<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Our Lady of Consolation Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>0079</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Arden Road</td>
</tr>
<tr>
<td></td>
<td>Tullamore</td>
</tr>
<tr>
<td></td>
<td>Co Offaly</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>057-9321320</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:rosmycunningham@yahoo.ie">rosmycunningham@yahoo.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>☒ Private ☐ Voluntary ☐ Public</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Our Lady of Consolation Nursing Home Ltd</td>
</tr>
<tr>
<td><strong>Person authorised to act on behalf of the provider:</strong></td>
<td>Rosmy Cunningham</td>
</tr>
<tr>
<td><strong>Person in charge:</strong></td>
<td>Rosmy Cunningham</td>
</tr>
<tr>
<td><strong>Date of inspection:</strong></td>
<td>08 August 2012</td>
</tr>
<tr>
<td><strong>Time inspection took place:</strong></td>
<td>Start: 10:30 hrs  Completion: 17:00 hrs</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td><strong>Support inspector:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>☐ announced ☒ unannounced</td>
</tr>
<tr>
<td><strong>Date of last inspection:</strong></td>
<td>14 November 2011</td>
</tr>
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</table>
### About inspection

The purpose of inspection is to gather evidence on which to make judgements 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 under 18 outcome statements. The outcomes set out what is expected in designated centres.

<table>
<thead>
<tr>
<th><strong>Outcome 1</strong></th>
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<tbody>
<tr>
<td>There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Outcome 2</strong></th>
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<tbody>
<tr>
<td>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</td>
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<table>
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<tr>
<th><strong>Outcome 3</strong></th>
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<tbody>
<tr>
<td>The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.</td>
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<thead>
<tr>
<th><strong>Outcome 4</strong></th>
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<tbody>
<tr>
<td>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.</td>
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<tr>
<th><strong>Outcome 5</strong></th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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<table>
<thead>
<tr>
<th><strong>Outcome 6</strong></th>
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<tbody>
<tr>
<td>Each resident is protected by the designated centre’s policies and procedures for medication management.</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Outcome 7</strong></th>
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<tbody>
<tr>
<td>Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</td>
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<table>
<thead>
<tr>
<th><strong>Outcome 8</strong></th>
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<tbody>
<tr>
<td>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</td>
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<table>
<thead>
<tr>
<th><strong>Outcome 9</strong></th>
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</thead>
<tbody>
<tr>
<td>Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Outcome 10</strong></th>
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</thead>
<tbody>
<tr>
<td>Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</td>
</tr>
</tbody>
</table>
### Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

### Outcome 12
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

### Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

### Outcome 14
There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

### Outcome 15
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

### Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

### Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

### Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

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.

The inspection report is available to residents, relatives, providers and members of the public, and is published on [www.hiqa.ie](http://www.hiqa.ie) in keeping with the Authority’s values of openness and transparency.
About the centre

Location of centre and 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 23 residents on the day of inspection and a further resident was on holidays with her family.

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 twin rooms 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 twin rooms and six single bedrooms on the right hand side and the sluice room, two assisted toilets and one assisted bathroom to the left side. None of the bedrooms had en suite facilities.

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 side.

Our Lady of Consolation Nursing Home is situated opposite the Tullamore General Hospital and close to all town amenities and services.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>25 October 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of registration:</td>
<td>29 June 2011</td>
</tr>
<tr>
<td>Number of registered places:</td>
<td>25</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>23 and one resident on holidays with family</td>
</tr>
</tbody>
</table>
### Dependency level of current residents as provided by the centre:

<table>
<thead>
<tr>
<th>Dependency level</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Gender of residents</td>
<td>Male (✓)</td>
<td>Female (✓)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Management structure

The centre is 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.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Summary of compliance with 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.

This report set out the findings of an unannounced inspection. This inspection took place over one day. As part of the inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector was concerned that there was a risk to residents because of inadequate fire safety procedures and unguarded radiators which posed a burns risk and immediate action was required to address these. Confirmation of completion of these actions was received by the inspector.

Improvement was also required regarding post falls management and some aspects of care plan documentation. Otherwise, residents’ health care needs were met. Ongoing developments were noted in the care plan documentation and the provision of suitable activities.
Other improvements required related to recruitment practices including vetting of volunteers and service providers and the contracts of care required amendments. Previous issues regarding the lack of shower facilities and numbers of toilets remained.

