

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Strathmore Lodge Nursing Home
Centre ID:	ORG-0000281
Centre address:	Friary Walk, Callan, Kilkenny.
Telephone number:	056 775 5515
Email address:	liam.harvey@strathmorelodge.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Strathmore Partnership, T/A Strathmore Lodge Nursing Home
Provider Nominee:	Liam Harvey
Person in charge:	Sarah McGrath
Lead inspector:	Kieran Murphy
Support inspector(s):	Vincent Kearns
Type of inspection	Announced
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	2

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 April 2014 09:20	29 April 2014 18:00
30 April 2014 08:30	30 April 2014 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the monitoring inspection the inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. A number of questionnaires from residents and relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with relatives stating they are welcome at any time. Residents' comments are found throughout the report.

Inspectors found that each resident's well being and welfare was maintained by a high standard of evidence based nursing care and appropriate medical and allied health care. However, improvements were required in a number of areas:

- records management
- risk assessment
- medication management
- complaints management
- use of closed circuit television
- infection control
- volunteers.

The Action Plan at the end of this report identifies where improvements were needed.

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.

Outcome 01: Statement of Purpose

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.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose, while accurately describing the services and facilities and the manner in which care was provided, did not include the conditions attached to the registration by the Chief Inspector under Section 50 of the Health Act 2007.

Outcome 02: Contract for the Provision of Services

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.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A number of contracts of care were viewed by inspectors. The contracts of care were found to be comprehensive and were agreed and signed within a month of admission. The contracts stipulated the services to be provided and the fees included in the contract.

The contract also outlined additional services provided in the centre, for example dental, optical, chiropody, newspaper, physiotherapy and hairdressing. All these services were

charged on a monthly basis in addition to the care and maintenance charge agreed. An invoice was issued monthly which detailed all the charges for these additional services. Inspectors found this process to be transparent.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was a registered general nurse and had been director of nursing since 2006. She had engaged in continuing professional development. The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

The nominated registered provider was on site at least three days per week and either he or the person in charge was on call at all times in the event of an emergency at the centre.

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by inspectors and found to contain comprehensive details in relation to each resident including name, contact details for relatives and contact details for general practitioner (GP).

Inspectors found that most policies, procedures and guidelines such as prevention of abuse, end-of-life care and risk management were available as required by the regulations. However, the statement of purpose contained a copy of the admissions policy which was out-of-date and required review. The Resident's Guide was not compliant with the regulations as it did not include:

- a detailed summary of the statement of purpose
- a standard form of contract for the provision of services
- the most recent inspection report by the Authority.

Inspectors found that the medical and nursing records were comprehensive. The care plans and the record of care provided to residents were accurately documented. However, the mechanisms in place for managing residents' healthcare records required improvement. In particular the record of reviews by GP, consultants and allied health professionals was filed in the inside pockets of the healthcare record. This system did not adequately ensure that confidential information was being filed securely as the information was in loose sheets and could easily become dislodged. In addition inspectors observed check lists with confidential patient information being left on the top of the nurses' stations with patient details being plainly visible. The person in charge outlined that both the filing of medical notes and the use of the nurses' stations for check lists would be reviewed.

Outcome 05: Absence of the person in charge

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.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had not been any period where the person in charge was absent for 28 days or more since the last inspection and there had not been any change to the person in charge. The person in charge and the nominated registered provider were aware of the

obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

The senior nurse had been appointed in January 2014. She qualified as a registered general nurse in 2004 and had worked in the care of the elderly since 2008. The inspectors were satisfied that the senior nurse had the requisite skills and experience in care of the older person. She displayed a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. It was clear she was aware of the obligations to notify the Authority of the periods when the person in charge was absent and the arrangements in place for this absence. The senior nurse was also aware of the obligations to maintain a record of all incidents occurring in the centre and, where required, notified to the Authority.

There were clear arrangements to cover for the absence of the person in charge. Either the nominated registered provider or the senior nurse had responsibility for management of the centre when the person in charge was absent.

