

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Our Lady's Manor
Centre ID:	0080
Centre address:	Bulloch Harbour
	Dalkey
	Co. Dublin
Telephone number:	01 280 6993
Email address:	ourladysmanor1@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Our Lady's Manor Incorporated
Person authorised to act on behalf of the provider:	Sr. Bernadette Murphy
Person in charge:	Sr. Bernadette Murphy
Date of inspection:	10 September 2013
Time inspection took place:	Start: 09:00 hrs Completion: 19:00 hrs
Lead inspector:	Gary Kiernan
Support inspector(s):	N/A
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	100
Number of vacancies on the date of inspection:	18

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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*.

This inspection report sets out the findings of a monitoring inspection, in which all of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input checked="" type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This registration inspection was announced and took place over one day. As part of the monitoring 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.

Overall the inspector found that there continued to be a high level of compliance with the requirements of 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*.

Areas for improvement were identified in fire safety management, the statement of purpose and in the contracts of care provided to residents.

The healthcare needs of residents were met to a high standard and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

A risk management process was in place for all areas of the centre. Residents in the centre felt safe and there were systems in place for the identification and prevention of elder abuse. Staff respected the privacy and dignity of residents and the physical environment was maintained to a high standard.

The dining experience was well managed and the nutritional needs of residents were met. Staff numbers and skill mix were appropriate to meet the needs of residents.

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

Section 41(1)(c) of the Health Act 2007

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*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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

Action(s) required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspection findings

The statement of purpose did not meet with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been reviewed in response to the findings of the previous inspection. However, while it accurately described the aims, objectives and ethos of the centre there were a number of areas which were not adequately addressed. For example, accurate details relating to the provider, details of specific therapeutic techniques and the arrangements for respecting privacy and dignity of residents were not included.

Outcome 2

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

Action(s) required from previous inspection:

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.

Inspection findings

Some improvements were required in the wording of the contracts of care which were given to residents.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. Since the previous inspection the contracts had been updated to clearly state the weekly fee and additional fees which were payable by the resident. However, the contracts did not describe the services which were provided to the resident and which were covered by the weekly fee.

Outcome 3

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The arrangements for the post of person in charge met the requirements of the Regulations.

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a thorough knowledge of her role and responsibilities as outlined in the Regulations and also demonstrated a commitment to continually improving and developing the centre. Residents and staff spoke highly of the person in charge and the inspector noted that she knew each resident individually. The person in charge had maintained her continued professional development through attending a range of pertinent courses. Since the previous inspection she had attended educational courses in management and leadership, palliative care and medication management.

Adequate deputising arrangements were in place as provided by the assistant administrator who was a registered general nurse and worked full time in the centre. The assistant administrator was present throughout the inspection and also demonstrated a clear understanding of her roles and responsibilities as outlined in the Regulations. The person in charge was also supported by 12 clinical nurse managers (CNM) who were responsible for supervising care on a daily basis.

Outcome 4

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:

Regulations 21-25: The records to be kept in a designated centre
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:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance

Improvements required *

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

General Records (Schedule 4)

Substantial compliance

Improvements required *

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

Directory of Residents

Substantial compliance

Improvements required *

Staffing Records

Substantial compliance

Improvements required *

Medical Records

Substantial compliance

Improvements required *

Insurance Cover

Substantial compliance

Improvements required *

Outcome 5

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.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse.

A policy relating to elder abuse and whistle-blowing was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre. Residents stated that they attributed this to the staff who they stated were caring and trustworthy. The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff were required to attend this training annually. The inspector reviewed the training records and found that, while a small number of staff had not

attended annual refresher training in this area, a training session had been scheduled a number of days post inspection to accommodate these individuals.

The inspector reviewed the systems in place for safeguarding residents' money and found evidence of good practice. The person in charge was responsible for safekeeping a small amount of money for some residents. A locked, safe was provided for this purpose and it was accessible to the person in charge and the accounts manager only. Documentation was in place to monitor and record all transactions which were accompanied by at least two signatures.

Outcome 7

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that while procedures were in place to promote the health and safety of residents, staff and visitors some improvement was required with regard to fire safety.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed. fire exits were unobstructed and staff members, spoken to by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. However, a significant number of the staff did not have up-to-date training in fire safety in accordance with the centres requirement for annual training. While there was evidence that fire drills had taken place, the records did not demonstrate that fire drills were taking place at a minimum of six-monthly intervals. The inspector also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing of the fire detection and alarm system and of fire fighting equipment. However, records were not maintained to show that emergency lighting was regularly serviced.

There were satisfactory risk management systems in place. There was a centre-specific risk management policy which addressed all the risks specified in the Regulations as well as the centre-specific procedures in place for the identification and management of risk. These procedures described the roles and responsibilities of the risk management committee and the clinical governance committee, both of which met on a monthly basis. The inspector read the minutes of these committee

meetings and saw that relevant risk related issues such as accidents, medication management, infection control and restraint were discussed and reviewed on a routine basis.

