

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Our Lady of Consolation Nursing Home
Centre ID:	ORG-0000079
Centre address:	Arden Road, Tullamore, Offaly.
Telephone number:	057 932 1320
Email address:	rosmycunningham@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Our Lady of Consolation Nursing Home Limited
Provider Nominee:	Rosmy Cunningham
Person in charge:	Rosmy Cunningham
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 26 February 2014 09:00 To: 26 February 2014 16:30

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

This monitoring inspection was carried out in response to an application from the provider to renew registration. As part of the monitoring inspection, the inspector met with residents, relatives and staff members and an interview was held with the person in charge who is also the nominated person on behalf of the provider. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector observed many examples of good practice and person-centered relationships throughout this inspection which were reflected in positive outcomes for residents. However, the inspector found that improvements were required in a number of areas in order to bring about substantial compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Significant improvements were required in the area of risk management and the maintenance of associated documentation. Improvements were required to promote the safety of residents who smoked. The physical environment required alteration with regard to the provision of bathing facilities, accessible toilets and a secure outdoor space.

Residents' healthcare needs appeared to be met, however, some improvements were required with regard to the management of restraint. Many residents expressed satisfaction with the activities provided, however improvement was required with regard to residents who had dementia. Staffing levels in the late afternoons and evenings required review.

A number of improvements were required in the documentation including the statement of purpose, the complaints documentation and the centre's operating policies and procedures. The inspector observed good practice in relation to food and nutrition, end-of-life care and consultation with residents regarding their preferred routines.

In general, feedback questionnaires returned by residents and relatives expressed a high level of satisfaction with the service provided. A small number of negative comments were returned and were investigated by the inspector and are discussed under the relevant outcomes in the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 which was in place did not meet the requirements of the Regulations.

The inspector read the statement of purpose and found that it did not accurately reflect the management structure, the total staffing complement and the arrangements made for consultation with residents about the operation of the centre.

The inspector found that care was delivered in line with the aims and objectives as set out in the statement of purpose.

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:

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

Findings:

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated and additional charges for services not included in the weekly fee were indicated.

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

An interview was held with the person in charge during this inspection where she demonstrated a good knowledge of the Regulations and Standards. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a good understanding of her role and responsibilities as outlined in the Regulations and also demonstrated a commitment to improving the service for residents.

The person in charge had maintained her continued professional development and had attended courses in areas such as wound management, medication and dementia. She was planning to attend a course in palliative management in the weeks following the inspection.

The person in charge was supported in her role by the senior staff nurse, referred to in the centre as the matron, who deputised in the absence of the person in charge. The matron participated fully in the inspection process and had a very detailed knowledge of the residents and their needs. The matron demonstrated a strong knowledge of her roles and responsibilities under the Regulations.

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:

The inspector found that there were systems in place to maintain complete and accurate residents' records, however the required operating policies and procedures were not satisfactory.

The inspector read a number of the centre's operating policies and procedures and found that they had not been updated since 2010 and did not provide sufficient detail to guide staff and promote evidence based practice. This was evident with regard to the policies on protection, end-of-life, risk management, behaviour management, complaints, and nutrition. The inspector found that policies did not reference up-to-date evidence-based materials for example the policy on behaviour management did not reference the national guidelines on restraint.

The inspector read the Residents' Guide and found that it provided detail in relation to all of the required areas. The inspector found that medical records and other records, relating to residents and staff contained the necessary detail and were maintained in a secure manner. Appropriate insurance cover was in place and records were maintained with regard to accidents and incidents and residents' personal property.

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:

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

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

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

The person in charge and the matron were very knowledgeable with regard to the protection of vulnerable adults. A policy relating to elder abuse and whistle-blowing was in place however it was not sufficiently detailed to guide staff in the event that an allegation of abuse was made. The person in charge undertook to address this.

