

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lourdesville Nursing Home
Centre ID:	OSV-0000060
Centre address:	Athy Road, Kildare, Kildare.
Telephone number:	045 521 496
Email address:	lour@iol.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Seamus Brennan
Provider Nominee:	Seamus Brennan
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	9

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: 26 July 2017 09:00 To: 26 July 2017 16:30

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 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration. The provider is now applying to register 46 beds from the current registration of 48, this reflects the reduction of one bed on the first floor and change of use of room 15 from a twin room to single room use. Unsolicited information and notifications received were also considered as part of this inspection.

The provider and person in charge had fully addressed non-compliances from the last inspection on 5 July 2016. Actions required following this inspection had all been addressed in full. Improvements had taken place with the premises and record keeping. The inspector was satisfied that the residents received a good quality service. There was now full compliance with regulations inspected from the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016). One action plan relating to signage to assist with way-finding in the centre can be found at the end of this report.

As part of this inspection, the inspector met with residents, relatives and staff members. She observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. They also met the assistant director of nursing who was deputising for the person in charge. All were able to provide clear information to the inspector when requested.

The inspector found that residents were supported by a staff team who knew them well. Staff were skilled and experienced in providing health and social care to residents. They completed relevant training for their roles. Eleven residents and seven relatives provided written feedback to say they were well supported by the staff team, who were kind and treated them respectfully. A review of residents records showed that relevant assessments were carried and where residents required support, good quality care plans were in place with guidance to staff about how it was to be provided. Overall, staffing in place on the day of the inspection was adequate to meet the assessed needs of residents.

The governance and management systems operated in the centre were seen to be effective and provided assurance to the inspector that the provider and all staff were providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. Reviews and requests for feedback were also carried out with residents and relatives. The systems being operated were having a positive impact on the quality of care provided to residents in the centre.

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:

A written statement of purpose dated July 2016 was submitted as part of the registration renewal process. This document detailed the aims, objectives and ethos of the service. Details of the range of the range of needs for residents it was designed to meet was fully outlined in this document. The inspector spoke to the provider and requested that he review and update the statement of purpose in order to fully meet Schedule 1 requirements, inclusive of new additional charges payable to residents which were not clearly stated.

A revised document dated 9 August 2017 was submitted which included all amendments to meet the requirements of schedule 1.

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:

There is a clearly defined management structure which identifies the lines of authority and accountability as outlined in the statement of purpose. The provider notified that a change in the governance had taken place recently and in the short-term the deputy nurse who has worked as the clinical nurse manager for a number of years would be taking over as the person in charge. All relevant documentation reviewed by the inspector was submitted by the provider to support his change.

The provider is a sole trader and is closely involved with the day to day operation of the centre. The person in charge reports to the provider and both people could demonstrate a supportive working relationship and good communication.

The person in charge works full-time in the centre and is supported a senior nurse. She could evidence that systems were in place to monitor quality of care, any incidents and review of any identified risks. The annual review on quality and safety as required by regulation had been completed, with detailed feedback from residents.

Systems were in place including audit tools to review quality and safety of care, including audit on care plans, medicines management, falls, hygiene and maintenance of the premises. The planned frequency of audit was well established and records available for staff to commence oversight in their own areas. Administration support was available to senior management staff.

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 had changed since the last inspection, and HIQA were notified recently of the change by the provider. The person in charge is a registered nurse, with a management experience as required by legislation. Her fitness to undertake this role was reviewed and she was found to be a suitably qualified and experienced nurse, who worked full-time in this role. She had been working and participating in management for almost two years at this centre.

She was observed interacting with resident's during the inspection and was very well

known in the centre. She clearly demonstrated adequate knowledge of the regulations and standards relevant to her role and responsibilities.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

Theme:

Governance, Leadership and Management

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

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

Findings:

Actions from the last inspection were now addressed and complaints records were now maintained to a satisfactory standard and included the details of the outcome of any complaint.

The records as listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness and accuracy. Overall, a good standard of record keeping could be evidenced throughout the inspection, and records requested were accessible.

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a residents' property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by schedule 5 of the regulations. Policies were evidence-based and guided staff practices. For example, the residents personal property and financial management policy was now fully implemented.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

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 actions from the previous inspection were completed. There had been no reports relating to safeguarding since the last inspection made to HIQA. Systems were found to be in place should such reports be made to safeguard each resident. The inspector found residents were open and relaxed in the centre and related well to staff who communicated in a respectful manner at all times.

