inspector that Garda vetting had been obtained for all staff. However, some required information was not available such as three written references and evidence that staff were physically and mentally fit. The inspector was shown a reminder letter which the provider sent to staff requesting them to submit all outstanding information.

The inspector also noted that the staff appraisal system had not been complete with all staff.

16. Action required from previous inspection:

There were no formal arrangements in place for advocacy or to facilitate residents in consultation and participation in the day-to-day running of the centre.

This action was partially addressed.

The provider told the inspector that a local family member who regularly visited the residents had agreed to act as advocate on behalf of the residents. This family member also facilitated the recently established residents' committee. Residents confirmed that a meeting had taken place and that issues raised were acted upon. For example, one resident told an inspector that a suggestion was brought up by residents to have sherry during the week as well as on Sundays. This resident was pleased that sherry was now offered to residents during the week. However, minutes of the meetings were not available and so there was no means to check if actions were addressed or not.

17. Action required from previous inspection:

The complaints policy did not contain all the requirements as outlined in the Regulations did not fully inform practice.

The complaints procedure was not displayed for residents and visitors to view.

This action was partially complete.

The inspector reviewed the complaints policy and procedure. The complaints procedure was displayed for residents and visitors to view. However, it was not updated to reflect the change in management structure and referred to the previous person in charge as one of the nominated persons. Adequate details were not given on how or to whom one could appeal if dissatisfied with the outcome of the complaint.

A detailed complaints policy was in place however, some information recorded in the policy was not in line with the Regulations. For example, the policy stated that where the complaints are made verbally, they must be documented by the staff member receiving the complaint instead of the nominated person.

18. Action required from previous inspection:

There was no formal auditing and monitoring process of accidents, incidents and near misses in place therefore there was no evidence of learning and improving practice as a result of monitoring incidents, accidents and near misses.

This action was partially addressed.

A medication audit was being carried out on the day of inspection. The audit was used to monitor areas including storage, labelling and the completion of medication prescribing and administration charts. A record stated that the findings would be discussed at the next scheduled staffing meeting on 1 October 2010.

There was no evidence to confirm that formal auditing and monitoring of accidents, incidents and near misses took place. Therefore information gathered on incidents, accidents and near misses did not inform learning and improve practice.

19. Action required from previous inspection:

The directory of residents was not maintained up-to-date and did not contain a record of all the information required in the Regulations including transfer details and the name and address of any authority, organisation or other body that arranged the resident's admission.

This action was complete.

The provider purchased a new directory of residents and the inspector noted that all the required information was recorded. The directory was maintained up to date and included transfer details and a record of residents who were recently admitted.

Other issues:

The provider failed to notify the Authority that there was a change of person in charge. The inspector was informed by the person in charge during the inspection that she took up the post in June 2010.

The current person in charge had been in post since June 2010. On the day of inspection she was the only nurse on duty from 8.30 am to 4.00 pm for 26 residents. This meant that the person in charge could not adequately carry out her leadership and managerial role in the day-to-day operation of the centre. The inspector requested the previous and current week rota. The rota has not been made available to date.

Some required documentation relating to the person in charge, including three written references was not available on file and was not submitted to the Authority.

The inspector noted that grab rails were not provided to the residents' bath in the first floor assistive bathroom.

The staff appraisal programme was not implemented with all staff. The inspector noted that some sections of the staff appraisal forms were not completed and the signature of the staff member and person completing the staff appraisal were not recorded on some of the forms.

The staff induction policy was not fully put into practice. The staff induction process was not formalised and all relevant records such as the risk management policy were not available for staff to view.

Report compiled by:

Nan Savage

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

22 September 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
23 and 24 March 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:	Rushmore Nursing Home
Centre ID:	0381
Date of inspection:	16 September 2010
Date of response:	30 November 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:

Adequate fire precautions and records were not in place and therefore posed a potential risks to residents, staff and visitors safety. For example:

- some staff members had not received formal training in fire safety
- written confirmation from a competent person that all the requirements of the statutory fire authority was not provided.

Action required:

Ensure all staff receive suitable training in fire prevention, fire procedures and in evacuation.

Action required:

Provide written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Work is in progress, near completion. Written confirmation will sent into the Authority by 16 December 2010. Staff have now received training. This will be updated yearly. In addition there is also a person trained "Nursing Homes and Care Centers Fire Safety Management Course" who will show new staff the fire prevention, fire procedures and evacuation system, which will link up with the yearly training.	16/12/2010 Complete

2. The provider is failing to comply with a regulatory requirement in the following respect: The person in charge was also the nurse on duty which meant she was involved in delivering resident care and not in the overall management of the service.	
Action required: Ensure that the person in charge can engage in the governance, operational management and administration of the centre on a regular and consistent basis.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 27: Operational Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staff rosters were forwarded to the Authority following the inspection. The staff rosters include specific times in order for the person in charge to complete governance, operational management and administration.	Complete

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The Chief Inspector had not been notified of the change in person in charge.</p>	
<p>Action required:</p> <p>The provider must give notice in writing to the Chief Inspector of the change in person in charge.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 36: Notification of Incidents Standard 26: Health and Safety</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>The provider understands that the Authority need be informed regarding change of person in charge.</p>	<p>Complete</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The risk management policy was not available during the inspection.</p> <p>Grab rails were not provided to the bath in the first floor assistive bathroom.</p>	
<p>Action required:</p> <p>Maintain the risk management policy on the centre for inspection purposes.</p>	
<p>Action required:</p> <p>Provide grab rails to the assistive bath.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