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

Compliance 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.

1. Statement of purpose and quality management

Outcome 1

_There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents._

_References:_
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

**Inspection findings**

The inspector read the statement of purpose and noted that it met requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 2

_The quality of care and experience of the residents are monitored and developed on an ongoing basis._

_References:_
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

**Inspection findings**

The person in charge had started to collect data for the purpose of reviewing the quality and safety of care provided. An environmental audit had been completed reviewing areas such as cleaning, pressure relieving equipment and call bells.

Audits were carried out on incidents and accidents within the centre. The results were used to inform improvements. For example, new incident reporting
documentation had been introduced as deficits had been identified in existing documentation.

Audits were also carried out on clinical issues such as falls. The inspector saw where following these audits improvements had occurred. For example, the person in charge said that staff became more aware of the risks and so the number of falls had decreased. Medication reviews had also been carried out. Similar audits were carried out on the use of restraint and this is discussed in more detail under Outcome 7.

Residents were also asked to give comments on the activity programme. One resident had suggested that more quiz sessions in the afternoon would be nice and the inspector saw that this was now included.

Plans were in place to audit complaints but there were none recorded in the previous 12 months.

### Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**References:**
- Regulation 39: Complaints Procedures
- Standard 6: Complaints

**Inspection findings**

The complaints policy was in place and the inspector noted that it met the requirements of the regulations. The complaints policy was on display in the centre. Residents who spoke with the inspector knew the procedure if they wished to make a complaint but had not needed to.

No complaints have been received in the last 12 months.

### 2. Safeguarding and safety

#### Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

**References:**
- Regulation 6: General Welfare and Protection
- Standard 8: Protection
- Standard 9: The Resident’s Finances

**Inspection findings**
The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. No allegations of abuse had been received.

Some residents’ monies were managed by the senior nurse and a policy was in place to guide the practice. The inspector checked the balances and saw that they were correct. Deposits and withdrawals were recorded and verified by two signatures.

### Outcome 5

*The health and safety of residents, visitors and staff is promoted and protected.*

**References:**

- Regulation 30: Health and Safety
- Regulation 31: Risk Management Procedures
- Regulation 32: Fire Precautions and Records
- Standard 26: Health and Safety
- Standard 29: Management Systems

### Inspection findings

The inspector found that practice in relation to the health and safety of residents and the management of risk did not sufficiently promote the safety of residents, staff and visitors.

The inspector noted that the radiators were unguarded and felt very hot to the touch which posed a burns risk to residents. This was discussed with the person in charge and immediate action was required to have it rectified.

There was a health and safety statement in place. A risk management policy was in place and was reviewed by the inspector. Environmental risk was addressed with health and safety policies implemented which included risk assessments on most areas although the potential risk of burning from the radiators was not identified.

The inspector was concerned that appropriate measures were not in place to safeguard residents in the event of fire. There was no evidence that fire drills had taken place in the last year. Four new staff had commenced employment in the last couple of months but had not received fire training. These issues were discussed with the person in charge who was required to take immediate action. Fire training was organised for the following week and as an interim measure additional in house training was provided to staff.

Service records showed that the fire alarm system was serviced on a three monthly basis and the emergency lighting and fire equipment on a yearly basis. The inspector
read the records which showed daily inspections of fire exits were carried out. The
fire panels were in order and the inspector noted that fire exits were unobstructed.

An emergency plan was in place and included details of alternative accommodation
for residents should evacuation be necessary.

The environment was kept clean and was well maintained and there were measures
in place to control and prevent infection. Arrangements were in place for the
segregation and disposal of waste, including clinical waste. Staff had access to
supplies of latex gloves and disposable aprons and they were observed using the
alcohol hand gels which were available throughout the centre.

**Outcome 6**

*Each resident is protected by the designated centre’s policies and procedures for
medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

**Inspection findings**

The inspector found evidence of good medication management practices.

The inspector read the medication management policy and found that it was
comprehensive and provided guidance to nurses in all areas of medication
management. The inspector observed the administering process and noted that this
was in line with the policy and best practice guidelines. Medication reviews were
carried out by the general practitioner (GP) on a three-monthly basis. No resident
was self medicating at the time of inspection but the policy included guidance for
staff should this be required.

