



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Heatherfield Nursing Home
Name of provider:	J & N Sheridan Limited
Address of centre:	Bush Lane, Raynestown, Dunshaughlin, Meath
Type of inspection:	Announced
Date of inspection:	13 December 2023
Centre ID:	OSV-0000140
Fieldwork ID:	MON-0041127

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Heatherfield Nursing home is situated just outside the town of Dunshaughlin in county Meath. The designated centre provide 24 hour nursing care for up to 30 residents over 18 years of age, male and female. Care is provided on both short-term and long-term residential basis, to all dependency levels and for a variety of needs including: care of the older person, dementia care, palliative care, respite and convalescent care. Accommodation is provided in 21 bedrooms spread over two floors. There are 14 single rooms, five twin rooms and two three-bedded rooms. Other facilities include three sitting rooms, one dining room, a sun room and access to secure courtyard and garden. The centre is decorated and furnished to a high standard throughout. The philosophy of the centre is to provide each resident with the highest quality professional standards of professional nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 December 2023	08:30hrs to 16:20hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Heatherfield Nursing Home. The centre had a very homely feel and the residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

Following an introductory meeting, the inspector walked around the premises and observed that many residents were up and dressed on the morning of the inspection. They appeared well groomed and had their hair and clothing done in accordance with their preference.

The lived in environment was clean and nicely decorated. There was sufficient private and communal space for residents to relax in. Residents had easy access to an enclosed outdoor garden which was well-maintained. Alcohol-based hand-rub was available in wall mounted dispensers along corridors however, there were some other barriers to effective hand hygiene practice observed and this will be discussed further in the report.

The inspector spent periods of time chatting with residents and observing interactions between residents and the staff. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'it was an excellent nursing home with care at the heart of everything the staff do'. Another resident said that 'staff do a wonderful job' and 'they always treat me as an individual', while another said 'staff are amazing and I couldn't wish for a better place to live'. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner.

Resident bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel. There were pictures on the bedroom doors of the residents' previous occupation and residents informed the inspector that they liked that. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were very happy with that arrangement.

Laundry facilities were provided on site and residents said that they got their clothes back clean and fresh every few days. Clothing was labelled with residents' names to ensure it was returned to the residents. Advocacy services were available to all residents. Details of advocacy groups were on display in the centre.

The dining experience was observed on the day of inspection. It appeared to be a social occasion for residents who sat together in small groups at the dining tables. When asked about their food, all residents who spoke with the inspector said that

the food was very good. They said that there was always a choice of meals, there was plenty to eat and it was always hot and tasted good. One resident told the inspector that 'snacks were on offer at any time and not just at set times' and 'lovely treats were provided on a regular basis'. The menu was displayed on a white board in the dining room and the tables were laid out with table cloths, flower arrangements, cutlery and condiments for the residents to access easily.

Residents who spoke with the inspector expressed high levels of satisfaction with the quality of life they experienced in the home. The inspector observed that residents were able to choose when they wanted to get up in the mornings and were provided with meals to suit their schedule. Residents had access to daily newspapers, television and radio. Residents told the inspector that the hairdresser came to the home once a week and they said that 'they loved getting their hair done'. The priest came to the home weekly to say Mass and give communion. One resident spoken with said that there was lots of activities to choose from and that in particular they looked forward to the music and sing-along. The inspector saw a notice board with activity resources available to residents such as bingo, fit-for-life exercises, quizzes and games such as Snakes and ladders.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. Staff told the inspector that the designated centre was a good place to work and that they felt supported by the management.

When asked about complaints the residents who spoke with the inspector, said that they had nothing to complain about. Residents' said that staff always respond to their needs as they arise.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

On the day of inspection, the inspector found that residents in the centre benefited from well-managed resources and facilities. There was good leadership, good open channel of communication between the provider representative and the person in charge, and good governance and management arrangements in place.

This was an announced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended)

and review the application to renew registration of the centre for a further three years.

The registered provider was J&N Sheridan Limited. There was a well-established team of staff in the centre and the person in charge was supported by the provider representative, a team of nurses, healthcare assistants, activity, catering, housekeeping and maintenance staff.

The annual review for 2022 was available. The provider upheld their commitment to come into compliance with the regulations since the last inspection as it did not contain personal identifiable information. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident satisfaction surveys and communication with relatives and representatives.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided. On first review, some adjustments were required to the statement of purpose, including aligning the complaints procedure to the new revised regulation. There were some discrepancies between the floor plans and the statement of purpose. The provider was requested to re-submit revised documentation and the requested information was forwarded promptly.

The person in charge, fostered a culture that promoted the individual and collective rights of the residents. They motivated a creative, caring, and well-skilled team to support residents to live active lives, having due regard to their wants and needs.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Siochana vetting requests prior to commencing employment.

There was a complaints procedure displayed in the main reception of the centre. There was a nominated person who dealt with and oversaw the management of complaints. There were no open complaints at the time of inspection.

Documents were available for review, such as the directory of residents and the complaints process were fully compliant with the legislative requirements.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the

designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent services to them.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were robust management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. Staff worked tirelessly to provide optimum care to residents.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The provider was not a pension-agent for any resident.

There were no visiting restrictions in the nursing home. Visitors were seen coming to and from the nursing home throughout the day of inspection. One resident informed the inspector that they 'like the welcome my visitors receive'.

The premises was kept in a good state of repair. Progress in relation to actions from the previous inspection was evident. For example, there was no inappropriate storage of oxygen observed, the flooring in the main sitting room was repaired and the privacy screens in one twin bedroom was reconfigured to allow each resident

appropriate privacy.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

A residents' guide was available and included a summary of services available, the complaints procedure, visiting arrangements and information regarding independent advocacy services. However, it did not fully comply with the regulations and will be outlined under Regulation 20; Information for residents.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, further action was required to be fully compliant with the regulations. This will be discussed further under Regulation 27; Infection, prevention and control.

Suitable fire systems and fire safety equipment were provided throughout the centre. Training records demonstrated that all staff received annual training in fire safety. Staff who spoke with the inspector appeared knowledgeable on what to do in the event of a fire. There was evidence of fire drills taking place in the centre to ensure residents could be evacuated within a reasonable time from the largest fire compartment. Fire exits and escape pathways were noted to be clear from obstruction. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. The signage at the external assembly point was faded. The provider assured the inspector that they would rectify this as a matter of urgency, in order to clearly identify the assembly point in the event of a fire evacuation.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was well-maintained and appropriate to the number and needs of the residents living in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

The terms and conditions of residency in the nursing home was not outlined in the residents' guide.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

Regulation 27: Infection control

The environment and equipment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection but further action was required to be fully compliant. This was evidenced by;

- Hand hygiene facilities were not in line with best practice. For example there were a limited number of dedicated clinical hand wash sinks available for

clinical staff use in the sluice rooms and at the nurses station. The sinks did not comply with the recommended specifications for clinical hand wash basins. This may impact the effectiveness of hand hygiene.

- There was a lack of assurance that the bed pan washer had been timely serviced, as the record was not available to support this.
- There were boxes stored on the floor in one store room and this prevented effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. Inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Heatherfield Nursing Home OSV-0000140

Inspection ID: MON-0041127

Date of inspection: 13/12/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: Information for residents: We updated the residents guide on the 10th of January 2024.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: 1. Hand washing sinks will be upgraded on the 1st of March 2024. 2. A service contract was taken out on bed pan washers on the 24th of January. 3. No boxes are stored on the floor.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	10/01/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/03/2024