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed the policy on elder abuse which had been revised in 2013. There was also a policy on respecting the privacy and dignity of the resident. All staff had received comprehensive in-house training on the protection of vulnerable adults. This training was coordinated by the person in charge and was updated annually. All staff spoken with were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

A specific incident relating to adult protection was outlined during the inspection. Documentation reviewed by inspectors demonstrated that while the incident had been followed up by the provider, an appropriate recording of the incident was not available in a written format. In addition the incident had not been notified to the Authority as required by regulation.

Inspectors reviewed the system in place to safeguard resident's finances. The centre was the nominated pension agent for three residents and inspectors saw evidence that complete financial records were maintained. In relation to the additional charges for

services, outlined in Outcome 2, there was evidence that every month each resident received a written itemised account of the cost for each extra service. Inspectors were satisfied that this system was transparent.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a health and safety management system outlining the identification and management of risks and the measures in place to control specified issues like residents being absent without leave and accidental injury. One staff member was the designated health and safety officer who undertook a monthly health and safety audit to include the reviewing of emergency lighting, ensuring fire exits were unobstructed and the checking of the fire panel. There was evidence that following these audits improvements were undertaken. For example in one audit it was identified that evacuation sheet straps were not being tidied away and this was rectified immediately. The health and safety officer also conducted safety training as part of the induction for all staff. There were ongoing household safety workshops highlighting issues like risk assessment, chemical safety and infection control.

Risk assessments were in place for identified hazards like fire and manual handling with control measures in place for those hazards. Inspectors noted a number of issues with the premises that required risk assessment:

- the staff room on the first floor was not secured and could be accessed by residents. The room had a balcony and on the day of inspection the doors to the balcony were left open.
- on the first floor corridor next to the staff changing room the window was not restricted and could be easily opened by residents
- the sluice rooms were not secured and inspectors saw a bottle of detergent, which was easily accessible by residents, in the sluice room on the first floor
- although access to the stairwells was restricted from the first floor the railings and stairs had not been risk assessed for trip hazards.

The emergency plan adequately addressed the centre's response to fire and other emergencies like loss of power, loss of heating or water supply. There was one incident of a short term loss of water supply in January 2014 which had been managed appropriately. This had been notified to the Authority.

There was a valid up to date fire certificate. There was an up to date fire policy covering issues like alarm activation, precautions and evacuation procedures. There were personal emergency evacuation plans available for each resident with the dependency and mobility levels clearly identified. Evacuation sheets were available on the beds of all residents. Inspectors saw evidence that suitable fire prevention equipment was provided and the equipment was adequately maintained by means of a quarterly service of fire alarm system and a service of the fire suppression system. The fire register contained records of monthly visual checks of fire extinguishers, monthly testing of the fire alarm and a daily inspection of escape routes. All staff had received fire prevention and evacuation training within the last year and fire drills were carried out every three months. Since the last inspection enhanced safety measures had been made to the smoking room including the removal of combustible materials and ensuring the fire door closed sufficiently.

Inspectors reviewed resident care plans which outlined patient handling assessments and saw evidence that these assessments were updated at least every three months or more frequently based on the changing needs of the resident. All staff had up to date training on manual handling.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an up-to-date policy on medication management which included transcribing of prescriptions, crushing of medication and arrangements for residents who wished to take their own medication. At the time of inspection there wasn't any resident who had been assessed as suitable to take their own medication.

Inspectors were satisfied that there were appropriate procedures for the handling of medicines including controlled drugs. The pharmacist was on site during the inspection and reviewed stock on a daily basis. Medications were dispensed and administered by means of a blister pack system. The pharmacist outlined that when the medications were being dispensed the computer programme highlighted any potential contraindications or interactions with other medications. If there was any potential error an alert was sent to the pharmacist thereby ensuring that all medication was dispensed in a safe manner.

During the medication administration round inspectors found that appropriate checks were undertaken by nursing staff to ensure the right medication was administered to the correct resident at the correct time. However, inspectors did note that the prescription sheet for medication did not state the route by which medication was to be administered which could have safety implications for residents.

