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23<sup>rd</sup> June 2007

Sr Kathleen Mc Donagh  
Proprietor  
Shalom Nursing Home  
Kilcock  
Co Kildare

## **Inspection Report**

**Re: Inspection of Shalom Nursing Home under the Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.**

Dear Sr Kathleen Mc Donagh,  
The Health Service Executive Nursing Home Inspection Team from a Nursing perspective inspected Shalom Nursing Home on 22<sup>nd</sup> June 2007.

The inspection commenced at 9am and was completed by 1.45pm. This inspection was routine and unannounced.

There were 35 residents on this date. The Nursing Home is currently fully registered for 42 residents.

Issues identified in the previous Inspection Report dated 23<sup>rd</sup> January 2007.

The following;

- Articles have been satisfactorily addressed,  
Article 19.1 (b)  
Prescribing of medication  
Nursing documentation

Article 20  
Confidentiality

Article 22  
Submission of death certificates

Article 29 (a)  
MDA bound book

Article 27(a)  
Fire exits blocked

- Articles have not been satisfactorily addressed,  
Article 19.1  
Restraint policy

Article 10.5  
Training and induction

- Articles have been partially addressed,  
Article 34  
Insurance certificate

- Recommendations remain in relation to those which did not constitute a breach but which were of concern,

- (1) Two RGN's on all day duty shifts.
- (2) Duplicate/Triplicate Incident reporting book
- (3) Warfarin policy to be devised and implemented.

## **Current Inspection**

The following issues require your attention and action.

### **Article(s):**

#### **Article 5.**

*“The registered proprietor and the person in charge shall ensure that there is provided for dependent persons maintained in a nursing home:—*

*( a ) suitable and sufficient care to maintain the person's welfare and well-being, having regard to the nature and extent of the person's dependency;*

*( b ) a high standard of nursing care;”*

**Article 10.5**

*“The registered proprietor and the person in charge of the nursing home shall ensure that:—*

*( d ) a sufficient number of competent staff are on duty at all times having regard to the number of person maintained therein and the nature and extent of their dependency.”*

**Non-compliance(s):**

(1) As identified in previous inspection report of 23<sup>rd</sup> Jan 2007, there are insufficient numbers of Nursing Staff on day duty to ensure competent and safe care is delivered taking into account highly dependent residents located on three (3) levels in the Nursing Home. It is obvious that the lack of a sufficient number of RGN's on day duty and the lack of a clear nurse management structure is impacting on the ability to remain compliant in the areas outlined below as 'Non Compliance' in this report.

**Required Action:**

- (1) Ensure a second RGN is on all day duty shifts as per previous inspection report of the 23<sup>rd</sup> Jan 2007.
- (2) Ensure the Person in Charge has a suitably located office to undertake nurse administration duties.

**Timescale:**

(1) and (2) within 4 weeks of receipt of this report.

**Article:****Article 5**

*“The registered proprietor and the person in charge shall ensure that there is provided for dependent persons maintained in a nursing home:-*

- (a) suitable and sufficient care to maintain the persons welfare and well-being, having regard to the nature and extent of the person's dependency;*
- (b) a high standard of nursing care;”*

**Non-compliance(s):**

(1) The Nursing Homes Nursing Projects Organisation policies were available but had not been adapted for use within the Nursing Home. For example the following policies were not comprehensive enough to ensure safe practice;

- Restraint policy
- Infection control e.g. MRSA

(2) There was no Warfarin policy in place as had been previously identified in inspection of 23<sup>rd</sup> Jan 2007.

(3) Oxygen on the first floor was inaccessible in the event of an emergency requiring its use.

(4) We acknowledge the extensive work undertaken to improve the resident Care Plans. While nursing care plans are resident specific, when the assessment has been

completed problems or potential problems must be identified and a care plan should be initiated for the patient. The requirements of a care plan include the following:

- Problem identification
- Goal specification
- Specific nursing interventions to include how, when and who will carry out the interventions within a specified time-frame.
- Review date
- All entries in the care plan must be dated and signed by the person who has formulated the plan

The plan should then be reflected in the daily nursing notes (nursing kardex).