All residents spoken with said that they felt safe and secure in the centre. Residents stated that they attributed this to the staff who they stated were caring and trustworthy. The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff members were required to attend this training annually. The inspector reviewed the training records which showed that all staff had up-to-date training.

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

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 - Major

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The procedures in place to consistently promote the health and safety of residents, staff and visitors were not satisfactory. While the provider had addressed some areas of risk management, such as fire safety which had been raised at the previous inspection, the inspector was concerned that some of these issues remained outstanding.

There was a centre-specific risk management policy in place. However, it did not provide a sufficient level of detail to guide staff and it did not address all the risks specified in the Regulations for example, self-harm. The arrangements for the identification and assessment of risks were not clearly described in the policy. The arrangements for the identification, recording, investigation and learning from serious incidents were not set out in the policy. In practice, the inspector found that there was an absence of routine safety checks on areas of risk in the centre such as hot water, radiator temperatures and slip and trip hazards.

There was a safety statement in place which was dated October 2010. The inspector found that this document had not been kept up-to-date and did not address some areas of the building, for example the laundry room. The person in charge had made some attempts to maintain a risk register but risk assessments had not been completed. For example, the person in charge showed the inspector a risk assessment for clinical waste. However, it did not identify any controls in place to address or minimise the risks involved. There were risks in the centre which had not been identified. The inspector was concerned that some residents had access to a maintenance shed to the rear of the centre which had not been risk assessed and made safe. The person in charge attended to this at the time of inspection and restricted access. The person in charge stated that she intended to seek the advice of an external professional to undertake a review of health and safety procedures.

The inspector was concerned that risk assessments and safety procedures had not been put in place for residents who smoked. Residents were required to smoke outside, however, the smoking area had not been risk assessed or provided with any fire fighting equipment. Similarly residents who smoked were not assessed with regard to their ability to safely smoke independently or with supervision. The person in charge undertook to address this as a matter of urgency.

The inspector reviewed fire safety procedures and associated record and found that systems were in place to protect against the risk of fire. Fire orders were prominently displayed, fire exits were unobstructed and staff members, spoken to by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that all staff had up-to-date training in this area and records were also in place to show that regular fire drills took place. The records showed that

there was regular servicing by external consultants of the fire detection and alarm system, emergency lighting and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. Records of all events were maintained and were signed off by the person in charge. Satisfactory procedures were in place for residents who experienced a fall.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency evacuation. The plan also provided guidance with regard to alternative accommodation and transport.

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

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that policies and processes were in place for the safe management of medications, however some improvements were required.

There was a medication management policy in place which provided a lot of important information. However, it had not been made centre-specific and it did not address some areas such as medication recording and safekeeping. The inspector reviewed the medication records for a sample of residents and found that in some cases staff were administering crushed medications which had not been prescribed as such. Similarly improvement was required with regard to maximum dose in twenty four hours for "as require" (PRN) medication. In the majority of cases the times of administration were not stated.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure safe procedures and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews

were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Appropriate systems were in place for medications that required strict control measures (MDAs). The inspector found that appropriate recording systems were in place and these medications were securely stored.

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:

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

Outcome 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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had some systems in place to monitor the quality and safety of care on an ongoing basis however, improvements were required.

The person in charge met with the staff on daily basis in order to discuss any significant changes in the condition of residents. Any changes, such as infections or changes in

treatment were discussed with the staff at the handover each day. However, the person in charge was not actively gathering, monitoring and analysing data on a routine basis in order to monitor for trends or identify opportunities for early interventions.

The person in charge was carrying out some audits in areas such as clinical documentation, medication management, restraint and falls. However, there was no meaningful analysis of the information gathered. The person in charge said that the audits had led to some improved practices in medication and in the maintenance of clinical records but the available documentation did not support this.

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that each resident's healthcare needs appeared to be met and there was appropriate medical and allied healthcare. Some ongoing improvement was required with regard to the management of restraint and the provision of meaningful activities for all residents.