There was a satisfactory system in place for reviewing and monitoring safe medication management. In the sample healthcare records seen by inspectors each resident had a medication review every three months by the pharmacist and the GP. During the inspection the consultant in old age psychiatry was on site to review the medication of a number of residents. There was evidence of good communication with residents' GPs following this review. The clinical nurse specialist in psychiatry was available as a liaison between the psychiatric services, the GP and the centre.

The medication policy also described the recording of medication errors and the reporting of such errors. There had been three errors reported since January 2013, two errors related to medication being administered but not signed for and the third incident occurred when a resident refused to take medication. In March 2014 the senior nurse had undertaken an audit of medication practice and found a number of medication administration records had not been signed. The results of the audit were communicated to all nurses.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the incident reporting system and found that 27 incidents had been reported in the first quarter of 2014. Inspectors saw evidence that following an incident a record of any immediate nursing or medical treatment was maintained in the individual resident's medical records. The nursing care plan was updated as required and any follow up treatment was recorded in the resident's medical notes. The senior nurse was responsible for reviewing incidents and implementing required quality improvement initiatives. This is discussed in greater detail in Outcome 10.

It is a requirement of the regulations that all serious adverse incidents are reported to the Authority and since the last inspection the centre had been compliant with this provision. The centre provided the Authority with a summary of all recorded incidents

every three months as set out in the regulations.

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of a systematic analysis of reported adverse events. Over 90% of total reported incidents related to residents falling. A multidisciplinary team, which included nursing and care staff, health and safety officer and a physiotherapist, had reviewed the patterns of the 25 resident falls from October 2013. A number of initiatives had been introduced including increased checks for residents in communal areas, more mobility assessments by the physiotherapist and the introduction of the use of a hoist for one resident with limited mobility.

The senior nurse manager had assumed responsibility for ensuring care was provided in accordance with evidence based practice. She had introduced a comprehensive system of quality assurance reviews which included both direct care issues and non-care issues. Following each audit an action plan to remedy the deficit was introduced. The audit schedule included infection control practices, wound care and health and safety.

In relation to the use of restraint an audit undertaken in December 2013 had checked issues like the rationale for the use of restraint and resident consent to the use of restraint. It had been found that in one case a GP had not been involved in the decision making process. The action outlined that this was to be rectified within a two week time frame by the resident's key nurse. A care planning audit undertaken in March 2014 reviewed issues including the pre-admission assessment, whether care plans had been updated every three months and if specific assessments like falls had been undertaken. Actions from this care planning audit included relevant nurses updating care plans within a two week time frame.

The provider had begun a process of seeking formal feedback from residents and a satisfaction survey had been distributed in April 2014 to cover issues such as management, menus and the activities provided. The results of the survey were not yet available. There was a suggestion box also in the centre.

All residents and families that spoke with the inspectors were very happy with the care provided in the centre.

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors saw evidence that residents' health care needs were met through timely access to GP services. Residents had the option of care from their own GP and there was evidence of a medical review of each resident at least once every three months. There was a separate healthcare record outlining medical reviews, transfer letters to and from hospital, treatment by other health professionals and laboratory reports.

There were some innovative arrangements in place to ensure that residents had timely and appropriate access to allied health care services. A mobile dental service attended the centre and residents also attended the dentist in the town. Similarly a mobile optician service reviewed residents' eye care on a regular basis.

There was evidence of reviews by the speech and language therapist with reports detailing safe swallow recommendations and advice on food consistency. Further comprehensive evaluation of swallow was undertaken if required in the acute general hospital by the speech and language therapist herself. Detailed reports and x-ray imaging from these investigations were kept in the healthcare record.

As required some residents had been reviewed by an occupational therapist in relation to seating and head positioning while seated. A community intervention therapist nurse attended as required to review residents who used catheters. There was good evidence based practice in relation to management of wounds with care plans for each resident outlining skin condition and assessment of potential for pressure sores. For residents who required intensive wound care there was evidence of effective wound care management. The senior nurse undertook regular retrospective audits of wound care management.

There was a policy on resident care plan development with a system of a named nurse being allocated for every six residents. This nurse had responsibility to ensure each

resident had a personalised care plan. There was a care planning review at least very three months. Particular attention was given to risk assessment in relation to issues like falls, patient handling, mobility and maintaining a safe environment. Care was planned also for the activities of daily living like personal hygiene, communication, sleeping and nutrition.