There was a safety statement in place which had been reviewed and updated in June 2013. There was also a centre-specific risk register which recorded the identified risks for the centre and the associated control measures. The risk register addressed all internal and external areas and was regularly reviewed by the risk management committee.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. Neurological observations were carried out in the event of any un-witnessed fall or possible injury to the head. All accidents and incidents were discussed at the clinical governance meetings in order to identify interventions to prevent reoccurrence. The inspector saw that there was a good falls management system in place and overall there was a low number of falls in the centre. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and hip protectors were provided as appropriate. The inspector reviewed the records of a resident who had repeated falls. The inspector saw that the resident had an appropriate care plan in place, post fall assessments were carried out and further to a number of targeted interventions such as increased supervision the number of falls had decreased for this resident.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection. A recent hand hygiene audit had been carried out and staff stated that this had helped to increase their awareness and improve their practice in this area.

A small number of residents were smokers. Smoking was not permitted inside the building and an external smoking area was provided. Individual risk assessments were carried out for the residents who smoked in order to determine their ability to smoke independently or with assistance.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency such as loss of heat, water supply or power. The plan also provided guidance with regard to the evacuation of the centre, alternative accommodation and transport.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

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

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector found that policies and processes were in place for the safe management of medications.

There was a comprehensive medication management policy in place which had been reviewed and updated in response to the previous inspection and which gave detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. Staff had received training and monthly audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

Outcome 9

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

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.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.

The person in charge had put a robust system in place to gather and review information on a monthly basis relating to areas of risk such as nutritional status, falls, incidence of pressure ulcers and the use of psychotropic medications. This clinical data was used to identify possible trends and alert the person in charge to residents who were at an increased risk, for example residents who had repeated falls or residents who had significant weight loss. Learning outcomes and targeted interventions for residents were reviewed at the clinical governance meetings and communicated to the staff through daily hand over and regular staff meetings.

There was a schedule of audits in place for 2013. To date a number of audits had been carried out in areas such as nutrition, infection control, medication and hand hygiene. The inspector saw that in general high levels of compliance were recorded. However, where issues were identified action was taken to bring about improvement. For example, in response to a recent infection control audit a programme of works had been initiated to improve the floor covering and surface finishes in a number of bedrooms and en suite bathrooms in order to facilitate more thorough cleaning and

maintenance. The inspector saw that this work had been completed to a high standard.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied healthcare.

The previous inspection found that care plans had not been developed for all identified needs. The inspector found that this matter had been addressed. The arrangements to meet resident's assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review.

The previous inspection also found that improvements were required in the management of restraint. This matter had also been addressed. There had been a significant reduction in the use of bedrails since the previous inspection. The inspector saw that a comprehensive restraint assessment was carried out prior to a decision to use restraint. This assessment was carried out by a multi-disciplinary team involving nursing staff, the GP and the physiotherapist and demonstrated that alternatives to restraint were considered in line with national guidelines on restraint.

The inspector reviewed the management of other clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and found they were well managed and guided by robust policies.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities.

Outcome 12

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that the layout and design of the physical environment met the needs of the residents to a high standard.

The bedroom accommodation comprised of 118 single bedrooms each with en suite toilet, wash-hand basin and shower. A sufficient number of assisted bathrooms were also provided on each of the floors occupied by residents and a choice of bath or shower was available. The inspector visited a number of bedrooms and found that they provided sufficient space and were clean and well maintained. Bedrooms were well decorated and had been personalised with residents' possessions such as family pictures. There was a functioning call bell system in place and call bells were within easy reach of residents.

There was suitable and sufficient communal space for residents. Sitting and recreation rooms were provided on each of the three floors occupied by residents. Three dining rooms were provided as well as a large coffee shop which was also used for recreation. A sufficient number of assisted toilets were located close to the communal rooms. Grab rails and hand rails were provided in all communal areas.

A safe and secure patio garden was available and was directly accessible to residents. Garden furniture was provided and a number of residents stated that they enjoyed sitting in this area.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing

records and maintenance records for equipment and found they were up-to-date. Three passenger lifts serviced all floors in the centre and records were available to show that they were regularly serviced.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. A sluice room, containing bed pan washer, sluice sink and wash hand basin was provided on each floor.

A high standard of hygiene and cleanliness was maintained in the centre underpinned by training for staff, regular auditing and a system of documented hygiene checks. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. The inspector spoke to cleaning staff and found that they were knowledgeable in relation to infection control and they described appropriate procedures such as the colour coding of cloths and mops and safe procedures for cleaning in the event of an outbreak of infection.

Separate changing facilities were provided for all staff. Staff spoken to said they were happy with the facilities provided.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

There was evidence of good practice in the area of complaints management.

The inspector noted that there was a clear policy in place which had been updated in response to the previous inspection in order to comply with the Regulations. The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied

with the initial response to their complaint were directed person who was independent of the centre who acted as the appeals officer for complaints.