The previous inspection found that care plans had not been developed and updated in accordance with the changing needs of the residents. The inspector found that action had been addressed and, for the most part, the arrangements to meet residents' assessed needs were set out in individual care plans. The care plans reviewed by the inspector contained a good level of detail to guide the delivery of care. Residents and relatives confirmed that they had been consulted regarding the development of the plans.

The inspector reviewed the use of restraint and found evidence of some good practices, however, some improvement was required. Around half of restraints used were bedrails. No other form of restraint was in use. All residents were checked at regular intervals when using restraint. A restraint assessment was carried out, however, this assessment

did not demonstrate the consideration of alternatives and consultation with the appropriate individuals prior to a decision to use restraint. Similarly the restraint assessment did not assess the risks associated with its use. The person in charge undertook to address this matter.

The inspector reviewed the management of other clinical issues such as wound care, falls management, dementia care including the management of behaviours that challenge and found they were well managed. However, as highlighted under outcome four improvements were required in the development of policies to help ensure consistent practice in these areas.

Residents had opportunities to participate in meaningful activities and the activity programme included bingo, live music and some exercise classes. Biographical information and social assessments were carried out in order to determine residents' interests and inform the schedule. However, the inspector found there was a lack of choice for residents who had dementia or communication difficulties and a satisfactory programme of one on one activities had not been developed for these residents. Residents were facilitated and supported to be independent where possible and many residents went out during the day for a walk.

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:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The premises were well maintained, comfortable and a good standard of hygiene was noted. However, a number of improvements were required.

The provider had made some improvements to the physical environment since the previous inspection. This included the conversion of the two existing bathrooms into wet rooms containing a shower. The inspector saw that these rooms were finished to a high standard with non slip flooring provided. However, there were insufficient toilets and bathing facilities overall for 25 residents. There were two assisted shower rooms and four assisted toilets and this ratio did not meet the requirements of the Authority's Standards. The matter had been raised further to the previous inspection but had not

been addressed. The person in charge stated that she planned to address this by converting an existing store room into an accessible bathroom with toilet and bath in order to give residents the option of a bath or shower.

The centre was surrounded by ample grounds with lawns which had been well maintained. However, there was no secure outdoor space which residents could access independently. There was also a lack of garden furniture to facilitate residents sitting out during fine weather. This was an issue which was also raised in one of the resident feedback questionnaires.

Maintenance records were in place to show that equipment such as hoists and specialised mattresses were routinely serviced. A range of comfortable seating was provided. There was adequate communal space for residents which included a large internal living room and a separate dining room. This was supplemented by a bright and sunny lounge to the front of the building which the inspector observed a number of the residents using. An Oratory was also provided.

There were seven twin-bedded rooms and eleven single bedded rooms with wash hand basins but no en suite facilities. The inspector visited a number of bedrooms and found that they were very bright and well maintained with a functioning call-bell system in place. The screening in shared bedrooms was satisfactory.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. Two appropriately equipped sluice rooms, containing bed pan washer, sluice sink and wash hand basin were maintained in a clean condition.

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:

Improvements were required with regard to the complaints documentation.

There was a centre-specific policy and procedure in place, however these documents had not been drawn up in line with the requirements of the Regulations as the complaints officer and appeals officer were not clearly identified. In addition, the policy did not identify an independent person to oversee the complaints process. The

complaints procedure did provide clear guidance on the appeals process.

The person in charge and the matron demonstrated a positive attitude towards complaints. The person in charge stated that all complaints were recorded including verbal complaints if they arose. No new complaints had been recorded since the previous inspection. Residents and relatives said that they felt comfortable making a complaint and said that they would go to the person in the charge if they had any concerns.