There was a policy on the management of restraint. Five residents had a restraint assessment form completed and there was evidence of a discussion about the use of restraint with the resident and their families. Checks were in place for the use of restraint. All other residents used bed rails at night as enablers however the use of these bed rails had not been risk assessed.

A number of residents, who had been assessed as being at risk of absconding, had a security tag in place. This tag alarmed when the resident came in close proximity to the exit doors on the first floor and also the main exit door on the ground floor. Each care plan outlining the use of the security tag management system was comprehensive and person-centred. A pre-admission assessment identified the resident as being at risk of wandering. The reason for the use of the security tag post admission was identified in the person's safe environment care plan. There was a record of the care plan being discussed with the resident and the nurse.

There was a smoking policy. However, it did not detail any assessment of the resident's ability to smoke independently or safely. It also did not outline any monitoring or observation of the resident while they smoked. A number of residents did smoke but the risk assessments undertaken, while they outlined in general the health hazards of smoking, did not identify control measures to ensure the safety for the individual residents while they smoked.

The centre employed a full time activities coordinator and there was a schedule of activities including singing, music and a cinema evening. A fit for life physiotherapist attended one day per week with a programme to encourage people to maintain their movement. There was evidence in the care plans that residents received a comprehensive initial fit for life assessment together with a performance orientated mobility assessment. Based on these assessments an individualised fit-for-life movement programme was developed for the resident.

Outcome 12: Safe and Suitable Premises

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.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was a purpose built nursing home and residents' accommodation was laid out over two floors. The centre was found to be bright, spacious and well decorated. There were a number of lounge areas on both floors which were well furnished and comfortable. The sitting room on the ground floor led to a large, well maintained, sheltered garden. The provider outlined that a marquee was erected in the summer months with barbecues and garden parties being held frequently.

Facilities and procedures were in place to prevent and control the risk of infection. Hand washing facilities were located in the main entrance lobby and wall mounted alcohol hand gel was available throughout the centre. Staff informed inspectors that they had received training on infection from the community infection control nurse.

In general inspectors found the premises to be well maintained with suitable lighting, ventilation and heating. There was a full time maintenance officer on site and the maintenance log showed regular maintenance conducted and suitable repairs recorded. Inspectors reviewed up to date service records for all equipment including hoists, wheelchairs and beds. The lift between the first and second floors had been serviced, most recently in March 2014.

A smoking area was provided for residents adjacent to the nurse station on the first floor. The smoking area appeared to be adequately ventilated. A fire blanket and a portable alarm were available for any resident who wished to smoke there. Since the last inspection the fire door to this area had been altered to ensure it closed sufficiently. There was an exit door to a balcony area but this was locked securely.

The provider outlined that storage of equipment was a challenge and inspectors observed a number of hoists that were stored in the smoking area. Other equipment was stored in assisted bathrooms and the activities room. The provider outlined that the equipment was removed if the rooms were required by residents. For example the activities room had been fitted out as a hairdressing salon. When the hairdresser came, one day per week, the equipment was stored elsewhere.

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a complaints policy which had been updated in March 2013. It was displayed prominently at the entrance and at each nurse station. The process for making a complaint was outlined also in the statement of purpose and in the Residents' Guide. The complaints policy identified the person in charge as the designated complaints officer. It outlined that receipt of the complaint would be acknowledged within two working days and that an investigation and full explanation would be provided within 14 days. There was a nominated independent appeals person available to ensure that complaints were appropriately responded to.

Prior to the inspection questionnaires relating to the services provided by the centre were distributed by the Authority to residents and their families. The 21 returned questionnaires confirmed that residents and families were aware of the complaints process and who to make a complaint to.

Inspectors reviewed the complaints log. A monthly record was maintained which included a summary of the reported complaints received. In the first three months of 2014 there had been six complaints including issues like the call bell not being answered in a timely manner, noise due to another resident's television and the centre being too warm. There was evidence that all issues appeared to have been managed appropriately. However, the complaint records did not detail whether each complainant was informed of the outcome and whether they were satisfied with the outcome.

