

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Our Lady of Consolation Nursing Home
Centre ID:	0079
Centre address:	Arden Road
	Tullamore
	County Offaly
Telephone number:	057 9321320
Fax number:	057 9321320
Email address:	rosmycunningham@yahoo.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Our Lady of Consolation Nursing Home Ltd.
Person in charge:	Rosmy Cunningham
Date of inspection:	14 November 2011
Time inspection took place:	Start: 13:30 hrs Completion: 16:30 hrs
Lead inspector:	Sheila Doyle
Support inspector:	N/A
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

Our Lady of Consolation Nursing Home is a purpose-built, single-storey centre that opened in 1978 and has 25 places for residential, respite and convalescent care. There were 25 residents on the day of inspection. All of the residents were over 65 years of age and some residents had dementia related conditions.

The main entrance has two sets of double doors opening into a small foyer. This is a pleasant area with comfortable seating which is well used by residents and visitors. There is a small oratory, two public toilets, a staff room and an office beside the foyer.

Close to the entrance are two corridors referred to as the Holy Family Wing and St. Emilie's Wing. The Holy Family wing has four two-bedded and five single bedrooms located on the left side with two wheelchair assisted toilets and a wheelchair assisted bathroom on the right side. The laundry, linen storage room, sluice room and cleaning room are also located on the right hand side of this wing.

St. Emilie's wing is a similar layout with three two-bedded and six single bedrooms on the right hand side and the sluice room, two assisted toilets and one assisted bathroom to the left side.

The central space between the two corridors accommodates the day room, dining room and kitchen. There is an entrance to the day room mid-way down the corridors of both wings.

There is also a door from the day room leading to a toilet and shower area. Just off the day room is the duty room and nurses' station.

Outside there is ample parking to the front and there are storage sheds to the rear.

Location

Our Lady of Consolation Nursing Home is situated within the town boundary of Tullamore, County Offaly. It is opposite the general hospital and close to all town amenities and services.

Date centre was first established:	25 October 1998
Number of residents on the date of inspection:	23 + 1 on leave
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	4	6	8	5

Management structure

The centre was previously owned by a sole trader. It is now owned by a company - Our Lady of Consolation Nursing Home Ltd and has two Directors. Rosmy Cunningham is the nominated Provider and she is also the Person in Charge. She will be referred to as the Person in Charge throughout the report. She is supported in her role by a senior nurse, Teresa Scanlon. All nursing, care staff, cleaning and laundry staff report directly to the Person in Charge.

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	Not on duty but came into centre	1	3	1	1	0	0

Background

Our Lady of Consolation Nursing Home was first inspected by the Health Information and Quality Authority (the Authority) on 8 March 2010. This was followed by a registration inspection on 10 and 11 May 2010. A follow up inspection was carried out on 14 December 2010. These inspection reports can be found at www.hiqa.ie.

At the follow up inspection the inspector were concerned to find that only 4 of the 23 actions required from the registration inspection of 10 and 11 May 2010 had been fully completed, 8 were partially completed and a further 11 areas of concern had not been addressed within the agreed timeframe.

Actions relating to the provision and maintenance of equipment, residents' privacy and residents' clothing had been addressed. Other actions identified such as care planning, choices offered to residents, development and implementation of policies, medication management, audits, provision of lockable storage space, management of nutrition and aspects of the premises still required further improvement.

Risk management issues, the emergency plan, the complaints policy and procedure, use of restraint and storage arrangements were found to be unsatisfactory. The statement of purpose and Residents' Guide did not meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Promoting consultation with residents and the provision of facilities for the occupation and recreation of residents were also found not to meet the requirements of the Regulations.

The issue of who was the provider carrying on the business of this designated centre remained unclear at previous inspections and further information was required by the Authority.

These inspection reports can be found at www.hiqa.ie.

Summary of findings from this inspection

This was an unannounced follow up inspection and the fifth inspection to be carried out by the Authority. Of the eight actions required from the previous inspection, four were completed and four were partially completed.

Although further improvements were required some development work had occurred in the use of restraint, care plan documentation, risk management procedures and the premises in particular the garden area. Documentation such as the complaints policy, the emergency plan, the statement of purpose and the Residents' Guide had been updated.

These are discussed further in the report and are addressed in the Action Plan at the end.

Actions reviewed on inspection:

1. Action required from previous inspection:

Review the policy and practice on use of restraint such as bedrails.

This action was partially completed.

Although improvements were noted the inspector remained concerned about the use of restraint within the centre which was not in line with evidence based nursing practice and national guidelines.

Additional documentation had been introduced including assessment and review of residents using bedrails. The restraint policy was read by the inspector and it was comprehensive. Additional equipment such as crash mats and buffers had been purchased and the inspector saw that they were in use.

It was noted that 13 of 23 residents were using either one or two bedrails. New restraint review and release documentation had been introduced and the inspector saw where this was completed for new residents in the centre. However, it was not used for all residents using restraint. The use of restraint was only reviewed at the three monthly care plan review.

2. Action required from previous inspection:

Put in place a comprehensive centre-specific risk management policy to fully meet the requirements of the Regulations.

This action was partially completed.

The risk management policy was read by the inspector and it was comprehensive. However, it did not cover the precautions in place to control self harm. This was discussed with the person in charge who told the inspector that this section was currently being developed.

3. Action required from previous inspection:

Ensure that all external and internal areas of the designated centre are kept in a good state of repair.

Provide and maintain suitable, safe external grounds for use by residents.

Put in place an appropriate number of toilets baths/showers and suitable assisted bathrooms and toilets.

This action was partially completed and related generally to the garden and external areas.

