

**Health Information and Quality Authority  
Social Services Inspectorate**

**Inspection report  
Designated centres for older people**



<b>Centre name:</b>	Our Lady's Manor Nursing Home
<b>Centre ID as provided by the Authority:</b>	0081
<b>Centre address:</b>	Edgeworthstown
	Co. Longford
<b>Telephone number:</b>	043 6671007
<b>Fax number:</b>	043 6671355
<b>Email address:</b>	n/a
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	John Noel McGivney and Sarah Ann McGivney
<b>Person in charge:</b>	Martina Higgins Stacey
<b>Date of inspection:</b>	17 August 2009
<b>Time inspection took place:</b>	<b>Start:</b> 08:00 hrs <b>Completion:</b> 19:45 hrs
<b>Lead inspector:</b>	P.J. Wynne
<b>Support inspector:</b>	Geraldine Jolley and Leonie Ewing
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Announced</b> <input checked="" type="checkbox"/> <b>Unannounced</b>
<b>Purpose of this inspection visit</b>	<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 checked="" type="checkbox"/> Information received in relation to a complaint or concern

## 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 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 additional 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

Our Lady's Manor is situated on large grounds, which it shares with a convent. The centre is a three-storey building, over 200 years old. Prior to March 2009, it was operated by the Sisters of Mercy as a not-for-profit nursing home. However, since March 2009 it is operated by the current providers as a private centre for older people.

The centre has 22 single bedrooms, eight twin rooms, eight three-bedded rooms and nine multi-occupancy rooms. Residents are accommodated on each of the three floors which can be accessed by stairs or by lift.

There is a very large dining room and a large sunroom that looks onto an enclosed garden. There is a comfortable day sitting room and two rooms where residents can meet visitors. These two rooms have tea and coffee making facilities.

The centre provides long-term, short-term and convalescent care. The majority of residents are maximum dependency.

### Location

The centre is located on large grounds off the main street on the outskirts of Edgeworthstown (adjacent to the main Dublin to Sligo road). There is a church across the road from the centre with shops and business facilities close by.

### Number of residents on the date of inspection

47

Dependency level of current residents	Max	High	Medium	Low
Number of residents	34	8	4	1

### Management structure

Nursing, care and housekeeping staff report directly to the person in charge. The person in charge reports directly to the providers.

## Background

This was an unannounced inspection in response to concerns communicated to the Health Information and Quality Authority in relation to ongoing industrial action at the centre. The inspection was carried out to ensure the safety and wellbeing of all residents during this time.

The current providers took over possession and management of Our Lady's Manor on 1 March 2009. Martina Higgins Stacey is the person in charge. In the months prior to inspection, a substantial number of staff had left. On 27 May 2009, staff took industrial action. At the time of inspection there was a daily picket outside the centre.

## Summary of findings from this inspection

Since taking over ownership, the new providers had introduced changes in a number of areas. Inspectors were told that staff rotas and routines had been changed to better meet the individual needs of residents, new staff had been recruited to replace those who had left and those on industrial action, accommodation had been reviewed so that bedrooms were double-occupancy at most and an architect was engaged to plan the extension and renovation of the building.

While inspectors concluded that management and staff were making the necessary changes to ensure the centre provided a level of service in keeping with the needs of residents, they found that Our Lady's Manor Nursing Home failed to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Standards for Residential Care Settings for Older people in Ireland* (HIQA 2009) on a number of counts.

Significant improvements, as outlined in the Action Plan at the end of this report, are required in relation to fire safety and risk management practices. While the residents praised the commitment of staff and said they felt well cared for, improvements are required in relation to the quality of care planning and in communicating information about residents in a way that does not infringe on their privacy and dignity. Improvements are also required to some of the centre's routines to reflect a more person-centred approach to the care provided.

## Issues covered on inspection

### 1. Governance

The person in charge had been employed at the centre for two years. She is a nurse, appropriately experienced in the care of older people, and on the general and mental health nurse registers. She completed a post graduate diploma in healthcare management and was engaged in continuous professional development.

The centre had a copy of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the person in charge had a copy of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, however, inspectors were told that a copy of the regulations had not been made available to staff.

Inspectors observed that many documents had not been updated and still contained the name of the previous providers. In addition, the name of the centre was not specifically stated on the insurance certificate.

The person in charge explained the management structure clearly to inspectors, including the reporting relationships between the providers, the person in charge and the staff team. However, the organisational structure was not documented and was not included as part of the centre's statement of purpose and function.