(4.1) In the case of \_\_\_\_\_, her weight record indicates that she lost 4 kg in the previous two months. Yet weight loss is not identified as a problem in her

(4.2) \_\_\_\_\_ sustained eight falls between Jan 1st and May 31st 2007. The effective nursing intervention introduced in May which recommends, “staff member remain and supervise the resident while using the commode” could have been introduced earlier and thus would have reduced subsequent falls.

### **Required Actions:**

- (1) Policies must be devised or adapted to local level and implemented to reflect best practice.
- (2) Devise and implement a Warfarin policy
- (3) Education for each individual staff member must be provided in the context of understanding and implementing the policies. Evaluation must be an integral part of policy development and implementation.
- (4) Ensure oxygen is located in a safe easily accessible area at all times.
- (5) Continue to work towards resident specific care plans.

### **Timescale(s)**

- (1), (2) (3) and (5) to commence immediately upon receipt of this correspondence and to be fully complete at 12 weeks.
- (4) Immediately upon receipt of this report

### **Article**

#### **Article 10.5**

*“The registered proprietor and the person in charge of the nursing home shall ensure that:—*

*( d ) a sufficient number of competent staff are on duty at all times having regard to the number of person maintained therein and the nature and extent of their dependency”*

### **Non Compliance:**

- (1) There was no induction programme implemented as had been previously identified at inspection of 23rd Jan 2007.

(2) While there was evidence of ongoing training and education for staff, there was no structured record of education and training with evidence of staff attendance and sign off. One staff member has still to undergo the manual handling training.

### **Required Actions:**

- (1) Priority must be given to implementation of an appropriate induction programme to all staff. Evidence of this must be available for future inspection.
- (2) Ensure all mandatory training is complete.
- (3) Ongoing education and training needs for all staff must be identified and provided by the nursing home to ensure the nursing needs and requirements of all the patients are met. All staff should sign off on attendance at education and training, evidence of this must be made available in a structured format for future inspection.

### **Timescale:**

- (1) must commence immediately upon receipt of this report and must be complete within 6 weeks.
- (2) within 4 weeks of receipt of this report.
- (3) to commence immediately upon receipt of this report.

### **Article**

#### **Article 19.1**

*“In every nursing home the following particulars shall be kept in a safe place in respect of each dependent person:-*

*(g) A record of any accident or fall involving a dependent person.”*

### **Non Compliance:**

In the case of \_\_\_\_\_ who fell on June 13<sup>th</sup> 2007. The incident was recorded in the falls diary. However no formal incident report was completed in relation to this fall.

### **Required Actions:**

- (1) A record of all incidents involving a resident must be made at the time of the incident
- (2) A reporting mechanism in the format of a duplicate/triplicate incident book should be introduced which facilitates documenting the information outlined below in line with current best practice.
  - a. Incident
  - b. Action Taken
  - c. Outcome of the action taken
  - d. Observations made at the time of the accident and in the immediate period following the accident.

We recommend one copy should be sent with the patient to A&E where applicable, a copy should be kept in the accident book and a copy should also be kept on the patient's file.

### **Timescale:**

- (1) Immediately upon receipt of this report

- (2) Within 4 weeks of receipt of this report, as per inspection report of 23<sup>rd</sup> Jan 2007.

## **Article**

### **Article 27.1**

*“The registered proprietor and the person in charge of the nursing home shall:-*

*(a) take adequate precautions against the risk of fire, including the provision of adequate means of escape in the event of fire and make adequate arrangements for detecting, containing and extinguishing fires, for the giving of warnings and for the evacuation of all persons in the nursing home in the event of fire, and for the maintenance of fire fighting equipment;*

*(b) Make adequate arrangements to secure by means of fire drills and practices that the staff, and so far as is practicable, dependent persons in the nursing homes, know the procedure to be followed in the case of a fire;;*

### **Article 27.2**

*“The registered proprietor and the person in charge of the nursing home shall:*

*(i) supply to the Health Board with the application for registration of the nursing home, written confirmation from a competent person that the requirements of Article 27.1 (a), (b), (c) and (d) and Articles 28.1 and 28.2, have been complied with.”*

## **Non Compliance:**

- (1) Fire evacuation training has not been undertaken.