The barbed wire fence had been replaced around the sides of the building. The rear gardens had been levelled and had grass sown. Uneven surfaces had been repaired. Some residents told the inspector how much they enjoyed the 'new view'. Although the front garden remained unsecured, the person in charge told the inspector that it was now their intention to secure a large section of the rear and side garden as this would provide a comfortable more private area for residents.

There were two assisted bathrooms that residents could use but there was no shower facility available. The person in charge told the inspector that they had plans in place to convert one of the bathrooms into a shower room. There was an additional toilet and shower that could not be used as it was not assisted and the entrance was through the day room and blocked by residents' chairs. In total there were four assisted toilets and two assisted bathrooms for 25 residents which do not meet the requirements of the Regulations and the Standards.

4. Action required from previous inspection:

Ensure that residents' care plans are completed, reflect the assessment findings and set out in detail the action to be taken by staff, to ensure that all aspects of the health, personal and social care needs of the residents are met.

This action was partially completed.

The new care plan documentation was now in use for all residents. The inspector read a sample of care plans. In some of these there was a comprehensive assessment which included details of the residents' social needs and the plan in place to address them. For example, one resident liked old movies and the inspector saw that a supply of these had been provided.

However, the care plans read by the inspector did not consistently show evidence of resident or relative involvement during review. The three-monthly reviews of care plans were not consistently undertaken or recorded. This was discussed with the senior nurse and the person in charge who showed the inspector where these deficits had already been identified during a recent audit. Since each nurse had overall responsibility for maintaining a specific number of care plans the person in charge had undertaken to inform each nurse and ensure that the deficits were addressed.

5. Action required from previous inspection:

There was no system in place for auditing safety, the quality of care and the quality of life of residents.

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

This action was completed.

The person in charge had started to collect good quality information which she was analysing to improve practices.

For example, a medication audit was carried out and it was discovered that the trolley was not being secured between medication rounds. The inspector saw where this was discussed at a staff meeting and arrangements put in place for safe storage.

The person in charge had also started to collect data on falls. Five falls had occurred in the previous three month period. The documentation around this was audited to ensure compliance with the policy. For example, following a fall a risk assessment was to be undertaken. The inspector read a care plan of a resident who had fallen and noticed that this had been completed. In addition the inspector saw that a medication review had been undertaken and additional information given to the resident and relatives regarding possible strategies to reduce the risk of falling.

Room audits were also undertaken to ensure that all equipment such as call bells was in working order. This audit also ensured that all rooms were clean and tidy and adequate supplies of toiletries were available.

6. Action required from previous inspection:

The emergency plan, statement of purpose and the Residents' Guide was not amended to reflect the new changes to the organisational and management structure within the centre.

Amend the statement of purpose and the Residents' Guide to reflect the changes to the organisation and management structure.

This action was completed.

The inspector read the statement of purpose, the Residents' Guide and the emergency plan and noted that they had been amended to reflect the changes to the organisational structure.

A recent power outage had highlighted the need for easier access to a generator and the person in charge was currently updating the emergency plan to reflect this information.

7. Action required from previous inspection:

Redraft the written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of the service, care and treatment provided in, or on behalf of a centre to meet the Regulations.

This action was completed.

The inspector read the policy which clearly outlined the procedure to follow in the event of a complaint being made. It was also on display in the front hall.

8. Action required from previous inspection:

Put in place a system where all policies listed in Schedule 5 of the Regulations, are signed off by the person in charge, dated and have review dates.

Ensure all staff are familiar with such policies and procedures and that they guide staff members' practice.

This action was completed.

All policies required by Schedule 5 of the Regulations were in place. The inspector read where staff were informed when each policy was developed or reviewed. In addition, the staff signed a record stating that they had read and understood the policy.

For some policies, particularly the clinical policies, additional training had been provided for staff. For example, the policy on nutrition was accompanied by training for staff on the assessment and management of malnutrition. Staff spoken with confirmed that this had occurred.

Report compiled by:

Sheila Doyle

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

16 November 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
8 March 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
10 and 11 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
14 December 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
15 March 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Our lady of Consolation
Centre ID:	0079
Date of inspection:	14 November 2011
Date of response:	2 December 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:

The use of restraint was not in line with evidence based nursing practice and national guidelines.

Action required:

Provide a high standard of evidence based nursing practice.

Action required:

Provide suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency and needs as set out in their care plan.

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

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Evidence based nursing practise will be implemented in the use of side rails to comply with the national guidelines.	1 week

2. The provider has failed to comply with a regulatory requirement in the following respect: The risk management policy did not cover the precautions in place to control self harm.	
Action required: Ensure that the risk management policy covers the precautions in place to control 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:
Provider's response: Policy on the precautions to control self-harm will be drafted to comply with the regulatory requirements.	2 months

3. The provider has failed to comply with a regulatory requirement in the following respect: No shower facility was available to residents. There were inadequate numbers of toilets and bathrooms for the residents. In total there were four assisted toilets and two assisted bathrooms for 25 residents which do not meet the requirements of the Regulations and Standards.	
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Action required:	
Provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Appropriate numbers of toilets and showers will be provided to meet the requirements of the Regulations and the Standards.	2 months

4. The person in charge has failed to comply with a regulatory requirement in the following respect:
Care plans did not consistently show evidence of resident or relative involvement. Three-monthly reviews of care plans were nor consistently undertaken or recorded.
Action required:
Set out each resident's needs in an individual care plan developed and agreed with the resident.
Action required:
Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances as and no less frequent than at three-monthly intervals.
Reference:
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The resident or the relative will be consulted while reviewing the individualised care plan and the evidence of the same will be maintained.</p> <p>The residents care plan will be reviewed as required by the changing needs of the individual resident and no less frequent than at three-monthly intervals.</p>	<p>Immediate and ongoing</p> <p>Immediate and ongoing</p>

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Rosmy Cunningham

Date: 1 December 2011