

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Strathmore Lodge Nursing Home
Centre ID:	0281
Centre address:	Friary Walk
	Callan
	Co Kilkenny
Telephone number:	056-775515
Email address:	info@strathmorelodge.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Liam Harvey
Person in charge:	Sarah McGrath
Date of inspection:	9 June 2011
Time inspection took place:	Start: 12:15hrs Completion: 19:30hrs
Lead inspector:	Noelene Dowling
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, 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 wellbeing 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

Strathmore Lodge Nursing Home commenced operations in 2005. It provides long-term, respite and convalescent care for 58 older adults and two residents who are under 65 years of age. The centre also offers day care service respite for a small number of people who come and participate in the activities programme and have a meal.

The premises are purpose-built over two storeys with accommodation for 35 residents on the first floor and 25 residents on the ground floor. There are two lifts installed, one primarily for service use and one for residents' use.

The entrance hallway leads to a spacious lobby and reception area with a stove fire and comfortable seating. Two dining rooms, three day rooms and a general room used for visitors, activities and hairdressing are located downstairs along with the kitchen and storage areas. Two visitors' toilets and a separate staff toilet is also located on the ground floor. There is a treatment room which also contains secure storage for all drugs and medications.

All bedrooms are single and en suite with assisted shower, wash-hand basin and toilet. A separate bathroom containing a hydro-bath is available and a separate shower room containing assisted shower, toilet and wash-hand basin is also available for residents who prefer this.

The second floor is similar to the first with the exception of the secretary's office and has one large day room, smoking room and staff changing room. Both floors contain a centrally located nurses' station.

There is ample car parking space to the front of the building and a large secure landscaped garden to the rear which has regularly spaced seating for residents. This is easily accessed from the living room on the ground floor. The premises are well maintained and brightly decorated with a good standard of furnishing throughout.

Location

Strathmore Lodge is located in the village of Callan Co. Kilkenny adjacent to all local amenities.

Date centre was first established:	2005
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	21	17	14	7

Management structure

Liam Harvey is the Registered Provider. Sarah McGrath is the Person in Charge. Shanley Mathew is the senior nurse and deputises in the absence of the Person in Charge. All nursing and care assistant staff report to the Person in Charge. The catering staff report to the household supervisor. Maintenance staff report to the Registered Provider.

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	2	9*	4	3	2	**

*9 care staff from 08:00hrs until 14:00hrs
6 care 14:00hrs until 20:00hrs
4 care staff from 20:00hrs until 22:00hrs
3 care staff from 22:00hrs until 08:00hrs

**Maintenance

Background

This was a follow up inspection to ascertain the provider's progress on implementing the actions required from the registration inspection of 3 November 2010. A regulatory monitoring inspection had also taken place on 17 August 2010.

The findings of the registration inspection demonstrated good management and governance systems in place, adequate staffing levels and a commitment to ongoing training for staff, good practice in relation to complaint management, and residents' participation in the running of the nursing home. Medical care was found to be of a good standard with systematic reviews and monitoring of residents' health needs, and access to allied and multidisciplinary health services.

Improvements were required in the consistent implementation of risk management strategies, elder abuse policy, assessment and management of methods of restraint used, and staff responding to residents' call-bells.

The provider had responded promptly to the actions outlined in the report.

Summary of findings from this inspection

This inspection focused on the agreed actions outlined in the action plan issued following the registration inspection.

On 12 May 2011, the person who was appointed to the post of person in charge following the November 2010 registration inspection left the providers employment and the previous person in charge was reinstated to the post. The post of key senior manager is still held by the previous staff nurse. All the required documentation regarding these personnel were forwarded to the Authority. Some of the findings of this inspection such as the non-completion of the policy documents can be seen to have been influenced by this change in management on two occasions since November 2010.

This inspection found six actions the provider had agreed to implement prior to the timeframe. Three were satisfactorily completed and progress on the remaining issues had commenced satisfactorily.

Safeguarding mechanisms to protect residents remained in place and practice in relation to risk management and assessment of risk were implemented.

Adequate assessment and monitoring of methods of restraint such as the use of wandering tags were implemented and completed.

There was evidence in records and from observation that risks were identified and there was evidence of routine maintenance of the premises and equipment used for residents. A formal staff supervision system had been put in place.

The inspector also examined records of complaints and found good practice evident. Complaints were found to be managed transparently and in a timely manner. There

was evidence of regular access to medical care and residents' healthcare needs were found to be addressed promptly.