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 inspector found evidence that end-of-life care was well managed. No resident was receiving this care at the time of inspection however adequate procedures were in place. The policy on end-of-life care required review, however, staff were knowledgeable with regard to the procedures to follow. A number of staff members had been provided with training in palliative management and staff members were sensitive to the needs of residents and families at this time. Additional training in end-of-life was scheduled to take place in the weeks following the inspection. The inspector reviewed a number of resident's files and saw that some residents' wishes and preferences with regard to end-of-life care were recorded. The person in charge stated that this was an area which she wanted to develop further in conjunction with her staff. The person in charge stated that the centre maintained strong links with the local palliative care team and staff members knew how to make contact and organise support from this service. Facilities were available for residents' family members stay overnight should they require this.

The nursing staff stated that the residents had access to a Priest or other religious Ministers as required.

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:

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

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

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. The inspector spoke to the chef and found that she was very knowledgeable with regard to residents' special dietary requirements and those residents who required a modified diet. The chef was also very aware of those residents who were at risk of losing weight and she described a number of techniques which were used to fortify meals.

Residents who required assistance with their meals were aided in a discrete and respectful manner.

Residents were routinely screened to identify residents at risk of poor nutrition. Residents identified as being at a high risk had care plans in place to address this need and were prescribed supplements where appropriate. There was good access to the dietician and speech and language therapist (SALT) for those residents who required this.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that staff respected the residents' privacy and dignity, however, residents were not sufficiently consulted with regard to the operation of the centre.

A residents' meeting had not taken place since June 2013. The inspector found that although consultation took place on an informal basis, there was insufficient evidence that residents were involved in the organisation of the centre.

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

Residents' religious and spiritual beliefs were respected and supported. A Mass took place in the centre on a weekly basis and Ministers from other religious denominations visited on a regular basis.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and she had facilitated a large number of residents to vote at the recent referendum.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time and the inspector observed neighbours and friends calling to the centre. Students from the local school also visited on a regular basis. Residents had access to news papers and television was provided in each bedroom.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

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

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

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

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

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:

No actions were required from the previous inspection.

Findings:

The inspector found that practice in relation to the recruitment of staff was satisfactory, however, the level of staffing in the evenings required review.

Nursing cover was provided 24 hours each day. Some negative feedback was provided regarding staffing levels in the pre-inspection questionnaires returned to the Authority. The inspector reviewed the rosters and found that, while in general staffing levels appeared to meet the needs of residents, there was only two members on duty after 6pm. The person in charge could not demonstrate that this staffing ratio had been based on the assessed needs of the residents or was in line with any published

evidence-based material. The person in charge undertook to review this matter.

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

Staff were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. Staff appraisals were carried out on a regular basis and used to identify training needs.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

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:

Gary Kiernan
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:	Our Lady of Consolation Nursing Home
Centre ID:	ORG-0000079
Date of inspection:	26/02/2014
Date of response:	21/03/2014

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 meet the requirements of the Regulations

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:

Statement of purpose renewed to meet the requirements.

Proposed Timescale: 08/05/2014

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

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 operating policies and procedures had not been updated since 2010 and did not provide appropriate evidence-based material to guide staff.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

All the policies are updated . Copy of the policies given to the staff members and encouraged to clarify any related concerns. Planning to have monthly training sessions on policies with staff members in an ongoing basis.

Proposed Timescale: 23/05/2014

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:

The risk management policy did not meet the requirements of the Regulations.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

Risk management policy and procedure updated including self harm. Copy of the policy will be given to the staff. Risk assessment group formed and will meet every 6weeks to review relevant matters. Ongoing education will be given to the staff. External consultant will be contacted as needed.

Proposed Timescale: 08/05/2014

Theme: Safe Care and Support

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

A number of areas of risk had not been identified and addressed through the risk management process including the laundry, access to a maintenance shed and the

storage of clinical waste.

Safety checks were not carried out in relation to areas of risk such as hot water and hot radiator surfaces.

Arrangements were not in place to ensure the safety of residents who smoked.

