

**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:	OSV-0004449
Centre address:	Friary Walk, Callan, Kilkenny.
Telephone number:	056 775 5515
Email address:	info@strathmorelodge.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hasta Healthcare Limited
Provider Nominee:	Liam Harvey
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	1

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 1 day(s).

The inspection took place over the following dates and times

From: 03 April 2017 09:40 To: 03 April 2017 16:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

HIQA had received unsolicited information prior to this inspection regarding aspects of the service. The inspector found that the provider had met their legislative responsibilities and the information received was not substantiated. The last inspection of the centre was an unannounced thematic inspection that focused on dementia care. It took place on 30 May 2016. Standards of care were found to reflect good practice and there was a varied programme of social activities. There were two action plans identified on that inspection. These were reviewed under the related outcomes on this inspection and found to have been addressed.

There was a clearly defined management structure that identified the lines of authority and accountability. Persons participating in the management of the centre demonstrated throughout the inspection process that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care.

The management team facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with the legislation. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and staff of various grades understood the ethos and principles of person centred care.

The collective feedback from residents on the day of inspection and from resident and relative feedback in pre-inspection questionnaires was satisfactory in relation to care and the service provided. Residents had the opportunity to participate in recreational opportunities to suit the capabilities and interests as observed by the inspector. Residents expressed satisfaction with the staffing levels and skill mix and said they felt safe and well looked after in the centre.

Overall a good standard of nursing care was being delivered to residents as observed by the inspector. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety. Residents' healthcare needs were met to a good standard with timely referral to medical and allied health professionals.

There were no action plans generated from this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations. It was kept up to date and practices observed on inspection reflected the aims and objectives that were outlined in the statement of purpose.

The provider and person in charge understood the requirement to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The governance arrangements in place reflected the information available in the statement of purpose and the evidence collated during this inspection indicated that the centre was managed effectively and was appropriately resourced to meet the needs of residents. There was a formal management structure in place and the lines of accountability and authority were adhered to in day to day practice.

Staff were complimentary of the management structure and communication arrangements and were satisfied with the leadership shown and structured reporting arrangements. Suitable arrangements were put in place to support, develop, supervise and manage staff and review performance.

The person in charge described arrangements that were in place to ensure good governance in the centre. These included regular scheduled management meetings and staff meetings. The person in charge was supported by an assistant director of nursing, administration manager and a team of staff nurses. The management structure was designed to ensure that there was management accountability in each department such as administration, nursing, catering and household.

The inspector reviewed audits completed by the management team. Some areas reviewed included medicines management, infection control, call bells, nutrition, wound management and care planning. The person in charge and assistant director of nursing discussed improvements that were identified with staff and an action plan to address any deficits were outlined as observed by the inspector. The inspector saw that the audit results were trended and analysed with the previous month.

There was evidence of consultation with residents and or their representatives in a range of areas, for example, care planning and review process, involvement in social and recreational activities and meals provided. Arrangements were in place to consult with residents about their experience of the service. There was a residents' committee that met regularly and the inspector observed that the regular meetings gave them a forum to express their views and changes were made as a result of their opinions. Satisfaction surveys were completed on an ongoing basis. An annual review of the quality and safety of care had been completed for 2016 and it informed the service plan for 2017 as observed by the inspector.

There were adequate resources deployed to meet the needs of residents in relation to staff, training opportunities, equipment and ancillary services to ensure appropriate care was delivered to residents. There was a plan for ongoing training in 2017 which was comprehensive.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge demonstrated that she had appropriate knowledge of the regulations and standards that govern designated centres and the care and welfare of residents. The inspector found that the person in charge had a good rapport with residents and staff working in the centre. Residents spoken with knew the person in charge and felt they could approach her or any of the staff if they had any concern.

The person in charge facilitated the inspection and ensured that all the documentation required was available. She was assisted by her deputy who takes charge in her absence and oversees the delivery of care and supports the nursing and care staff. Varied aspects of care practice were discussed with her during the inspection including care planning, dementia and palliative care.

She conveyed that she had good knowledge of all residents' care and had developed good systems to guide and support the staff team such as a comprehensive induction programme and a comprehensive training programme. Staff confirmed that good communications exist within the staff team and residents highlighted the positive interactions and support provided by the staff team.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider and person in charge demonstrated they were aware of the responsibility to notify the Chief Inspector 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 her absence.

The assistant director of nursing has worked in the centre since 2012 and has had

previous experience of delivering care to older people and deputising when the person in charge was on leave.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement. There was a risk management policy that was in line with the regulations. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

Measures were in place to prevent accidents in the centre. A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible in prominent places. Means of escape and fire exits were unobstructed as observed by inspector. All staff were trained in fire safety and those who spoke with the inspector were very familiar of what to do in the event of a fire. All residents had personal emergency evacuation plans completed. The inspector saw that regular fire drills had been completed throughout the year which included drills that simulated night time working conditions. The inspector noted that the fire drills also recorded the length of time taken to evacuate the building.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. There was a physiotherapist working in the centre two days per week. The inspector saw that there was a comprehensive falls prevention strategy executed in the centre which included falls prevention meetings.