The person in charge explained the recruitment procedure clearly to inspectors but the procedure was not documented.

There was no written risk-management policy or emergency plan. Inspectors observed that the fire signs displayed did not indicate the escape routes or the fire assembly point, and that no fire alarm tests had been conducted since 27 March 2009. In June 2009, actions had been recommended following an extensive health and safety risk assessment. These had yet to be implemented.

There was no residents guide available as required by the regulations.

The centre handled some residents' finances. Inspectors were told that residents received an annual financial statement. This did not provide an appropriate level of accountability or safeguarding and there were no clear guidelines in place to protect residents' finances.

During the course of the inspection it was found that a resident had left the centre, unknown to the person in charge.

## **2. Staff**

Since taking over possession and management of the centre in March 2009, the new providers had engaged a significant number of new staff.

As part of the recruitment drive, the person in charge advertised locally and conducted block interviews. Inspectors were told that staff were selected on the basis of having previous experience in a healthcare setting or having a social care background. The recruitment drive was ongoing as there would be another shortfall of staff when some staff returned to college. Staff were being recruited and inducted on a phased basis.

Inspectors were told that new staff had a period of induction shadowing existing staff and becoming acquainted with residents to whom they would provide care. Staff rosters were re-organised so that the same staff would be deployed to the same group of residents, thereby increasing familiarity and continuity of care.

Inspectors observed staff interacting well with residents throughout the day. When staff came into the communal areas they took time to stop and engage with residents. Residents confirmed that staff took their time when providing care for them.

Staff were rostered to work between 30 and 35 hours per week, leaving capacity to work additional hours in the event of the unexpected absence of a staff member.

Inspectors examined a sample of staff files and found that staff had a job description that outlined their role and responsibilities and that there was an up-to-date record of all professional identification numbers for qualified staff nurses.

Two references were sent to have been provided for each staff member. The requirement is for three references, including a reference from the person's most recent employer. Inspectors were told that Garda vetting forms had been completed in respect of each employee in the centre. However, they had not been submitted to the Garda vetting unit.

Inspectors observed it was difficult for residents to locate staff on the third floor and residents were observed waiting for staff to assist them to use the lift.

25 care staff had achieved Further Education and Training Awards Council (FETAC) Level 5 Healthcare qualification

### **3. Training**

Inspectors were informed by some new staff that they had not received fire-safety or health and safety training. In addition, theoretical fire training was not supplemented by practical fire drills and evacuation practices. The complex layout of the building made this practical training particularly necessary.

There was evidence that kitchen staff had received training in food safety on commencement of employment and the head chef had a number of year's experience of working in a health care setting and catering to meet the nutritional needs of older people.

### **4. Premises**

There was a problem with the storage of large amounts of equipment in the centre. The hallways and bathroom were used to store a variety of hoists, Zimmer frames and chairs. This was very hazardous (in some cases it obstructed evacuation routes) and gave an institutionalised feel to the centre. There was a large supply of pillows outside the lift area on the lower ground floor. This was a particular hazard as the area was dimly lit and residents used the area on exiting the lift.

### **5. Healthcare needs**

Staff worked in partnership with Health Service Executive (HSE) community care professionals such as community psychiatric nurses, physiotherapists and speech and language therapists.

Pre-admission assessments of residents were not carried out. Inspectors found one situation where a more independent lifestyle might better suit a resident's needs.

Care plans were maintained, but they were stored in an office and so were not referred to and used throughout the day. Care plans were not "living documents" reflecting the care needs of each resident and associated risk factors. Residents' care plans did not outline their personal and social needs and the actions that staff are taking to enable a good meaningful quality of life for the resident.

Inspectors were told that staff used a "Daily Care Flowchart" which identified physical care needs such as personal safety, skin integrity, nutrition and continence. However, this system did not facilitate staff to provide care, particularly personal and social care, in an informed way.

There were no risk assessments completed for instances where equipment such as bed-rails are in use, or any timescale for review. Problems such as risk of

wandering were risk assessed however, a copy of the assessment was not kept with the resident's care record to ensure that staff are aware of any potential problems.

In the care records, inspectors noted that a resident had two episodes of unexplained injury (i.e. "bruising" and "scratching") and there was no evidence that any investigation was done to establish that the cause of these injuries had been investigated or any subsequent action taken.

