

**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):	Louise Renwick
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	3

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 May 2014 10:00 To: 20 May 2014 15:30

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

Outcome 01: Statement of Purpose
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
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 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This follow up inspection was carried out as it was necessary to verify that action had been taken in response to deficits identified at the registration inspection.

Inspectors found that the provider had taken action to address the majority of areas for improvement identified at the previous inspection. There was an increased level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Examples of good practice and caring interactions between staff and residents were observed throughout the inspection.

The provider had failed to adequately address the action in relation to risk management. Further improvements were also required in the management of falls and restraint. While action had been taken regarding the system for reviewing and improving the quality of care, further improvement was required in this area.

Improved practice was noted in relation to the provision of meaningful activities, medication management and complaints management. Improved toilet facilities had also been provided.

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

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

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a statement of purpose in place which met with the requirements of the Regulations.

The inspectors read the statement of purpose and found that it had been updated since the previous inspection and described the centre and the service provided in detail. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Appropriate action had been taken to address this matter.

The action from the previous inspection related to the development of operational policies and procedures. Inspectors saw that the provider had acted to review and update the operational policies and procedures required by the Regulations. Inspectors read a sample of these policies and found that they were evidence based and provided clear guidance to the staff. The provider discussed the various ways in which she was updating staff on the contents of the revised policies.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

While improvements had been made, inspectors found that some further work was required in relation to the implementation of the risk management policy.

The risk management policy had been revised and updated since the previous inspection and addressed the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. For example, the policy required the provider to carry out regular environmental safety checks and gather health and safety data on a regular basis, however this had not been carried out at the time of inspection. The safety statement had also been updated since the previous inspection and the associated risk register outlined the controls in place to manage risk in the centre. Inspectors saw that the provider had worked with an external consultant in order to risk assess the centre and develop these documents. Inspectors found that staff in the centre were aware of maintaining a safe working environment and they said they would report any health and safety issues to management.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form detailed the remedial actions taken. All accidents and incidents were reviewed by the person in charge and discussed with the other staff at hand over meetings at each shift. Inspectors saw that there was a proactive system of falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds and hip protectors were provided as appropriate. However, inspectors noted that

appropriate neurological observations were not monitored further to two recent falls where there was a suspected impact to the head.

Improved procedures were had been put in place for residents who smoked further to the previous inspection. Inspectors found that a risk assessment and care planning documentation had been put in place for the resident who smoked.

Fire safety procedures were found to be satisfactory at the previous inspection and were not reviewed at this follow up inspection.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

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

There was a comprehensive medication management policy in place which provided detailed guidance to staff. Inspectors reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines. Inspectors reviewed the areas identified for improvement at the previous inspection, which included crushed medications and the maximum dose for PRN (as required) medications, and found that all of these matters had been addressed satisfactorily.

Medications were stored appropriately. Staff had received training and audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out by the general practitioner.

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:

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

Findings:

The provider had taken steps to address this action since the previous inspection however further improvement was required.

The provider had worked with an external consultant in order to introduce systems to monitor and review the quality and safety of care on an ongoing basis. There was a schedule of audits in place for 2014 which covered all areas in the centre. Audit templates had been produced for use in the centre. However, the provider did not demonstrate that she understood this new system and could not demonstrate how she was intending to use it to improve the quality of care. A small number of audits had been carried out, however, there was no analysis of the information gathered and no action plan developed in response to issues identified. The provider undertook to carry out a number of audits of some high risk areas within the centre and forward the results of these to the Authority.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

implemented.

Findings:

While inspectors found that the health care needs of residents continued to be met to a high standard in the majority of areas, the action from the previous inspection, on restraint, had not been addressed.

The provider showed inspectors a new policy which had been developed for the management of restraint. The policy provided detailed guidance to the staff. The provider had also further reduced the use of restraint, since the previous inspection, in line with national guidelines. However, the provider had not yet implemented the revised restraint documentation. As a result, the documentation did not demonstrate that there was appropriate risk assessment and consultation in place for those residents who continue to use restraint.

As detailed under outcome 7 the improvements were required in the care provided to residents immediately following a fall. Inspectors reviewed the management of other clinical issues such as wound care, nutritional care, dementia care including the management of behaviours that challenge and the use of restraint and found they were in accordance with evidence based practices and guided by robust policies.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' interests and capabilities. Residents were seen outside enjoying ice cream on the day of inspection. Residents also showed inspectors a range of plants and seedlings which they had planted since the previous inspection. A range of reminiscence activities were also in place for residents who enjoyed this.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that there had been satisfactory progress in relation to the actions identified at the previous inspection.

A new accessible toilet facility had been provided since the previous inspection.

Inspectors saw that it had been finished to a high standard and was close to residents' bedrooms. Plans were also in place to provide an additional bathroom facility in order to ensure that there were adequate numbers of baths and showers in accordance with the Authority standards. These works were being carried out in accordance with the timeframe agreed with the provider further to the previous inspection.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

This action had been addressed since the previous inspection. Practice in relation to complaints management was now satisfactory.

The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The provider and other staff demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made including verbal complaints made since the previous inspection. The complainant's level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that this action had been addressed since the previous inspection and there was evidence that residents were now consulted about the operation of the centre.

Due to the small size of the centre, it was evident that the provider and staff knew the residents very well and were very aware of their likes and dislikes and preferred daily routines. Staff stated that there was a lot of informal consultation with residents on a daily basis. Residents stated to the inspectors that they were regularly consulted about routines in the centre, meals and activities. The provider was planning to hold a residents forum meeting a number of days following the inspection.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The action from the previous inspection had been addressed.

In response to the previous inspection the provider had reassessed the dependency level of the residents in her care and reevaluated the staffing ratios in line with evidence based guidance. While staffing levels had not been changed since the previous inspection, inspectors were satisfied that the staffing level and skill mix was adequate to meet the needs of residents at the time of this inspection.

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
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Our Lady of Consolation Nursing Home
Centre ID:	ORG-0000079
Date of inspection:	20/05/2014
Date of response:	12/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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 was not implemented in full as described under outcome 7.

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:

There is daily Health and safety checks in place now to identify risks. Copy of the same forwarded to the inspectors on 27/05/14. A detailed audit in place assessing the risks involved in the nursing home and its premises and is carried out once every two months and after any works in the nursing home. We are using our planned audit schedule and high risk areas are audited frequently, problems are identified and actions are taken

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

accordingly. All the staff are now familiar with renewed risk management policy and ongoing staff education is provided in the area of risk management.

Proposed Timescale: complete and ongoing

Proposed Timescale: 12/06/2014

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:

An effective system for monitoring and improving the quality and safety of care was not in place.

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:

We have implemented the quality monitoring system. Learning and improvement actions are taken after each identified problem to improve the quality of care. The outcome of the same are informed to all concerned.

Proposed Timescale: ongoing

Proposed Timescale:

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:

Improvements were required in falls management and also in restraint management.

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:

We have renewed our restraint management policy.

Detailed risk assessment is done before using bed rails. Present documentation clearly shows alternative methods tried and consultation with multidisciplinary team for the use of bed rails. Detailed care plan in place for individual resident for the use of bed rails.

Information leaflet explaining the potential risks with bed rails are given to the resident and or next of kin. Restraint register in place and are reviewed daily.

Staff education is provided in the management of falls specially the importance of neurological observation for all the falls where suspected impact to the head.

Proposed Timescale: Complete and ongoing

Proposed Timescale: 12/06/2014