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific themes of end of life care and nutrition. The centre had assessed itself as compliant with the regulations and standards in relation to end of life care and inspectors found evidence to support this assessment.

There was an end-of-life committee which had overall responsibility for ensuring appropriate care for residents. The committee had developed a person-centred

integrated care pathway for end-of-life. This pathway focused on a person's needs at end-of-life concentrating on medical support, nursing support, symptom control and care after death. The committee had not yet formally approved the implementation of the care pathway.

There was up to date policy on end of life care with comprehensive support and training for all staff on the policy. All new staff as part of their induction process received information on end of life care. As part of her continuing professional education the person in charge had undertaken accredited courses on end-of-life and palliative care.

The end of life care policy outlined that on a case by case basis the resident could discuss with the GP and the person in charge any wishes they may have in relation to end-of-life. There was evidence of comprehensive care planning for residents in relation to end of life needs both at admission and also as part of the review of care every three months. Issues discussed included residents wishes regarding spiritual needs, funeral arrangements and what medical supports the resident wished. There was evidence of good access to the palliative home care team.

There was a bright and spacious oratory. If the resident wished, the centre facilitated a prayer and removal service from the chapel for deceased residents. A number of lounge rooms were made available specifically for families of residents at end-of-life. These were comfortable with recliners and a television. Showering and dining facilities were also made available to families.

There was an end-of-life care box at the nurses' station which contained oils, candles and appropriate bed linen. The centre had tastefully decorated hold-all bags for the return of a resident's property to family. Inspectors found this initiative to be respectful of residents and their possessions.

Outcome 15: Food and Nutrition

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 discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

In relation to food and nutrition the centre had assessed itself as compliant during the national self assessment on food and nutrition undertaken by the Authority. During the inspection there was evidence to support this assessment.

A menu plan for the week was available which offered good choice at all meals. The provider had engaged the services of a nutritionist to review the menu. A number of recommendations were made including the reduction of the use of processed food and also changing the menu to a three weekly cycle.

There was a policy on the monitoring and documentation of nutrition. On admission each resident had an initial malnutrition universal screening tool (MUST) assessment. The senior nurse had undertaken an audit in February 2014 on the completion of the MUST assessment. It was found that a number of nurses had calculated the body mass index (BMI) incorrectly and that a number of residents had not co-signed the assessment with the nurse. Action plans were introduced for these issues.

From the sample care plans seen, the inspectors noted evidence of appropriate nutritional care planning. The care plans outlined whether the resident required a normal diet, what their food preferences were, oral status and any weight changes. There was monthly recording of residents' weight, body mass index, weight loss and risk assessment of nutritional status. Residents who were identified as having a change in nutritional status were referred to the dietician in primary care. Prior to any such appointment a three day food and fluid record was maintained for review by the dietician.

There was a policy on the provision of therapeutic and modified diets and a number of residents had been assessed as requiring such diets by a speech and language therapist. Each resident's assessed nutritional requirements were communicated to the chef and swallow care plans were available in the kitchen. The chef was knowledgeable about each resident's nutritional needs including individualised menu preferences and textures of their diets. A record was maintained in the kitchen of the amount of food residents ate at each meal. This was reviewed by the chef and senior nurse and feedback was sought from the residents in relation to their individual preferences and different menu options to maintain nutritional status. The chef outlined that in response to feedback from one resident regarding their specific preferences an individualised menu was made available for this resident.

There was a policy on meals and mealtimes. There were two bright and spacious dining areas, the smaller of which catered for residents who required more assistance at mealtimes. There was sufficient staff available to offer assistance at mealtimes and inspectors observed a pleasant dining experience. There was access to fluids and snacks throughout the day and tea trolleys were seen in circulation during the morning and afternoon.

The chef and catering staff had received up to date training on food safety. 14 staff had also received training on the use of MUST assessment. The most recent Environmental Health Office (EHO) report was available which found the centre to be compliant with the relevant regulations.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each

residents 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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors saw evidence that residents were consulted about how the centre was planned and run. Inspectors reviewed minutes of the residents' forum which had last met in March 2014. Items discussed included length of time for mass, dining area for one resident was not adequate because of a walking frame and one resident suggested that an extra carer was required at bed time. All of these issues had been addressed. Specifically in relation to staffing an extra hour had been allocated to the day shift.