Inspectors observed the administration of the morning medication round on the top floor. There was no centre-specific medication policy to guide and inform staff about all aspects of medication management. The nurses used the An Bord Altranais guidance on medication management.

The supplying pharmacy delivered medication and took away any items for disposal.

There was no procedure for obtaining medication out-of-hours and inspectors noted from care records, that a resident prescribed an antibiotic on the evening of 5 August did not start treatment until the following evening.

On the third floor, inspectors found an unlocked cupboard containing supplies of creams and other items. These were not labelled with the name of the person they were for, or the date when they were opened.

## **6. Quality of Life**

Residents and relatives informed inspectors that staff gave residents high levels of emotional support and motivation, particularly during periods of rehabilitation and loss. However, this was not evidenced in care records.

Inspectors spoke with nine residents and four relatives. Residents praised the commitment of the staff. They commended the new staff for getting to know their needs quickly and the original staff who had remained in the centre for helping new staff and for ensuring that "everyone was not an unknown face".

One resident with complex care needs said that she felt better than she had done for years and, because of the care given to her, it had been "the best time of my life".

The prominent religious ethos in the centre was enjoyed by residents as was the quality and variety of food. Menus were planned in consultation with residents and individual choices were accommodated. Residents commended the contribution of the chef and catering staff. However, no menu was displayed on

the day of inspection. Inspectors were informed by the person in charge that this was not normal practice.

Three residents told inspectors that they had found the changeover period and subsequent industrial action very difficult, especially given the large number of new staff. It took some time for new staff to find their way around and get to know residents' personal needs. Several residents said that the changes brought in had made the centre more comfortable, specifically the new soft furnishing and the extra effort that was now made to suit individual resident's needs, instead of "us having to fit into the system", as one resident put it.

Visitors told inspectors they felt welcomed in the centre and said they had no concerns about the welfare of their relatives. They told inspectors they believed that the new owners were introducing necessary changes that had not been introduced before, probably because of costs. Residents were updated on the industrial action when they requested it.

Inspectors observed that there was an activities schedule outlined for each day, however, this was not adhered to on the day of inspection, when no morning activity took place. Inspectors were told that this was because staff with training in activities were not part of the current team.

During the afternoon of the inspection, inspectors observed care staff engaging in a range of activities involving exercise and music. They were clearly working hard to include, motivate and stimulate residents. Some residents were unable to participate in the afternoon activity, where it involved instruction, because of physical or mental frailty. There was a clear need for staff to be trained to provide meaningful activities and engagement for all residents.

Some residents sat in the conservatory area which was bright, pleasant and overlooked part of the enclosed garden. Inspectors were told that weather-permitting, the double doors were opened and residents could sit outside or go for walks in the enclosed areas of the grounds.

Inspectors noted some evidence of a flexible and person-centred approach to caring for residents with dementia. In the night staff record, inspectors noted that a resident was prone to wandering. Staff said they gave her tea and something to eat, after which time she generally settled. Inspectors were told that residents with dementia were offered food from 7am if they were awake and that, in addition to regular meal times, they were offered food throughout the day.

Inspectors observed one resident with dementia becoming restless during lunchtime. The resident was given assistance with eating by four staff. While two

staff sat beside the resident, two others leaned over the resident crowding her and causing more restlessness and agitation.

The morning routine did not facilitate the more independent residents so they could have breakfast downstairs. Residents got up throughout the morning. When inspectors arrived at 8:00 am, there were a number of residents dressed and walking around the communal areas. Breakfast was served from 9:00 am in residents' bedrooms. This meant that some residents had to go back to their bedroom to have breakfast. The dining room on the ground floor was set up for meals but it was not used.

Other residents could be more appropriately facilitated by being dressed, according to their wishes, either before or after breakfast time. Inspectors saw some residents in the midst of their morning routines when their breakfast arrived. After breakfast, the washing and dressing routine resumed. These morning care practices did not cater appropriately to the needs of residents and enable staff to facilitate activities before lunch should residents wish this. Most residents were fully dressed by 10:00 am, but waited in their bedrooms to go to mass at 11:00 am. After mass, at 11:45am, most residents went to the dining room and waited for lunch. However, lunch was not served until 12:30pm and then it was those residents who needed assistance who had lunch first.

Inspectors saw a list of likes and dislikes and some medical information regarding residents displayed in the dining room. This information was confidential and staff should be made aware of residents' needs in a manner that does not invade residents' privacy and dignity. Similarly, there were timetables on display in the bathroom areas outlining when residents were to have a shower or bath. Such routines did not reflect individual preferences or a person-centred approach to care.