Medications that required strict control measures (MDAs) were carefully managed
and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody)
Regulations, 1984. Nurses kept a register of MDAs. Two nurses signed and dated the
register on administration and the stock balance was checked and signed by two
nurses at the change of each shift. The inspector checked the balances and found
them to be correct.

A medication fridge was in place in a locked room and the inspector noted that this
was kept locked and the daily temperatures were recorded. Medications in use were
dated on the day they were opened.

The inspector noted that regular audits of medication prescribing and administration
were carried out by the pharmacist and person in charge. Any discrepancies were
rectified immediately and the learning was shared with the staff at staff meetings.
3. Health and social care needs

Outcome 7
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident’s Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Although there was ample evidence of good practices, the inspector was concerned that the management of falls could pose a risk to the safety of residents.

The inspector read the care plans of two residents who had recently fallen. Both had head injuries and were assessed in the general hospital. However, the inspector was concerned that appropriate neurological observations had not been carried out on either resident although staff spoken with were aware of the requirement. The falls policy also stated that these observations were to be carried out. The inspector noted that although both residents had a wound as a result of the fall, the care plans had not been updated to reflect this. The inspector spoke to staff who outlined the care that had been provided but this was not reflected in the documentation. This was discussed with the person in charge who undertook to address this immediately and to have the relevant documentation available when next required. She also undertook to inform all staff nurses.

The inspector was satisfied that generally residents’ health care needs were met to a high standard. GP services were provided and residents had access to a range of peripatetic services. Occupational therapy (OT), speech and language therapy (SALT) and physiotherapy was by referral to the local hospital or privately. The dietician attended residents and audiology services were also provided on a referral basis. Chiropody, dental and optical services were provided locally if required. Psychiatry of later life also provided services when required. While reviewing residents’ files the
inspector noted the input of the various services who recorded their review and treatment plans for each resident. The inspector also saw where residents were scheduled for upcoming out patient appointments.

The inspector reviewed some residents’ files and noted that a nursing assessment and additional risk assessments were carried out for residents. Three monthly reviews were carried out and there was evidence of resident or relative involvement. Improvements were noted regarding the use of restraint within the centre. 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. It was noted that 12 of 24 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. The senior nurse and person in charge discussed plans to undertake more development work in this area.

Considerable improvements had occurred regarding the provision of activities and the person in charge discussed plans to develop this further. Residents were seen enjoying various activities during the inspection. Some residents commented to the inspector how much they enjoyed these. Each resident's preferences were documented in their care plan and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities.

**Outcome 8**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**References:**

- Regulation 14: End of Life Care
- Standard 16: End of Life Care

**Inspection findings**

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

This practice was informed by the centres’ comprehensive policy on end-of-life care. The policy included guidelines for involving the resident and their families in planning the end-of-life care. The inspector read where residents’ end-of-life preferences were discussed and documented in care plans. The local palliative care and home care teams also provided support and advice when required.

**Outcome 9**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.*
**Inspection findings**

Weight records were examined which showed that residents’ weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a three monthly basis. The inspector reviewed residents’ records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents’ files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. Residents who required their food in a modified consistency enjoyed the same choices as other residents.

**4. Respecting and involving residents**

**Outcome 10**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**References:**

Regulation 28: Contract for the Provision of Services  
Standard 1: Information  
Standard 7: Contract/Statement of Terms and Conditions

**Inspection findings**

The inspector read a sample of completed contracts and saw that they did not provide sufficient detail to allow the resident to know which services were included in the fee or incurred an additional charge. This was discussed with the person in charge who undertook to amend them.

**Outcome 11**

*Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**References:**

Regulation 10: Residents’ Rights, Dignity and Consultation
Inspection findings

The inspector was satisfied that each resident’s privacy and dignity was respected, including receiving visitors in private.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents’ civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote both in-house or at local polling stations during the recent referendum.

Mass took place on a weekly basis and daily prayer sessions were held. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs. Residents told the inspector how important this was to them.

A residents’ committee had been established. All residents were invited to attend. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. For example, some residents suggested the menu be altered to include some pasta dishes and the inspector read where this were now included on the menu.