Inspectors spoke with a number of families of residents who confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private.

Inspectors saw evidence that staff were aware of the different communication needs of residents. There was a policy on the provision of information to residents which included communication strategies for residents with vision and cognitive impairments. Inspectors saw a communication care plan available for each resident which was updated every three months or if there was a change in condition.

Each resident had access to telephone facilities in their own bedroom and the phones had large buttons to make it easier to dial. There was internet connectivity available in certain areas. The provider outlined plans to make this available throughout the premises to enable residents to talk to family and friends via the internet.

Closed circuit television (CCTV) was in use in all external areas and in corridors on both floors. Although there was signage advising that CCTV was in operation there wasn't a policy available.

Outcome 17: Residents clothing and personal property and possessions

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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a policy on residents' personal possessions which satisfactorily outlined the arrangements in place for residents to retain control over their own possessions and clothing. Up to date inventories of residents' property was available at each nurse station.

Inspectors saw personalised living arrangements in residents' rooms with photographs and personal effects. Each room was a single en-suite room with suitable storage available for clothes, books and toiletries.

Clothes were marked with a button system to ensure that residents' own clothes were returned to them. Inspectors visited the laundry room where staff were aware of infection control principles and in particular the need for separate storage of dirty clothes, washed clothes and clean clothes. Laundry staff collected clothes for cleaning at hourly intervals and brought them to the laundry. There were two bags on the trolley for laundry, one bag for residents' clothes, the other bag for bed linen and towels. However, there wasn't a separate third bag on the laundry trolley for potentially infected items which were initially put in an alginate or water soluble bag. They were then placed in either the clothes bag or linen bag on the laundry trolley, thus increasing the risk of potential cross contamination of other items.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Based on the review of the staff rota inspectors were satisfied that there were sufficient

staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staff confirmed that the person in charge or senior nurse were available at weekends or out-of-hours if required.

There were effective recruitment procedures in place with a policy on staff recruitment, selection and appointment available. Current registration with an Bord Altranais was available for all nursing staff. Inspectors reviewed a sample of staff files which were found to include appropriate reference checking, evidence of vetting by an Garda Síochána and a medical certificate providing evidence that the person was physically and mentally fit for work. Newly recruited staff outlined to inspectors that the induction process was robust. The person in charge had sought feedback from the newly recruited employees on a daily basis and all mandatory training was provided. There were a number of volunteers. Inspectors found that while they had been vetted and had a clear understanding of their roles and responsibilities, there wasn't a written agreement in place as required by the regulations.

There was a comprehensive training programme in place and all staff had received training on prevention of abuse of residents, fire safety and manual handling as required by the regulations. The education programme also included infection control, care of people with dementia, restraint, diabetes and fit-for-life physiotherapy programme.

Inspectors saw evidence of good supervision for staff at all levels in the organisation. There were two care supervisors who had responsibility for supervising and supporting health care assistants. All staff had engaged in a staff performance review which gave an opportunity to discuss their role and also to discuss personal objectives and personal developments plans including further education. Staff confirmed to inspectors that they had been facilitated in accessing continuing professional education by the provider with all care staff completing their certification in healthcare support.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Strathmore Lodge Nursing Home
Centre ID:	ORG-0000281
Date of inspection:	29/04/2014
Date of response:	03/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include the conditions attached by the Chief Inspector to the designated centre's registration under section 50 of the Act.

Action Required:

Under Regulation 5 (1) (c) you are required to: 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).

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

The Statement of Purpose has been amended to include the conditions attached to our registration, all of which are standard conditions.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 06/06/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The residents' guide did not include a detailed summary of the statement of purpose, a standard form of contract for the provision of services or the most recent inspection report by the Authority.

Action Required:

Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

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

The Resident's Guide will be amended to include a summary of the Statement of Purpose, a copy of our standard form of contract and a copy of our most recent inspection report.