Inspectors observed the morning handover taking place outside residents' bedrooms. This meant that confidential information was discussed in public areas. This did not show due regard to residents' privacy and dignity.

***Report compiled by:***

P. J. Wynne  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority  
17 August 2009

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Our Lady's Manor Nursing Home
<b>Centre ID as provided by the Authority:</b>	0081
<b>Date of inspection:</b>	17 August 2009
<b>Date of response:</b>	01 December 2009

### 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 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:

All instances of "bruising" and "scratches" are not recorded in the accident record and there is no process to establish the cause of such injuries.

#### Action required:

Put in place arrangements to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.

#### Action required:

Record any incidents or accidents and ensure they are investigated and appropriately responded to.

#### Reference:

Health Act 2007

Regulation 6: General Welfare and Protection  
Standard 8: Protection

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response: <b>Action Taken</b></p> <p><b>1. 1. Staff Training</b></p> <p>1. 1. (a) Policy on elder abuse revised and updated and made available to all staff.</p> <p>1. 1. (b) A questionnaire process is devised whereby staff must complete questionnaire to display they have read and understood the policy.</p> <p>1. 1. (c) A tracking procedure put in place to ensure all staff have read the policy.</p> <p>1. 1. (d) Staff have been shown the DVD on "Elder Abuse", compiled by the HSE and completed the questionnaire included. This record is kept on the training file.</p> <p><b>1. 2. Risk Assessments</b></p> <p>1. 2 (a) Risk assessments are carried out on all residents to identify those who may be at risk and any equipment that may pose a risk, whereby residents could suffer harm.</p> <p>1. 2 (b) Protective measures are put in place for those found to be at risk and include cot side protectors and hip protectors.</p> <p>Nails manicured regularly and as required to eliminate/minimise resident scratch marks.</p> <p><b>1. 3. Recording</b></p> <p>1. 3 (a) All staff are informed of the importance and necessity of documenting all instances of "bruising" and "scratches" in the accident record along with taking action to ascertain the exact / possible cause of same.</p> <p>1. 3 (b) Staff nurse to liaise with the family and report such incidents to them.</p>	<p>August/September 2009</p>

<p><b>1. 4. Policy Update</b></p> <p>1. 4 (a) The accident / incident policy was reviewed and altered.</p> <p>1. 4.(b) 'Accident / Incident Report Form' was revised and altered to include prompting for recording the action taken on discovering any, 'bruising', scratching' or such incident on a resident.</p> <p>1. 4.(c) Policy to be reviewed and updated bi-annually or sooner if necessary</p>	
---	--

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b> There is no centre-specific medication policy.</p>	
<p><b>Action required:</b> Develop a centre-specific medication policy in relation to the ordering, prescribing, storing and administration of medicines to residents.</p>	
<p><b>Action required:</b> Put in place arrangements for obtaining medication during out of hours.</p>	
<p><b>Reference:</b> Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</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><b>2. 1. Ordering, Prescribing, Storing, Administration and Disposal of Medication</b></p> <p>2.1.1. A centre-specific policy in relation to the ordering, prescribing, storing and administration of medicines to residents has been developed and will be reviewed bi-annually or as standards change or best practice dictates.</p> <p>2.1.2. The policy provides for the safe disposal of unused medication and the procedure to be followed in Our Lady's Manor Nursing Home.</p>	<p>September 2009</p> <p>August 2009</p>

<p><b>2.2. Obtaining medication during out of hours</b></p> <p>2.2.1. There are arrangements in place for obtaining medication during out of hours with a pharmacist.</p> <p>2.2.2. These arrangements are included in the medication policy and procedure.</p>	<p>August 2009</p>
---	--------------------

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The organisational structure is not documented. It is not included as part of the statement of purpose and function.</p>	
<p><b>Action required:</b></p> <p>Include the statement of purpose and function includes all items listed in Schedule 1 of the regulations.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 5: Statement of Purpose  Standard 8: Purpose and Function</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><b>3. 1. Organisational Structure</b></p> <p>3.1.1. The organisational structure of Our Lady's Manor is documented. It is on display in the Nurses' station and included in the Purpose and Function of the Nursing Home.</p> <p><b>3.2. Purpose and Function</b></p> <p>3.2.1 The Purpose and Function of Our Lady's Manor has been revised and includes all items listed in Schedule 1 of the Regulations. It will be reviewed in an ongoing basis to take cognisance of any changes that may occur within Our Lady's Manor Nursing Home; otherwise it will be</p>	<p>September 2009</p> <p>September 2009</p>