The person in charge told the inspector how she promoted links with the local community. Local musicians visited the centre and residents confirmed how much they enjoyed these musical sessions. Transition year students also attended the centre during school term. Some members of the Legion of Mary visited regularly and residents spoken with said how important this was to them.

Outcome 12
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents’ Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

**Inspection findings**

The laundry room was organised and well equipped. The clothes were sorted after laundering and brought back to each resident's room. Adequate storage space was provided. Residents expressed satisfaction with the service provided and the safe return of their clothes to them.

Some of the rooms were nicely personalised and the inspector saw that residents had brought in small items from home. Others had family pictures on display. Lockable storage space was available for residents who had requested it.

**5. Suitable staffing**

**Outcome 13**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**References:**

Regulation 15: Person in Charge
Standard 27: Operational Management

**Inspection findings**

The person in charge is a registered nurse with the required experience in the area of nursing older people and she worked full-time in the centre.

The inspector observed that she was well known to staff, residents and relatives. The person in charge had maintained her continuous professional development and continued to undertake numerous clinical courses such as medication management and dementia care. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents. All documentation requested by the inspector was readily available.

**Outcome 14**

*There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Inspection findings

Although there was evidence of good recruitment practices, further improvement was required in order to meet the requirements of the Regulations. The recruitment policy and some staff files did not meet the requirements of the Regulations and there was insufficient data collected on the volunteers and outsourced service providers.

The inspector examined a sample of staff files and found that some gaps were evident. For example the file of a recently recruited Health Care Assistant (HCA) did not contain three references or a certificate of physical and mental fitness.

The recruitment policy did not meet the requirements of the Regulations as it made no reference to the requirement for evidence of physical and mental fitness.

Several volunteers and outsourced service providers such as the hairdresser attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. However as yet there was no written agreement setting out their roles and responsibilities nor was appropriate Garda Síochána vetting in place as required by the Regulations.

The inspector was satisfied that the staffing levels, qualifications and skill mix were appropriate for the assessed need of residents. Each staff member spoken with was clear about their role and responsibilities.

Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The person in charge promoted professional development for staff. Training was tailored to meet residents’ needs. Staff told the inspector they had received a broad range of training which included caring for the person with dementia and continence management. Training records were reviewed which confirmed this.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

The inspector read the records which confirmed that up to date registration numbers were in place for nursing staff.

Changing facilities were provided for staff.
6. Safe and suitable premises

**Outcome 15**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**References:**
Regulation 19: Premises
Standard 25: Physical Environment

**Inspection findings**

As identified at previous inspections the layout and size of some parts of the building were not suitable to comfortably meet the residents’ individual and collective needs.

There were two assisted bathrooms that residents could use but there was no shower facility available. 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 which was 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 *National Quality Standards for Residential Care Settings for Older People in Ireland.*

There was a sluice room on each wing of the centre and the inspector noted that they were unlocked which could pose a risk to the safety of residents as chemicals were stored there. In addition, although each sluice room had a bed pan washer, neither was in working order. A bad odour was noticed in one of the sluice rooms.

Appropriate assistive equipment was provided to meet residents’ needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up to date.

The inspector was satisfied that there was suitable and sufficient communal space for residents. There were a good size day room and one smaller multi functional room. A sufficient sized dining room was provided for residents who wished to use it, with some residents choosing to stay in the day room or their bedrooms. The inspector noted that the front area of the building was comfortable furnished and many residents and relatives were seen to be using this area during the inspection.

Extensive work to the grounds had been undertaken and now there were safe garden areas and extensive lawns. Plans are in place to further develop this area.
7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents’ Records

Inspection findings

The inspector read a sample of documents such as the Directory of Residents and the Residents’ Guide and found that they met the requirements of the Regulations.

The inspector read the insurance policy and saw that it too met the requirements of the Regulations. All records were securely stored.

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents’ Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory.
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Outcome 18**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**References:**
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

**Inspection findings**

The provider was aware of their responsibility to notify the Authority of the absence of the person in charge but as yet this was not required. The inspector was informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

**Closing the visit**

At the close of the inspection visit a feedback meeting was held the person in charge, and the senior nurse to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

**Acknowledgements**

The inspector wishes to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

**Report compiled by:**

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

09 August 2012
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Our Lady of Consolation Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0079</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>07 August 2012</td>
</tr>
<tr>
<td>Date of response:</td>
<td>31 August 2012</td>
</tr>
</tbody>
</table>

Requirements

These requirements set out the actions that must be taken to meet 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.