The safeguarding policy was in place to inform and guide staff, and all staff had attended training in safeguarding vulnerable adults. Training records viewed by the inspector confirmed that management and staff had annual training on the prevention, detection and response to abuse. The most recent refresher dates took place in April 2017. Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place.

The use of restraint was monitored and reviewed regularly. The person in charge monitored the use of any bed rails and could evidence some reduction in use and a good knowledge of the alternatives available. Risk assessments were undertaken and the care plans reviewed detailed the use of any restraint. Safety checks were completed when bed rails were in use. The inspector noted that less restrictive alternatives were trailed before bed rails were used such as grab rails, low low beds.

There were policies in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A small number of residents due to their complex medical conditions showed some responsive behaviours. The inspector saw that full assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. Some residents were prescribed antipsychotic medication to treat underlying medical conditions. The inspector was satisfied that the use of antipsychotic medications was reviewed regularly and there was evidence that PRN (as required) medications was reduced or discontinued in some care plans medication charts reviewed.

The provider was an appointed agent for two residents who were unable to manage

their financial affairs. There was now a clear system in place for separate residents' accounts and records maintained. All residents had access to a locked storage space for valuables. The inspector was satisfied that local arrangements for the management of petty cash were appropriate.

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 provider had in place all the required written policies in relating to risk management. An up-to-date statement and risk register were also in place. Risk assessments were found to be in place which identified any risks and put controls in place either to minimise or fully control the risks. Although no risks were identified on this inspection. Staff were trained in all aspects of moving and handling and the use of assistive equipment.

The provider had a plan in place for responding to major incidents and satisfactory procedures were in place to prevent accidents. There were systems and procedures in place for the event of an emergency and staff were familiar with the safe evacuation methods for residents. Each resident had an individual personal evacuation plan in place to outline how they would be supported in the event of fire to evacuate from their bedrooms. Any resident accommodated on the first floor had their mobility assessed in terms of using the staircase independently.

Documentation was available to evidence that all safety equipment was well maintained. Systems were in place to manage all risks associated with fire including staff training and maintaining fire safety equipment. Fire doors were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation. Emergency exits and fire assembly points were clearly indicated. Annual fire safety training had taken place or was planned for all staff. Five residents living at the centre used the smoking room and all were supported by staff in line with the risk assessment completed. Staff were knowledgeable about each resident's individual needs when using this room.

The inspector reviewed the accident/incident records and found there was a low number of falls and incidents. Any incident which required reporting to HIQA had been notified within the required time frames. The person in charge followed up on each incident to

review and mitigate any further risk of recurrence. For example, referral for mobility review to the physiotherapist.

Infection control precautions within the centre were satisfactory. Staff were observed undertaking hand hygiene practices at the appropriate times. Overall, the centre was visually clean and well maintained.

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):

No actions were required from the previous inspection.

Findings:

Overall, medicines were found to be managed well, and safe practice was observed. Medicines management audits were conducted at the centre as part of the quality and clinical governance system in place. Staff confirmed that a retail pharmacist who supplied medicines to the centre was available for support and advice. Medicines mainly were dispensed in a pre-packaged system and delivered on a monthly basis, and checked by staff. Nursing staff were familiar with the procedure for storage, and disposing of unused or out-of-date medicines. The medicines prescription sheet contained full details for all medicines prescribed.

Residents were protected by the centre's policies and procedures for medication management. Medicines were stored securely in the centre in a trolley or within locked storage cupboards. Secure fridges were available to store all medicines, and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis. There was a system in place to record any errors or near misses to inform and improve practice which was closely monitored by the person in charge.

Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of the shifts.

The inspector observed nursing staff safely administering medicines to residents. The nurses on duty knew all the residents well, and were familiar with the residents' individual medication requirements. Medication administration practices were found to adhere to current professional guidelines for nurses. The rights of each resident relating

to taking their medicines were respected, including the right to refuse.