<p>reviewed in 2011.  <i>(Regulation 5: Statement of Purpose  Standard 8: Purpose and Function)</i></p>	
<p><b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The recruitment procedure is not documented.</p>	
<p><b>Action required:</b>  Develop written policies and procedures relating to the recruitment, selection and vetting of staff as per Schedule 5.</p>	
<p><b>Reference:</b>  Health Act 2007  Regulation 18: Recruitment  Standard 22: Recruitment</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><b>4. Recruitment, selection and vetting of staff</b>  4. 1. Written policies and procedures for recruitment, selection and vetting of staff as per Schedule 5. have been devised.  <i>(Regulation 18; Standard 22 – Recruitment )</i></p> <p>4.2. The policy will be reviewed bi-annually or earlier if required.</p>	<p>Sept 2009</p> <p>2011</p>

<p><b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Staff records include two references, and Garda vetting is not obtained for each staff member.</p>	
<p><b>Action required:</b>  Obtain three references for each member of staff, including one from his/ her most recent employer.</p>	
<p><b>Action required:</b>  Obtain Garda vetting for each staff member.</p>	
<p><b>Reference:</b>  Health Act 2007</p>	

<p>Regulation 24: Staffing Records  Standard 22: Recruitment  Standard 23: Staffing Levels and Qualifications</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><b>5. 1. Third Reference for each staff member</b></p> <p>5.1.1. A third reference has been obtained for existing employees.</p> <p>5.1.2. A. Staff currently returning from industrial action have been made aware of this regulation and standard and have been requested to provide the required documentation.</p> <p>5.1.2. B. The management of Our Lady's Manor await the return of the third reference of these staff</p> <p><b>5. 2. Garda Vetting</b></p> <p>5.2.1. The process of obtaining Garda vetting has commenced for all current staff where the required application forms have been completed by them and forwarded to the Garda Central Vetting Unit (CVU).</p> <p>5.2.2. The management of Our Lady's Manor are awaiting the return of the processed application forms.</p> <p>5.2.3. Similar documentation has been provided to three staff who have recently returned to work following Industrial Action.</p> <p>These have been completed and forwarded to the CVU.</p>	<p>In process</p> <p>Nov 2009</p> <p>Nov 2009</p> <p>By Jan 2010</p> <p>June 2009 and as new staff were recruited during the following months.</p> <p>Awaiting return from CVU. Timescale not known.</p> <p>Nov 2009</p> <p>Timescale for receipt of processed CVU forms not known.</p>

<p><b>6.The provider has failed to comply with a regulatory requirement in the following respect:</b> A residents' guide is not available to residents.</p>	
<p><b>Action required:</b> Produce a residents' guide in line with regulations and comply with the standards. Supply a copy to each resident.</p>	
<p><b>Reference:</b> Health Act 2007 Regulation 21: Provision of information to Residents. Standard 1: Information</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p><b>6. A Guide for Residents</b></p> <p>6.1. Currently a separate brochure and contract of care is available to residents.</p> <p>6.2. Our Lady's Manor management is in the process of designing an information pack to include all information outlined in Regulation 21 and Standard 1.</p>	<p>In the process of being developed at present.</p> <p>January 2010</p>

<p><b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b> There is no written risk management policy or emergency plan</p>	
<p><b>Action required:</b> Ensure that there is an emergency plan in place with details provided for the designated contact person.</p>	
<p><b>Reference:</b> Health Act 2007 Regulation 31: Risk Management Procedures Regulation 27: Operational Policies and Procedures Standard 29: Management Systems Standard 26: Health and Safety</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Some completed. More to do.  <i>(Note: processes are in place to deal with emergencies but not all are documented.)</i></p> <p><b>7. 1. Completed Risk management policy and emergency plans</b></p> <p>7.1 A risk management policy and emergency plans have been developed to deal with the following situations:</p> <ul style="list-style-type: none"> <li>a) Fire</li> <li>b) Water</li> <li>c) Oil</li> <li>d) Industrial Action</li> </ul> <p><b>7.2. Risk management and emergency plan policy in the process of being completed</b></p> <p>7.2. A risk management policy and emergency plans will be developed to deal with the following situations</p> <ul style="list-style-type: none"> <li>a) Infection Control</li> <li>b) Moving and handling</li> <li>c) Falls Management</li> <li>d) First Aid</li> <li>e) Food Safety</li> <li>f) Maintenance of all equipment and machinery</li> <li>g) Personal Safety at Work in compliance with Safety, Health and Welfare at Work Act, 2005</li> <li>h) Power</li> <li>i) Flooding</li> </ul> <p>7.3 These will be reviewed bi-annually or earlier if necessary.</p>	<p>July  August  September  September</p> <p>December 2009  to May 2010 on  an incremental  basis</p>