## **Required Actions:**

- (1) Ensure fire evacuation training is undertaken by all staff.

## **Timescale(s)**

- (1) must commence immediately upon receipt of this report and must be fully implemented by 4 weeks.

## **Article**

### **Article 19.1**

*“In every nursing home the following particulars shall be kept in a safe place in respect of each dependent person:—*

*( b ) a copy of the contract which the registered proprietor or person in charge executed with the dependent person or a person acting on his or her behalf in accordance with article 7.1 or 7.2;”*

## **Non Compliance:**

- (1) There were only 26 contracts of care available to the Inspectorate.

## **Required Actions:**

- (1) All contracts of care must be available to the Inspectorate.

## **Timescale(s)**

(1) Immediately upon receipt of this correspondence.

**Article:**

**Article 19.1**

*“In every nursing home the following particulars shall be kept in a safe place in respect of each dependent person:—*

*( g ) a record of any accident or fall involving a dependent person;”*

**Non Compliance:**

(1) On review of resident files it was noted that one resident sustained a fall in the previous week, however the incident was not recorded in the Incident book.

**Required Action:**

(1) Ensure all incidents are recorded in the incident report book, with risk assessment undertaken and interventions required identified and documented.

**Timescale:**

(1) Immediately upon receipt of this report.

**Article:**

**Article 14**

*“The registered proprietor and the person in charge of the nursing home shall:—*

*( b ) make adequate arrangements for the prevention of infection, infestation, toxic conditions, or spread of infection and infestation at the nursing home;*

**Non-compliance(s):**

- (1) There was evidence of communal soap, Vaseline, powder, hairbrushes, shower caps and shampoos in use throughout the Nursing Home.
- (2) Some of the equipment in use was obsolete in that the covering was torn and as a consequence unhygienic and a route for cross infection.
- (3) There was cloth towels in use in the communal hand washing facilities.
- (4) There was no handwashing facility for staff in the downstairs sluice room.
- (5) There was no bedpan washer on the ground floor
- (6) The connecting door between the laundry and the kitchen was open.
- (7) There was no soap or paper towel in the communal toilet downstairs.
- (8) Some toilet seats were missing from the communal toilets.
- (9) A sluice was located in a resident communal bathroom and shower area. This bathroom was also used for the storage of equipment.

**Required Action:**

- (1) Remove all communal toiletries and ensure each resident has a specific toilet bag with their own toiletries.
- (2) Devise a replacement program for furniture and replace the existing sub standard equipment.
- (3) Remove all cloth towels from communal washing facilities and replace with paper towels.

- (4) Ensure adequate numbers of appropriately located hand washing facilities are available throughout the Nursing Home for staff.
- (5) Provide a bedpan washer in a sluice room on the ground floor.
- (6) Replace toilet seats where missing.
- (7) Ensure resident bathing and showering facilities are separated from sluice facilities and equipment storage areas.

**Timescale:**

- (1) and (3) immediately upon receipt of this report.
- (2) Within 8 weeks of receipt of this report
- (6) Within 2 weeks of receipt of this report
- (4) and (5) Within 12 weeks of receipt of this report
- (7) Within 16 weeks of receipt of this report.

**Recommendations:**

- Submit current Insurance Certificate for 2007-2008
- Ensure care plans are updated where resident's condition changes.
- Ensure review dates are included in the care plans when initially devised and implemented.
- Consideration should be given to the separation of nursing administration duties and general administration duties of the Person in Charge thus enabling her to focus on clinical issues as outlined in this inspection report.
- Menus should be varied and reflect resident's personal likes and dislikes. There should be a daily meal choice offered. Implementation of a roll over 3-4 week menu should be considered.

The Nursing Home Inspection Team/The Chairperson of the Inspection Team is to be notified in writing on or before the above dates indicating the steps taken by the Nursing Home to carry out the actions as required under the Regulations.

Signed:

\_\_\_\_\_  
**Chairperson,  
Nursing Home Inspection  
Team**

\_\_\_\_\_  
**Nursing Home  
Inspection Team**

Signed counterpart sent to Marie Duke, Person-in-Charge of Nursing Home