There was an infection control policy in place. There were procedures in place for the prevention and control of infection. Staff had attended training in infection control

including hand hygiene. The centre was visibly clean. Hand gels, disposable gloves and aprons were appropriately located within the centre. Clinical waste and containers for used sharps and needles were stored in a secure manner and there was an arrangement in place for the collection of clinical waste.

The provider has contracts in place for the regular servicing of equipment and the inspector saw that equipment was serviced regularly.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that there were safe systems in place for the management of medicines. There was clinical space where medicine trolleys and supplies of medicines were securely stored. There were up-to-date written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents and disposal of unused or out-of-date medicines.

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n medicines (a medicine only taken as the need arises) to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error. The prescription sheets reviewed were clear and the signature of the general practitioner (GP) was in place for each drug prescribed in the sample of drug charts examined. There was evidence of residents' medicines being reviewed on a regular basis.

The medication administration sheets were observed to be signed by the nurse following administration of medicines. The drugs were administered within the prescribed timeframes. There was space to record when a medicine was refused or omitted on the administration sheet. Medicines that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs and the stock balance was checked by two nurses at each shift change.

There was good evidence of pharmacy input to support medicines management

practice. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis to review medicines and meet with residents. There were procedures to ensure medication practices were reviewed and monitored. The assistant director of nursing conducted regular audits in medicines management also as observed by the inspector. All nurses were trained in medicines management. There was regular blood screening undertaken for residents on particular medicines long term to ensure that prescriptions and dosages were at appropriate therapeutic levels.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that a good standard of personal care and appropriate medical and allied health care access was in place. A paper based care planning system was in place. The inspector reviewed a sample of three care plans which included varied aspects of clinical care such as dementia, wound care and weight loss. The inspector found that the assessment and care planning was specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the needs of residents.

Risk in relation to areas that included falls, vulnerability to the development of pressure sores and malnutrition was evaluated and appropriate care plans were found to be in place to ensure residents' well being. The inspector found that the information recorded reflected that a person-centred approach to care had been adopted.

The inspector saw that residents were involved in the assessment and care planning process. Care plans are reviewed four monthly or more frequently if required, for example following a change in the resident's condition. The inspector was satisfied that there was a good system in place for ensuring residents healthcare needs would continue to be met. The inspector saw evidence that residents' health care needs were met through timely access to general practitioner (GP) services. There was evidence of access to specialist care in old age psychiatry, in particular via the community psychiatric

liaison nurse who reviewed residents on site.

Records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained. There was a robust falls prevention programme in place which was monitored by nursing staff.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including dietetics, occupational therapy, speech and language therapy, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

The inspector saw that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There was an end of life committee in place. Advance care planning was in place to ensure the expressed preferences of residents were taken into account prior to them becoming unwell. Decisions concerning future healthcare interventions were also documented as observed by the inspector. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in all of the care plans reviewed.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff knew how residents liked their personal care and routines to be carried out. They were knowledgeable about residents' likes and dislikes in relation to their daily routine and where they preferred to spend their time. For example, some residents liked to sit in the reception area while others sat near the nurse's stations.

There was a daily schedule of activity for residents and this was facilitated by two activities coordinators. The programme was noted to include active and passive activities. Exercise, discussions, singing, reminiscence, musical bingo and quiz games were regular pastimes. Residents also had access to secure outdoor space and some residents told the inspector that they loved being in the garden when the weather was good.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy and procedure in place for the management of complaints. A summary of the complaints procedure was also clearly displayed within the centre. There was a person nominated to deal with complaints, as well as a person nominated to ensure that complaints were appropriately recorded and responded to.

A complaints log was maintained in the centre, and this was made available to the inspector on the day of the inspection. The log was found to include the details of the investigation into the complaint, the outcome of the complaint and whether the complainant was satisfied with the outcome of the complaint.

The person in charge and provider said that they had addressed issues of concern immediately and records confirmed this. Residents who provided feedback said they were aware of how to make a complaint and identified the person in charge as the person they would approach if they had an issue of serious concern but that most of the time they would tell any member of staff. The inspector saw that matters which included staff response to call bells were in the process of been addressed in an appropriate and timely manner.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Residents spoken with confirmed that staffing levels were good stating they never had to wait long for their call

bell to be answered or their requested needs to be met. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

Records reviewed confirmed that all staff had mandatory education and training in place. Palliative and dementia care training was obligatory in the centre. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, restraint, wound management and medicines management. There was a training plan available for 2017. Staff spoken with told the inspector their learning and development needs were being met.

Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspector confirmed that they were well supported to carry out their work by the provider and person in charge. The inspector observed that call-bells were answered in a timely way, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection day.

A daily communication system was established to ensure timely exchange of information between shifts and at other intervals during the day which included updates on the residents' condition. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents.

Evidence of professional registration for nursing staff employed was available and current. The required Schedule 2 documentation was available for staff and there was a formal recruitment process that included an interview for all new staff employed. A detailed induction programme was in place over a six month period to ensure staff became familiar with the building, procedures and residents care requirements. The person in charge assured the inspector that all staff were Garda vetted. There were no volunteers working in the centre at the time of this inspection.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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