<p><b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There are no clear guidelines in place to safeguard residents' finances.</p>
<p><b>Action required:</b></p> <p>Maintain a record of each resident's property, signed by the resident.</p> <p>Keep signed records and receipts where any money belonging to the resident is handled</p>



<p><b>9. The provider is failing to comply with a regulatory requirement in the following respect:</b>  All staff have not received fire training. Fire drills and practices are not held on a frequent basis. Fire signs do not indicate the means of escape. Fire alarms and smoke detectors are not tested with sufficient frequency.</p>	
<p><b>Action required:</b>  Provide all staff members with fire safety training.</p>	
<p><b>Action required:</b>  Put fire drills in place.</p>	
<p><b>Action required:</b>  Ensure fire signs indicate escape routes.</p>	
<p><b>Action required:</b>  Conduct frequent tests of fire alarms and smoke detectors and keep records of fire safety practices.</p>	
<p><b>Reference:</b>  Health Act 2007  Regulation 32: Fire Precautions and Records  Standard 26: Health and Safety</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><b>9. 1. Fire Training</b></p> <p>9.1.1. Up until May 2009 all staff with the exception of one had received fire training</p> <p>9.1.2. Due to the emergency situation of 'Industrial Action' some staff recruited on an emergency basis had received fire training.</p> <p>9.1.3. A further 24 staff received it fire training on 27<sup>th</sup> August 2009.</p> <p>9.1.4. A further fire training is arranged for Tuesday 8<sup>th</sup> December 2009 to facilitate the person returning from 'Industrial action'. The remainder will have received it by the end of 2009.</p>	<p>Some Actions completed; more to do.</p> <p>Up to May 2009</p> <p>June / July 2009?</p> <p>August 2009</p> <p>December 2009</p>

<p>9.1.5. All staff undertaking fire training must sign the record which is maintained in the fire record book and the staff training files.</p>	
<p><b>9.2. Fire Drills</b></p>	
<p>9.1.1. Weekly fire drills now in place.</p>	
<p>9.1.2. The name of the persons responsible for undertaking is recorded in the fire drill log book.</p>	<p>Current practice</p>
<p>9.1.3. The names of all staff taking part are also included there.</p>	
<p>9.1.4. The location and duration of the fire drill are noted in the record.</p>	
<p>9.1.5. Any problems encountered are recorded, reviewed and remedial actions put in place.</p>	
<p><b>9.3. Fire Signs</b></p>	
<p>9.3.1. There are standard fire signs in place to indicate each exit. Following the recommendation of this report, each fire sign indicates the escape route with a large clear sign placed on the wall under/near the standard fire sign.</p>	<p>November 2009</p>
<p>9.3.2. Fire exits are the responsibility of the Nurse on duty on each floor. He/she may designate another staff member to this duty – but it is ultimately their responsibility. They are checked daily to ensure they are clear of any obstructions and any remedial actions are logged in the fire book by the nurse in charge or their delegated person.</p>	
<p><b>9.4. Fire alarms and smoke detectors</b></p>	
<p>9.4.1. Each weekly fire drill tests the operation of a specific fire detector and smoke alarm which is recorded in the fire drill record book.</p>	<p>Current practice</p>
<p>9.4.2. Over a period of time the process tests all the fire detectors and smoke alarms on an incremental basis – thus allowing for all of them to be tested.</p>	
<p>9.4.3. Annual tests are carried out by the fire safety system provider and with a satisfactory inspection a fire certificate is obtained and maintained in the fire book. This inspection also includes the fire extinguishers and fire blankets.</p>	