Outcome 5: Health and safety and risk management

1. The provider is failing to comply with a regulatory requirement in the following respect:

Fire drills had not taken place in the last year. Not all staff had received fire training since commencing employment. Immediate action was required to address this.

Radiators were unguarded and felt very hot to the touch which posed a burns risk to residents. This was not identified as a risk in the risk management policy. Immediate action was required to address this.

Action required:

Provide suitable training for staff in fire prevention.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

**Action required:**

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Action required:**

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Reference:**

- Health Act, 2007
- Regulation 31: Risk Management Procedures
- Regulation 32: Fire Precautions and Records
- Standard 26: Health and Safety
- Standard 29: Management Systems

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

**Provider’s response:**

Training will be provided to all the staff in fire prevention and management.

Fire drills and fire practices are arranged to have at suitable intervals to promote safety of the residents and the staff.

Precautions will be taken to prevent any burns risk to any resident or staff from the unguarded radiators.

**Timescale:**

- Completed one fire drill completed and second one planned
- Competed

**Outcome 7: Health and social care needs**

2. **The provider is failing to comply with a regulatory requirement in the following respect:**

Adequate care was not provided to residents who sustained head injuries whilst falling.

Some care plans had not been updated to reflect the changing needs of the residents.

**Action required:**

Provide a high standard of evidence-based nursing practice.
**Action required:**

Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Reference:**

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident’s Care Plan  
Standard 13: Health Care

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate evidence for care (head injury observation chart) will be maintained for residents who sustain any head injuries.</td>
<td>Completed</td>
</tr>
<tr>
<td>Individual care plans will be updated to reflect the changing needs of residents and high standard of evidence-based practise will be provided.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

**Outcome 10: Contract for the provision of services**

3. The provider is failing to comply with a regulatory requirement in the following respect:

Contracts of care did not outline which services were included in the fee or incurred an additional charge.

**Action required:**

Ensure each resident’s contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Reference:**

Health Act, 2007  
Regulation 28: Contract for the Provision of Services  
Standard 1: Information  
Standard 7: Contract/Statement of Terms and Conditions

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

<table>
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<tr>
<th>Timescale:</th>
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</table>
### Outcome 14: Suitable staffing

4. The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

The recruitment policy and some staff files did not meet the requirements of the Regulations.

There was insufficient data collected on the volunteers and outsourced service providers.

**Action required:**

Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

**Action required:**

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

**Action required:**

Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

**Action required:**

Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

**Reference:**

Health Act, 2007
Regulation 18: Recruitment
Regulation 34: Volunteers
Standards 22: Recruitment

<table>
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<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
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</table>

Provider’s response:

Resident's contract will be renewed to include the details of the services provided for that resident and the fees to be charged. | completed and on going |
Provider’s response:

Recruitment policy will be renewed to meet the regulations.

Concrete recruitment procedures will be applied while employing new staff members to meet the regulations.

Roles and responsibilities will be set out for volunteers working in the Consolation Nursing Home.

Written informed agreement will be made between the individual and the nursing home.

Vetting will be done for the volunteers appropriate to their role and level of involvement.

<table>
<thead>
<tr>
<th><strong>Outcome 15: Safe and suitable premises</strong></th>
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<tbody>
<tr>
<td><strong>5. The provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was no bed-pan washer in working order.</td>
</tr>
<tr>
<td>No shower facility was available to residents.</td>
</tr>
<tr>
<td>There were inadequate numbers of toilets and bathrooms for the residents.</td>
</tr>
</tbody>
</table>

**Action required:**

Maintain the equipment for use by residents or people who work at the designated centre in good working order.

**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

<table>
<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take with timescales:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
</tr>
<tr>
<td>Bed-pan washer will be repaired for use.</td>
</tr>
<tr>
<td>Timescale:</td>
</tr>
<tr>
<td>One week</td>
</tr>
</tbody>
</table>
Sufficient number of showers will be provided to meet the Standards.

4 Months

Any comments the provider may wish to make:

Provider’s response:

Thank you for helping us to improve the quality and the standards of care.

Provider’s name: Rosmy Cunningham

Date: 31 August 2012