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:

The nursing home and the surroundings are re risk assessed by the external Consultant. Risk assessment group formed and they will meet once in 6 weeks and review the matters and external consultant will be contacted if needed.

Risk management process is renewed, including all the risk areas. A new health and safety statement in place and regular monitoring of the same will be done.

Risk assessment and care plan in place for residents who smoke and will be supervised depending on their ability. Specific risk assessment will be done for all the residents who smoke at the time of admission and will be reviewed 3mtly and as required. Control equipments such as fire extinguishers, sand buckets etc. are now available at the designated area for smoking. All the staff informed about the risk assessment and preventive measures. The shed has been risk assessed immediately and required safety measures are in place.

Routine safety checks are in place and water temperature, trip and slip hazards are risk assessed to improve the safety of the residents.

Proposed Timescale: 30/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Improvements were required with regard to medications which were crushed, the timing of administration of medicines and the maximum dose of PRN medications.

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:

Drug Kardex updated, specifying sessions for P.R.N medications and once only medications clearly showing timings for administration. G.P.'s are informed about our

policy on crush medication and are encouraged to write crushed for specific medications if other forms of medication is not available or suitable for the particular resident. Our medication policy including prescription policy are in line with ABA guidelines.

Proposed Timescale: 15/05/2014

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

Theme: Effective Care and Support

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

Information which was gathered was not reviewed and analysed in order to identify ways to improve outcomes for residents.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

Audits will be regularly monitored and will be acted upon to improve the quality of care. Outcome of audits and improvements required and measures taken will be documented. The same will be informed to all the staff at the staff meeting and will be reviewed at the next audit.

Proposed Timescale: 30/04/2014

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 management of restraint required improvement.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Individual residents are risk assessed, alternative methods are tried and G.P. and the resident /relatives consulted when restraint is used in line with the national guidelines. Policy on restraint management reviewed to provide best possible care to the residents and to ensure their safety.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

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

The provision of activities for residents who had a cognitive impairment required improvement.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

Planning to train the activity Co-ordinator with specific activities for people with cognitive impairment.

Booked with sonas apc.

Proposed Timescale: 20/06/2014

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:

There were inadequate numbers of toilets and bathrooms for the residents. No bath facility was available.

Action Required:

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

A new assisted toilet in place. We are in the process of installing a new bathroom to improve the standards.

Proposed Timescale: 20/06/2014

Theme: Effective Care and Support

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

A secure and safe outdoor space was not available to residents.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

Outdoor space is secured with fences and gates on both sides to ensure residents safety. Staff will be present at the time of delivery of services. Garden furniture now available.

Proposed Timescale: 15/06/2014

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 policy and procedure relating to complaints did not meet the requirements of the Regulations.

Action Required:

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

Complaint policy updated clearly stating complaints officer, complaint overseer and independent person .

Proposed Timescale: 15/04/2014

Theme: Person-centred care and support

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

An independent person was not identified to oversee the operation of the complaints process.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

Independent person in place to oversee the operation of the complaint process.

Proposed Timescale: 08/05/2014

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:

Adequate arrangements were not in place to facilitate consultation with residents regarding the operation of the centre.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

Residents meeting arranged to have for once in three months and will have more frequently if decided by the residents committee. Daily communication with residents and relations are also in place to improve their involvement in the centre.

Proposed Timescale: 07/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Staffing levels in the evening required review.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

The numbers and skill mix of the staff will be reviewed on an ongoing basis to meet the assessed needs of residents, and the size and layout of the designated centre .

The staffing level was reviewed on 28/04/14 .The staffing level was calculated to provide a minimum of 4hrs for maximum dependency, 3hrs for high dependency,2 hrs for medium and low dependency residents. The present staffing level meet this requirement and among this 38% is of registered nurses and 61% is of health care assistant.This will be reviewed in an ongoing basis considering the dependency level and changing needs of the residents.

Proposed Timescale: 08/05/2014