<p><b>10. The provider is failing to comply with a regulatory requirement in the following respect:</b> Care plans fail to address resident's physical care needs, personal or social care needs.</p>	
<p><b>Action required:</b> Develop care plans which cover the resident's individual health, personal and social care needs and make it available to the resident</p>	
<p><b>Reference:</b> Health Act 2007 Regulation 8: Assessment and Care Plan Standard11: The Resident's Care Plan</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><b>10.1. Training and involvement of staff in Care Plans</b></p> <p>10.1.1. Nurses and care assistants are advised of the requirement of up to date care plans for all residents in line with the Regulations and the Standards.</p> <p>10.1.2. A format for the provision of Care Plans has been explained to and examined by all staff and continuous work is in progress to ensure the practise of implementing them are in line with Regulations and the Standards</p> <p>10.1.3. Nurses and care assistants develop care plans in consultation with the residents, and their relatives where possible and appropriate, and tailor them to meet the residents' needs so as to provide holistic care to each one.</p> <p>10.1.4. Care Plans are reviewed on an ongoing basis.</p> <p><b>10. 2. Care Plans</b></p> <p>10.2. The health, personal and social care needs of each resident are noted, recorded and updated on each care plan. Practices in place at present include:</p> <p>10.2. a) Medical assessment and plan of care by G.P</p> <p>10.2. b) Nursing Assessment and developing care plans using the following tools:</p> <ul style="list-style-type: none"> <li>a) Barthel</li> <li>b) Mini Nutritional assessment;</li> <li>c) Weighing and BMI formulation.</li> <li>d) Fall's risk assessment</li> </ul>	<p>Currently working on the development of Care Plans in line with Regulation and Standards.</p> <p>Since February 2009 and ongoing</p> <p>Ongoing</p>

<ul style="list-style-type: none"> <li>e) Maintaining Food diaries.</li> <li>f) Assessment for restraints</li> <li>g) Assessment of activities of living (personal and recreational care towards maintaining the resident's quality of life and potential).</li> </ul>	
--	--

<p><b>11. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Risk assessments, with timescales for review, are not carried out in relation to the use of equipment such as bed rails.</p>	
<p><b>Action required:</b>  Carry out risk assessments for all instances where equipment such as bed rails are in use</p>	
<p><b>Reference:</b>  Health Act 2007  Regulation 31: Risk Management Procedures  Standard3: Consent  Standard 8: Protectionis Challenging</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><b>11. Risk assessments for equipment such as bed rails are in use</b></p> <p>11.1. A restraint policy has been developed which includes assessments for restraints.</p> <p>11.2. The policy includes risk assessments for all instances where equipment such as bed rails are in use</p>	<p>Completed</p> <p>September 2009</p> <p>Current practice</p>

<p><b>12. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The morning routine limited residents' independence, autonomy and did not take into account people's preferences</p>	
<p><b>Action required:</b>  Ensure the morning routine facilitates the needs of individual residents</p>	

<b>Reference:</b> Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 18: Routines and Expectations	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  <b>12. Residents' morning routine</b> 12.1 Residents have a choice of breakfast in the dining room, conservatory or their bed rooms. This is evident in their care plan.  12.2. Residents may choose to have their breakfast before or after their personal hygiene is attended to. Each resident's choice is documented in their individual care plan.	Completed          August 2009

<b>13. The provider is failing to comply with a regulatory requirement in the following respect:</b> Information pertaining to residents' needs, including their likes and dislikes and medical information is displayed in communal areas.	
<b>Action required:</b> Convey information relating to the care of residents to staff in a manner that protects the privacy and dignity of the resident.	
<b>Reference:</b> Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  <b>13. Respecting residents' privacy and dignity</b> 13.1. Information relating to the residents in the dining room pertained to their dietary requirements and was displayed there solely for the purpose of informing new staff - recruited during	Completed          From August 2009

<p>the emergency in Our Lady's Manor to deal with the effects of Industrial Action – so that they had quick access to this information. This has since been removed.</p> <p>13.2. The names on the bathing lists in the bathrooms have also been removed. This replaced with a suggested bathing list using instead, residents' room numbers for guidance only and is subject to residents' individual preferences.</p> <p>13.3. Residents' likes and dislikes are recorded in their individual care plans which are updated on a daily basis and are used as a working document.</p> <p>13.4. Handover Reports are now carried out in the Nurses' offices on the 'Ground' and 'Third' Floors and any new information pertaining to residents' needs, including their likes and dislikes and medical information is reiterated during this process.</p>	<p>From August 2009</p>
---	-------------------------