Work was still required on the development of the policy on the prevention, detection and responding to abuse, the revised policy on risk management and the adequacy of staff recruitment practices.

In addition, improvements were required in the consistent review of residents' care plans and adequate documentation in residents' records. Although the Authority has been notified of all incidents in the centre, on examination of documentation the inspector found that one notification forwarded was not complete and did not contain full information in relation to the incident.

The Action Plan at the end of this report outlines the improvements the provider is required to make 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*.

Actions reviewed on inspection:

1. Action required from previous inspection:

Put in place an adequate policy and procedure for the prevention, detection and response to abuse.

Make all necessary arrangements which are aimed at preventing residents being harmed or being placed at risk of harm.

This action was partially completed. A detailed draft elder abuse policy had been developed but not completed and does not sufficiently outline the range of circumstances which may require intervention and the subsequent actions including reporting to statutory agencies to be taken by the provider.

Records confirmed that staff training on elder abuse has taken place and included both new and current staff members. Further training is scheduled. Systems to ensure the safety of residents include monitoring of at risk residents and staff spoken with were aware of this process. Records and interviews indicated that there have been no further incidents of concern in the centre.

2. Action required from previous inspection:

Maintain a complete record that documents the specific medical symptom to be treated by the use of any methods of restraint, the alternative measures taken, evidence that such use would benefit the symptom and the resident's or relative's consent for such use.

This action was completed. Methods of restraint are not used routinely. Records showed evidence that assessment is undertaken and the use of bedrails, wandering alarms or seating alarms are reviewed. The inspectors saw records of monitoring of the effectiveness of these electronic systems. Interviews and records also demonstrated that where bedrails were utilised their use is monitored and safety bumpers are removed or put in place following assessment. Strategies to avoid such use include increased supervision by staff, and there was evidence of consultation with both relatives and residents in regard to the use of these systems.

3. Action required from previous inspection:

Implement a risk management policy to cover all of the risk identified in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and ensure that any strategies used to maintain residents' safety are implemented.

This action has been partially completed. A revised risk management policy was drafted but not introduced. However, this revised policy does not adequately outline arrangements for identification of risk pertinent to the residents. However, systems to monitor and manage risk were found to be in place which included health and safety audits, medication audit, prompt attention to maintenance tasks identified, fire safety audits and falls assessment and management.

The inspector examined five residents' records, accident and incident records and notifications sent to the Authority. Practices in place at the registration inspection were found to be consistently maintained. Residents at risk of fall or injury were identified and the inspector found that remedial action was taken such as the use of low beds, additional supervision, wandering devices or environmental changes, location of resident telephones in bedrooms, alteration to the numbers of staff required for personal care, medication and healthcare review to rule out contributing factors.

Implementation of these strategies is recorded, the actions are monitored by the person in charge and staff could articulate these actions. A monthly audit of incident and falls had been undertaken in December 2010 and January 2011, which details the number of incidents and strategies to prevent further incidents. There has been a decrease in the number of incidents with 24 reported and recorded in February, March and April of 2011, one of which required admission to hospital.

4. Action required from previous inspection:

Residents' call-bells were not answered in a timely manner.

Establish a system for reviewing the quality of life and safety of care provided to residents.

Inspectors observed the use of call-bells and although staff were busy, the bells were answered in a timely manner. Residents confirmed that staff respond quickly and observation and records documented that staff are made aware of the need to answer the call-bells speedily and to ensure they are accessible to the residents.

A system of auditing of falls, other incidents and medication administration has commenced and these in conjunction with the regular residents' and relatives' forum were used to monitor the quality and safety of care of residents. The provider stated his intention to implement a service user questionnaire to get further feedback from residents.

5. Action required from previous inspection:

Ensure that staff employed to work at the designated centre are fit to do so by sourcing all of the documentation set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The inspector examined the files of three recently recruited staff. There was evidence of current registration status for newly recruited nursing staff. All had evidence of application for Garda Síochána vetting, three references which are verified, declaration of medical fitness, photographic identification and curriculum vitae. However, the process remains poor in that the last employer reference is not consistently being sought and there was no evidence of seeking police clearance from overseas where this was indicated as necessary.

6. Action required from previous inspection.

Put in place a formal system for the supervision of staff pertinent to their role.