The person in charge and her deputy demonstrated a positive attitude towards complaints. The complaints log was read and inspector found evidence of good complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

Outcome 14

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found evidence of good practice in this area. There was a comprehensive policy on end of life care which was centre-specific. No resident was receiving end of life care at the time of inspection. The inspector reviewed a number of staff files and saw that residents' wishes and preferences with regard to end of life care were recorded. The person in charge stated that the centre maintained strong links with the local palliative care team. Residents at this stage of life were cared for in single rooms and a number of bedrooms had been set aside for family members to stay overnight if necessary.

The records showed that a number of staff had received training in this area. The nursing staff stated that the residents had access to a priest or other religious ministers as required.

Outcome 15

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.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that residents received a varied and nutritious diet that offered choice.

The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were readily accommodated. The person in charge together with the nursing staff monitored the meal times closely and second helpings were offered. The inspector found that this was a social and unhurried experience.

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors. The coffee shop also provided opportunities for residents and their guests to share a snack in a social setting.

Nutritional risk assessments were carried out for all residents on a routine basis. There was an emphasis on fortification of meals for those residents who were identified as being at risk. There was also good access to the dietician and speech and language therapist (SALT) as appropriate. Residents who needed their food served in an altered consistency such as pureed had the same menu options as others and the food was presented in appetising individual portions.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. The inspector found that these staff members were very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. Residents who required assistance with their meals were aided in a discrete and respectful manner.

Outcome 16

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

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence that staff respected the resident's privacy and dignity and residents were consulted with regard to the operation of the centre.

Staff members 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 could attend daily mass in the oratory and the centre's chaplain was available to the residents. Residents of other religious denominations were supported to practice their beliefs. Church of Ireland services were held in the centre every two weeks and visits from other religious ministers were facilitated.

Monthly residents' committee meetings were held and were facilitated by the centres medical social worker who acted as an advocate for the residents. Minutes for each of these meetings were recorded. The inspector saw that where issues were raised action was taken to address these matters. For example, residents had made suggestions with regard to the organisation of meal times and the inspector saw that this matter had been acted upon.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and she facilitated residents to vote in-house or to go out to vote at the most recent elections.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many relatives and friends joined the residents to attend mass or to visit the coffee shop on a daily basis. At the time of inspection a number of transition year students were visiting the centre and were interacting with the residents. Residents had access to newspapers and television was provided in each bedroom. Internet access was also provided and a number of residents used their computers to stay in touch with family and friends.

Outcome 17

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms which comprised a large built in wardrobe and bedside locker as a minimum. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and industrial sized machines were provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. The inspector saw that this list was regularly reviewed and kept up-to-date.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Nursing cover was provided 24 hours each day. Ten nurses and 11 care assistants were providing care on the morning of inspection while three nurses and five health care assistants covered the night shift. The inspector reviewed the rosters and found that this level of staffing was usually maintained. Additional staff including the medical officer, medical social worker, an activities coordinator were also provided. A physiotherapist attended the centre on two days each week.

There was a comprehensive written operational staff recruitment policy in place. The previous inspection highlighted deficiencies in the maintenance of required documentation on staff files. The inspector found that an audit of staff files had been carried out and this matter had been addressed. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. Staff appraisals were carried out on a regular basis and used to identify training needs. The records showed that a range of training had been recently provided for staff and this included nutrition, palliative care, supra pubic catheterisation and cardio pulmonary resuscitation (CPR) training.

There were a small number of volunteers who provided valued activities such as music which residents stated they appreciated very much. The person in charge had maintained the required documentation for these individuals including evidence of Garda Síochána vetting and a written agreement of roles and responsibilities.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, the assistant administrator and the clinical nurse manager to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

12 September 2013

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Our Lady's Manor
Centre ID:	0080
Date of inspection:	10 September 2013
Date of response:	26 September 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose did not meet the requirements of the Regulations.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

Health Act, 2007
Regulation: 5: Statement of Purpose
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The statement of purpose and function has been updated as recommended.</p>	<p>20 September 2013</p>

Outcome 2: Contract for the provision of services

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The contracts of care provided to residents did not adequately describe the services provided.</p>
<p>Action required:</p> <p>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.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Contract of care updated to include details of services provided and covered by weekly fees.</p>	<p>24 September 2013</p>

Theme: Safe care and support

Outcome 7: Health and safety and risk management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A number of staff members had not attended up-to-date training in fire safety.</p> <p>Fire drills were not carried out at the appropriate frequency.</p> <p>Systems were not in place to ensure that emergency lighting was serviced at the appropriate intervals.</p>

Action required:	
Provide suitable training for staff in fire prevention.	
Action required:	
Ensure, by means of fire drills and fire practices at suitable intervals, that the staff 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:	
Make adequate arrangements for the maintenance of all fire equipment.	
Reference:	
Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Training has been provided for staff absent from previous fire training.</p> <p>Procedure now in place for carrying out and recording fire drills as required.</p> <p>Maintenance of all fire equipment already in place-log not available for inspector.</p>	25 September 2013