<p><b>14. The provider is failing to comply with a regulatory requirement in the following respect:</b> A large amount of equipment is stored in hallways and bathrooms. Pillows are stored around the lift area.</p>	
<p><b>Action required:</b> Provide suitable and sufficient storage facilities which are centrally located.</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><b>14. Storage of equipment</b></p> <p>14.1. All equipment which was stored in hallways and bathroom has been removed.</p> <p>14.2 A room upstairs has been made available for the storage of wheelchairs and hoists.</p> <p>14.3. This room is also used for training during the day: i.e. fire evacuation and training on bed making skills.</p> <p>14.4. The pillows stored around the lift area have been removed and disposed of. They were being replaced by fire retardant issue.</p>	<p>Completed</p> <p>August 2009</p> <p>August 2009</p> <p>August 2009</p>

<p><b>15. The provider is failing to comply with a regulatory requirement in the following respect:</b> The provider has not submitted evidence as to the continued financial viability of the centre.</p>	
<p><b>Action required:</b> Submit evidence from their accountant in relation to the continued financial viability of the centre</p>	
<p><b>Reference:</b> Health Act 2007 Regulation 6: General Welfare and Protection Standard 31: Financial Procedures</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	
<p>Provider's response:</p> <p><b>15. Financial viability</b></p> <p>15.1. An audit is carried out each January and a report of this will be forwarded to the Social Services Inspectorate team.</p>	<p>Action in train</p> <p>February 2010</p>

<p><b>16. The provider is failing to comply with a regulatory requirement in the following respect:</b> Meaningful activities were not provided for all residents</p>	
<p><b>Action required:</b> Put in place suitable arrangements to meet the individual needs of all residents.</p>	
<p><b>Reference:</b> Health Act 2007 Regulation : 6 General Welfare and Protection</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	
<p>Provider's response:</p> <p><b>16. Meaningful activities for residents</b></p>	<p>Completed</p>

<p>16.1. A policy on activities for residents has been developed and includes sensory assessment of residents so as to provide meaningful activities for them.</p> <p>16.2. In line with recommendations from the Inspectors, extra activities have been put in place so that residents' time is utilised in meaningful ways during different parts of the day.</p> <p>16.3. The policy also included consultation with each resident about their choice of activities and this is facilitated where possible and documented on their individual care plan.</p>	September 2009
---	----------------

<p><b>17. The provider is failing to comply with a regulatory requirement in the following respect:</b> There was no focal point on the third floor for residents to contact staff.</p>	
<p><b>Action required:</b> Put in place arrangements to ensure that the residents on the third floor have easy access to staff when required.</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><b>17. A focal point on second floor</b></p> <p>17.1 A room has been made available for use by nursing staff on second floor to facilitate easy access of residents and visitors to nursing staff.</p> <p>17.2. This facility is called 'Nurses office' and residents' files for that floor are retained there in a locked filing cabinet.</p>	<p>Completed</p> <p>August 2009</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 24: Training and Supervision	<p>A copy of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 should be made available to staff.</p> <p>Providers response: Completed</p> <p>1. Twenty copies of the above Regulations have been made available to staff.</p> <p style="text-align: right;"><b>Date completed: August 2009</b></p> <p>2. A further twenty is in the process of being made available.</p> <p style="text-align: right;"><b>Expected date of completion: End Dec 2009</b></p>
Standard 29: Management Systems	<p>Review all documents to ensure they contain of the current provider</p> <p>Providers response: Totally Completed</p> <p>1. All documents pertaining to Our Lady's Nursing Home now contain the name of the current service provider.</p> <p style="text-align: right;"><b>Date completed: August 2009 and any subsequent documents devised.</b></p>
Standard 26: Health and Safety	<p>The centre's missing person policy should be revised.</p> <p>Provider's response: Completed September 2009</p>
Standard 10 Assessment	<p>The person in charge should devise policies and have arrangements in place to undertake a full assessment of all prospective residents before admission to avoid inappropriate placements.</p> <p>Provider's response: Completed to include pre admission assessment: September 2009</p>

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

**Provider's response:**

The report has been very thorough in identifying the specific regulations and standards that the Nursing Home did not meet and this was a good pointer to us in identifying further work to be carried out. However I also expected it would have identified the regulations and standards it did meet fully or in some respects.

Thank you for the professional manner in which you conducted the inspection. We look forward to a continued professional working relationship with you.

**Provider's name: Mr. John Noel McGivney and Ms. Sarah Ann McGivney  
Date: 30 November 2009**