This action had been completed. A formal and documented supervision system has commenced. The inspectors review of a number of these records demonstrated that it is focused on practice, resident care and training needs of the staff. This is supplemented by the allocation of nursing staff to supervise care assistant staff on a day-to-day basis. The person in charge is supporting nursing staff to take a greater role in this formal process.

Other issues covered on this inspection.

Care plans.

The inspector reviewed five residents' care plans. Four records reviewed indicated that residents' needs are assessed on admission and regularly reassessed using appropriate assessment tools to assess residents' risk of falls, nutrition and dependency levels. Vital signs and weight are monitored monthly and fluid intake is monitored daily for residents who require this. However, one resident's care plan had not been updated since November 2010 and this included the resident dependency level, although the resident's healthcare needs could be seen to be monitored. This was explained as being due to changes in nursing staff allocated to this resident.

Medical Records:

The inspector examined the record of one resident who had been admitted on respite care. This resident had fallen in the centre and records indicated that the resident had been admitted to Accident and Emergency as a result. The resident was not readmitted to the centre. There is no further record of this resident apart from an entry in the directory of residents which was not complete. The provider was requested to ascertain the outstanding information, complete the resident's record and forward this information to the Authority.

Complaint Management:

The inspector examined records in relation to informal complaints made which were found to be promptly reported, transparently managed and a detailed response

made to the complainant. There was evidence that actions were taken to prevent reoccurrence of the incidents.

Staff Training:

The inspector examined staff training records and found that core training is taking place regularly. Manual handling, elder abuse, and fire safety training has taken place in 2011 and further sessions are scheduled in July 2011 to ensure all staff complete the training.

Report compiled by:

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

10 June 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
17 August 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
3 November 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Strathmore Lodge
Centre ID:	0281
Date of inspection:	9 June 2011
Date of response:	20 June 2011

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 has failed to comply with a regulatory requirement in the following respect:

Staff files did not have the required documents as set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Ensure that staff employed to work at the designated centre are fit to do so by sourcing all of the documentation set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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:
<p>Provider's response:</p> <p>At the time of the inspection a reference from the previous employer of a new employee to Strathmore Lodge had not been received. The reference has subsequently been received and is now on file. A checklist of documents required under the regulations for a newly recruited employee has been introduced. This checklist is gone through by our HR/Admin section within the centre in order to ensure that all the relevant documents have been received prior to a new recruit taking up employment.</p>	Immediate

2. The provider has failed to comply with a regulatory requirement in the following respect:	
Residents' records were not maintained in a manner which would ensure completeness.	
Action required:	
Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.	
Reference: Health Act 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The nursing records of one resident who had been transferred to hospital, and subsequently died in hospital, did not reflect the care path experienced by the resident while in hospital. We have introduced a new protocol for the transfer of residents to hospital to ensure that our records reflect accurately the status of our residents while away from the centre.</p>	Immediate

3. The person in charge has failed to comply with a regulatory requirement in the following respect:

All resident care plans were not formally reviewed as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Action required:

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Reference:

Health Act 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

The review of the care plan for one long term resident had been overlooked during the most recent review timetable. This was due to a changeover in the key nurse responsible for the care plan of this resident. Procedures have been put in place to ensure that this situation cannot reoccur.

Immediate

4. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy was not adequate.

Action required:

Develop and implement a risk management policy, which includes the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A comprehensive risk management policy was being developed prior to this follow up inspection. However, due to a change in personnel, the policy is not yet complete. It is our intention to endeavour to complete the risk management policy and implement it by the end of August 2011.</p>	<p>31 August 2011</p>

<p>5. The person in charge has failed to comply with a regulatory requirement in the following respect:</p>	
<p>Adequate notification was not given to the Chief Inspector of an injury to a resident.</p>	
<p>Action required:</p>	
<p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The incident being referred to here involves a situation where a resident had a fall in the nursing home. The incident was reported to the Authority within the required three days on a standard NF03 form. However the inspector was unhappy that the narrative on the notification form was not comprehensive enough and did not reflect fully the narrative recorded on our own Accident/Injury record sheet. It has been decided that a copy of our Accident/Injury Record Sheet will accompany the notification to the Authority of any incident resulting in injury to a resident.</p>	<p>Immediate</p>

Any comments the provider may wish to make:

Provider's response:

I wish to thank the inspector for the courtesy shown to residents and staff throughout the inspection.

Provider's name: Liam Harvey

Date: 20 June 2011