Proposed Timescale: 06/06/2014

Theme: Leadership, Governance and Management

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

The healthcare records did not adequately ensure that confidential information was being filed securely as the information was in loose sheets and could easily become dislodged.

Action Required:

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

Healthcare records will be filed in an index-linked format. The new file will ensure that all records are held securely, therefore reducing the possibility of documents becoming loose and possibly being mislaid.

Proposed Timescale: 30/11/2014

Theme: Leadership, Governance and Management

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

Check lists with confidential patient information being left on the top of the nurses' stations with patient details being plainly visible.

Action Required:

Under Regulation 22 (1) (ii) -(iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

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

Resident check lists containing confidential information will be removed from the top of the nurses' stations and will now be placed in a chart holder attached to the wall behind the nurses' stations. This will ensure that records are kept in good order, that access to check lists is still available to care staff and that records are kept in a safe and secure place.

Proposed Timescale: 06/06/2014

Theme: Leadership, Governance and Management

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

The admissions policy was out of date and required review.

Action Required:

Under Regulation 22 (1) (ii) -(iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

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

The Admissions Policy has been reviewed and updated.

Proposed Timescale: 06/06/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A written record of an allegation of abuse had not been maintained.

Action Required:

Under Regulation 6 (2) (b) part 1 you are required to: Maintain a record of all incidences where a resident is harmed or suffers abuse.

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

This incident involved a resident being spoken to in a disrespectful manner. The staff member involved was reprimanded in an appropriate manner. A written record was not kept as we did not deem it as being an incident of abuse. In future any incident that could possibly be perceived as abusive, however small, will be recorded and HIQA will be notified.

Proposed Timescale: 06/06/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Risk assessments were required in relation to

- access to sluice rooms
- access to staff room
- window restriction on first floor
- trip hazards on stairwell.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

All identified hazards will be risk assessed and all reasonable safeguards that can reduce a risk will be implemented. These procedures will be recorded in our Health & Safety Policy which will be reviewed on a regular basis.

Proposed Timescale: 31/07/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The prescription sheet for medication did not state the route by which medication was to be administered which could have safety implications for residents.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable

practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The Person in Charge has discussed the Resident Prescription Sheet for medication with the Pharmacist and it has been agreed that from 16th June 2014 all prescription sheets will state the route by which medication is to be administered.

Proposed Timescale: 20/06/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

The use of bed rails had not been risk assessed for all residents who used them.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

Any use of bed rails will be risk assessed on an individual basis for all residents who use them. This will be the case even for residents who choose to use bed rails as an enabler.

Proposed Timescale: 06/06/2014

Theme: Effective Care and Support

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

Risk assessments for residents who smoked did not identify control measures to ensure the safety for the individual residents while they smoked.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

Going forward, in order to ensure the safety of the two individuals who smoke in the nursing home, it has been decided that a member of the care team will remain with the resident while their are smoking in a supervisory capacity.

Proposed Timescale: 06/06/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

The complaint records did not detail whether each complainant was informed of the outcome and whether they were satisfied with the outcome.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

We have undertaken a review of our Complaints Policy & Procedures. They have been amended to ensure that a record is kept of the complainant being informed of the outcome and whether they are satisfied with the outcome.

Proposed Timescale: 06/06/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

There wasn't a policy on the use of closed circuit television.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

We are currently preparing a policy on Security Precautions which will include the use of CCTV. This policy is a draft stage and will be completed by the end of June.

Proposed Timescale: 06/07/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There wasn't a separate third bag on the laundry trolley for potentially infected items which increased the hazard of potential cross contamination of other items.

Action Required:

Under Regulation 13 (a) you are required to: Arrange for the regular laundering of residents linen and clothing.

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

The Person in Charge will source a separate third bag for laundry trolley for potentially infected items. This bag will be a different colour (Red) to those bags currently being used.

Proposed Timescale: 31/07/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Volunteers did not have a written agreement in place outlining roles and responsibilities.

Action Required:

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

A new Job Description will be put in place outlining the roles and responsibilities for any volunteers who may visit the nursing home.

Proposed Timescale: 31/07/2014