The inspector reviewed a number of the prescription and administration sheets and identified that practices conformed to appropriate medication management practice. The inspector reviewed records which confirmed that all nursing staff had completed training and updating in relation to medicines management.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain their health and social care needs by a staff team with the relevant skills and experience. The person in charge facilitated access and referrals where required to ensure each resident's health and social care needs were met.

The inspector reviewed a sample of residents' records. Evidence was seen that a pre-admission assessment was carried out before residents were offered a place in the centre. On admission a comprehensive assessment was carried out, and where residents had health or social care needs identified, care plans were developed. The care plans were person-centred in their approach, agreed with each resident and focused on meeting the best outcome for the resident. Each plan detailed the resident's preferred approach to care and support, and clear instructions to guide staff in their practice. The plans were seen to be implemented effectively in practice by staff who knew the residents well.

Care plans were reviewed at least four monthly by the resident's allocated nurse. Evidence of the involvement of residents and families in completing any reviews was recorded. Records were signed by the residents and relatives detailed the discussion during the review meetings.

Where residents had identified healthcare needs, records showed there were links with relevant medical professionals, or the wider multi-disciplinary team. Where a resident's

needs had changed records showed contact was made quickly with a general practitioner (GP). Where recommendations were made for treatment records confirmed it was provided in a timely manner. For example in relation to physiotherapy, or nutrition. The correspondence stored in residents files showed that residents were in contact with hospitals and consultants for specific healthcare needs and appointments.

A range of evidence-based nursing tools were being used to assess residents' needs. This supported the nursing staff to monitor healthcare conditions, and reduce the risk of others developing. Where residents were identified as being at risk in relation to a particular healthcare need records showed action was taken to reduce that risk. For example where residents were identified as being at risk of falls, a holistic approach was taken to reviewing the resident's needs considering their medication, nutrition, physical ability, cognitive awareness and any aids or adaptations that may reduce the risk. The inspector reviewed records of interventions following a slips and this included a medicines review and a mobility assessment.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when residents returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

Residents told inspectors they enjoyed a range of activities in the centre, a programme of activities operated. Mass took place weekly, music, games, movies, arts and crafts and bingo were organized by staff. Residents with cognitive difficulties could also access sensory therapy and one-to-one sessions and were individually assessed to ensure that suitable pastimes and hobbies could be maintained.

Judgment:

Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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 actions from the last inspection fully completed included:

- provision of ventilation in the smoking room

- handrails in circulation areas
- grab rail in the toilet
- decoration of ceiling on first floor
- storage of assistive equipment

The location, design and layout of the centre was found to be suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises took account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector reviewed improvements made by the provider including to the external grounds, with new seating and parking areas overlooking the views of the countryside. The inspector saw that bedrooms 15 had now reduced from a twin to a single room. The door to a bedroom on the first floor had been removed to provide for a secondary means of escape from the this floor via the external staircase. Further plans and improvements/to the premises were also found to be in progress at the time of the inspection, including the kitchen and stores.

The centre was clean tidy, warm and mainly laid out on the ground floor, with some first floor accommodation accessed by a passenger lift and staircase. However, the inspector found some areas including bathrooms and sinks required further cleaning, the provider addressed these matters at the time of the inspection, and on further review the inspector found improvements in this area.

Residents' bedrooms contained all the furniture they required including adequate storage facilities for residents' belongings. Residents were encouraged to personalise their bedrooms and the inspector saw that most residents did so. The communal areas were decorated in a homely manner with soft furnishings. Storage space was adequately managed for equipment and wheelchairs and corridors kept clear.

Handrails were found to be in place at the centre to facilitate independence. Bath and shower rooms and toilets had grab rails in place. A variety of flooring was used throughout the centre, including non-slip and wooden flooring and tiling. Some areas of the centre were ramped for accessibility.

Residents had access to equipment required to meet their needs and the inspector saw that equipment such as pressure relieving mattresses, high-low beds, low low beds and hoists had been serviced within the past year.

The inspector noted that there was some areas well sign posted at the centre. However, this was not found to be consistent throughout the premises. For example, some pictorial signage assisted residents in one part of the centre near the large day room in finding their way, this was not consistently in place throughout the centre to guide people. Colour was used to enhance the environment for some residents located at the front of the centre, with new coloured door frames. Its' use may assist residents with dementia to maintain their independence.