Provider's response:	
A risk management policy will be complete and comply with Regulation.	15/12/2010
Crab rails in place.	Complete

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The following practices were not in line with best practice in infection control and posed an infection control risk:</p> <ul style="list-style-type: none"> ▪ adequate sluicing and bed pan washing facilities were not provided. Sluicing took place in the laundry room ▪ hand towels were in use in the residents' toilets and bathrooms ▪ mop heads were left to dry outside. 	
<p>Action required:</p> <p>Provide adequate sluicing facilities.</p>	
<p>Action required:</p> <p>Discontinue the use of shared hand towels in the residents' toilets and assistive bathroom.</p>	
<p>Action required:</p> <p>Provide adequate facilities to hygienically dry mop heads.</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>Provider's response:</p> <p>A sluice room is to be incorporated in next year's plan. This will be incorporated with the final upgrade to satisfy all Regulations.</p>	<p>October 2011</p>

In all main toilets, and assistive bathrooms there will be paper towels and soap dispensers for the staff use. All staff are instructed regarding to infection control. There will be no other sort of towels left in the main bathroom.	Complete
Mop heads in appropriate casing.	Complete

6. The provider is failing to comply with a regulatory requirement in the following respect:	
Parts of the interior of the centre were not maintained in a good state of repair. The carpet was heavily worn and stained in sections.	
Action required:	
Ensure the premises is kept in a good state of repair.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Carpet being replaced, following completion of present work.	between 27/11/2010 + 10/12/2010

7. The provider is failing to comply with a regulatory requirement in the following respect:	
Parts of the centre were inadequate in size, not suitably designed and laid out to comfortably meet the residents' individual and collective needs. For example:	
<ul style="list-style-type: none"> ▪ the size of the communal space for residents was inadequate and not suitable for the residents needs. ▪ inadequate storage was available for equipment ▪ the laundry facilities were not suitable and were of inadequate size. There was insufficient space to sort, dry and store laundry, segregate clean and soiled laundry and to iron residents' clothing. 	

Action required:	
Ensure the size of rooms occupied or used by residents are suitable for their needs.	
Action required:	
Provide adequate storage space for equipment.	
Action required:	
Provide laundry facilities of adequate size. Provide sufficient space to sort, dry and store laundry, to segregate clean and soiled laundry and to iron residents' clothing.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: These matters to be incorporated in final plan to satisfy legislation/Regulations or review 2011: -storage space -laundry facilities -sufficient laundry space	October 2011

8. The person in charge has failed to comply with a regulatory requirement in the following respect:
There was no formal auditing of accident/incidents therefore there was no learning or evidence of improving practice as a result.
Action required:
Put in place arrangements for the identification, investigation and learning from serious or untoward incidents or adverse events involving residents.
Reference:
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A complete auditing plan is now in place. The first set will be complete by 31 December 2010.	In place 31/12/2010

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>An adequate assessment of residents' interests and capabilities was not carried out and as a result to inform a social participation care plan and the activities programme.</p>	
<p>Action required:</p> <p>Provide an activities programme based on residents' assessed interests and capabilities. Put in place a social care plan for all residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routine and Expectations</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Social care/life history based on residents interests and capabilities is ongoing and currently being reviewed.	16/12/2010

<p>10. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Staff files did not contain all the required information as outlined in the Regulations such as three written references.</p> <p>Required documentation relating to the person in charge was not available on file and had yet to be submitted to the Authority.</p>	
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Action required:	
Ensure that all required information is obtained in respect of persons employed as specified in Schedule 2 of the Regulations.	
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22 : Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff files monitored and lists complete showing outstanding documents. This will be complete by 16 December 2010.	16/12/2010

11. The person in charge has failed to comply with a regulatory requirement in the following respect:	
All staff were not familiar with the policies relevant to their duties and some staff had not signed to indicate that they had read and understood policies.	
Action required:	
Ensure all staff are familiar with such policies and procedures and that they guide staff members' practice.	
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All policies and procedures to be completed by 16 December 2010.	16/12/2010

<p>12. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The complaints policy did not fully comply with the requirements of the Regulations and the procedure did not give adequate details on how or to whom one could appeal if dissatisfied with the outcome of the complaint.</p>	
<p>Action required:</p> <p>Ensure that the nominated person maintains a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.</p>	
<p>Action required:</p> <p>Clearly outline the independent appeals process in the complaints procedure and include details of the independent nominated person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</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>Complaints procedure is up-to-date.</p>	<p>Complete</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 1: Information	Consider maintaining minutes of the recently formed residents committee. Provider's response: Submitted to the Authority.
Standard 25: Physical Environment	Provide a treatment room for clinical examinations and therapy. The provider informed the Authority during the previous inspection that this would be taken on board during the planned refurbishment. Provider's response: This is to be included in the plan for 2011.
Standard 24: Training and Supervision	Consider ways to formalise the staff induction policy to ensure that it meets the specific needs of preparing staff to work with older people. Implement the staff appraisal programme to identify training needs and review performance. Provider's response: Staff appraisal program now in place and being completed by both staff and interviewer.

Any comments the provider may wish to make:

Provider's response:

In Rushmore we as a team, recognise that during the year we have had a change of Person in Charge. This has taken time and team effort from the existing staff within. There has also been additional structural changes and improvements to the benefit of the home.

It is important to note that for us in Rushmore we see the care of the resident as paramount importance. The delivery of person-centered care should be evident in every aspect within this environment as we believe it is.

Provider's name: Sharon Conlon

Date: 25 November 2010