Residents could access the garden independently from the ground floor the door was fully accessible. The indoor smoking room was used by a small number of residents and the inspector noted that the external ventilation system was now effective.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in the running of the centre. Residents' rights were respected and their independence promoted. There were residents' meetings held in the centre facilitated by an advocate, the date of the last meeting was 13 July 2017. The meetings acted as a forum to welcome new residents and for the management to communicate any changes in the centre to the residents, and to facilitate residents to raise any issues or suggestions they had to the management. Discussions included suggestions around the food and planning for proposed shopping trips and outings.

Residents told the inspector that they could choose to do what they wanted during the day. Residents stated that even at meals they could order whatever they wanted if they didn't like the menu options and it was always facilitated. The inspector observed that residents' independence was promoted. Residents could go to any area of the centre as there were no restrictions in place. Involvement in community activity and sports was promoted, and a visiting animal farm was part of the activity programme.

The inspector reviewed a number of communication care plans for residents with communication difficulties. The care plans reviewed provided clear instruction on how to attend to the resident's communication needs.

There was an activities plan in place for the centre, music sessions three times a week were enjoyed by many residents. The inspectors reviewed the plan and also reviewed the records kept of resident participation in activities. The records accurately reflected the residents' participation in activities and recorded if the resident did not wish to attend any activity.

Residents' religious needs were met in the centre. The majority of residents in the centre were Roman Catholic. Daily Mass was held in the chapel in the centre. The mass could be broadcast live to televisions in each resident's room if they didn't wish to go to

the chapel. Residents of other faiths were facilitated by visiting clergy and upported to attend religious services.

Voting in elections or referendums was fully facilitated in the centre. Residents could be registered to vote in the centre and a polling station would be set up there. Visiting was available at all times in the centre.

There was access to an independent advocacy service in the centre, contact details were displayed in the front reception of the centre. There was also information boards located in reception area which displayed general information about the centre.

All residents had access to a telephone. There was also access to television, radio and newspapers

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):

Findings:

There were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Staffing arrangements in place for the number of residents at the time of the inspection was satisfactory. The staffing levels took in to account the layout of the centre, and resident dependency. Nurses were supported by health care assistants to meet the needs of the residents. The person in charge worked in a management role supernumerary to the roster, to enable them to carry on with the day to day running of the centre. She was supported to the running of the centre by another senior staff nurse and the provider, covering clinical overview and building management responsibilities.

The inspector spoke with residents and family members throughout the day of the inspection, and all were positive about the staff team. Residents gave examples of how they had been supported to maintain their privacy and dignity in the centre. Feedback

was reviewed through the HIQA questionnaires that had been completed by residents and relatives. Overall, many responses indicated satisfaction with care, staffing and facilities at the centre.

The provider had implemented a policy that required staff in the centre to complete, and refresh at regular intervals, a range of training including moving and handling, fire safety, safeguarding of vulnerable people, and hand hygiene. Staff were also encouraged to undertake other courses to support them in their role in the centre. A training plan was in place that covered the next 12 months. Staff who spoke with the inspector confirmed they had completed all the training required by the provider.

Staff observed by the inspector were skilled in terms of communicating with residents with dementia. A gentle person-centred approach was seen which had a calming effect on residents. This was seen to be effective to ensure the resident's needs were met by staff skilled in supporting people with dementia.

There were effective recruitment procedures in place in the centre. Staff files of the four most frequent recruits were reviewed. All of these staff files contained the requirements as per Schedule 2 of the regulations. All nurses employed in the centre had an up-to-date registration with the Nursing and Midwifery Board of Ireland. The inspector confirmed that all staff had garda vetting disclosures in place prior to commencing work at the centre.

There were no volunteers working in the centre but the provider was aware that any proposed staff would have appropriate checks, including garda vetting disclosures prior to commencing their role in the centre.

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lourdesville Nursing Home
Centre ID:	OSV-0000060
Date of inspection:	26/07/2017
Date of response:	30/08/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The inspector noted that there was some areas well sign posted at the centre. However, this was not found to be consistent throughout the premises. For example, some pictorial signage assisted residents in one part of the centre near the large day room in finding their way, this was not consistently in place throughout the centre to guide people.

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

1. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Pictorial signage and normal signage have been placed in the necessary areas outlined to assist residents and visitors in directions around the centre.

Proposed Timescale: 30/08/2017