

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Lourdesville Nursing Home
Centre ID:	0060
Centre address:	Athy Road
	County Kildare
Telephone number:	045 521496
Fax number:	045 522769
Email address:	lour@iol.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Seamus Brennan
Person authorised to act on behalf of the provider:	As above
Person in charge:	Mary Melody
Date of inspection:	21 and 22 June 2011
Time inspection took place:	Day-1: Start: 10:00 hrs Completion: 19:15 hrs Day-2: Start: 09:00 hrs Completion: 16:30 hrs
Lead inspector:	Sheila Doyle
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by the inspector to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Lourdesville Nursing Home is a two-storey purpose-built centre with capacity for 48 residents. The service provides care for people over 18 years of age with dementia, physical disability and intellectual disability.

Bedroom accommodation consists of 18 single bedrooms, five of which have en suite shower and toilet facilities. There are ten twin bedrooms, two three-bedded rooms and one four-bedded room, none of which have en suite facilities.

There are two lounges, two dining rooms, two conservatories, a visitors' room, a smoking room, a sluice, a laundry and kitchen. There are nine additional toilets, five of which are assisted. There are also five assisted bathrooms.

There are two enclosed garden areas for residents as well as extensive landscaped gardens to the front and back of the centre. Ample parking is available at the front of the building.

The centre is located on the Athy road close to Kildare town, Co Kildare.

Date centre was first established:		1960		
Number of residents on the date of inspection:		41		
Number of vacancies on the date of inspection:		7		
Dependency level of current residents:	Max	High	Medium	Low
Number of residents:	2	23	13	3
Gender of residents:		Male (✓)	Female (✓)	
		✓	✓	

Management structure

Seamus Brennan is the owner and Provider and Mary Melody, the Person in Charge, reports to him. An Assistant Director of Nursing (ADON), Margaret Watson, supports the Person in Charge, reports to her and deputises for her in her absence. The nurses, care staff, catering and household staff all report to the Person in Charge. The maintenance personnel report to the Provider.

Summary of 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 report set out the findings of a registration inspection which took place following an application to the Health Information and Quality Authority (the Authority) for registration under Section 48 of the Health Act 2007.

The inspector met with residents, relatives, and staff members, over the two day inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by the inspector, along with all the information provided in the registration application form and supporting documentation.

While areas for improvement were identified, overall the inspector found that the provider and person in charge met 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*. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner.

The provider and the person in charge promoted the safety of residents. A risk management programme was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place.

The health needs of residents were met. Residents had access to medical cover, to a range of other health services and evidence based nursing care was provided. Care plans were in place and the documentation was regularly reviewed.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

Improvements were required around the use of restraint, staffing levels and skill-mix on night duty and some aspects of the premises. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Section 50 (1) (b) 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*.

1. Statement of purpose and quality management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

The inspector was satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations.

The inspector observed that the service's capacity to meet the diverse needs of residents, as outlined in the statement of purpose, was reflected in practice. As described in the statement of purpose, the inspector noted in particular that care was provided in a "safe, secure, homelike environment to enable the resident to realise their own aims and help them realise their own goals in all aspects of daily life". This was confirmed to the inspector by residents and relatives throughout the day and in their comments in the resident and relative questionnaires submitted.

The statement was kept under review by the provider and was made available to residents on admission, and following review.

Outcome 2

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis.

The person in charge had put a system in place to gather and audit information related to falls, accidents and incidents, hygiene and medication management. There was a robust system in place to collect clinical data to identify possible trends and for the purpose of improving the quality of service and safety of residents. The inspector read the minutes of the staff meetings and saw where the information was exchanged for learning purposes.

The inspector read where a resident satisfaction survey had been completed and the survey was available in the front hall for residents and relatives to complete whenever they wanted to. The person in charge told inspectors that she intended to continually monitor the results. Several suggestions had been made particularly around the menu choices and the inspector saw where these had been taken on board.

In addition the person in charge conducted frequent audits of resident care plans to identify any deficits and provide additional support and training for staff if required.

The person in charge and provider networked with other residential centres in the area and were part a clinical governance group for developing practices and sharing learning and documentation. The inspector read the terms of reference and minutes of meetings for the group. It was noted that one positive outcome for this group was accessing and making available educational courses for all of their staff in a shared way. This ensured efficiency in sharing resources, reducing costs and providing additional training. Other developments from this group included a gap analysis where each service benchmarked itself against the Standards and put a plan in to address on going developments. The inspector read where action had been taken as a result, the person in charge felt that the centre was only partially complaint in implementing a maintenance programme. Since then a detailed maintenance contract has been put in place. In addition a system of monthly checks of each room in the centre was carried out to determine if any maintenance was required. The inspector read where lights, bells and all equipment were checked, repaired or replaced if needed.

In addition the person in charge was part of the "nursing home nurses project" where nursing homes came together for support, education and training.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

The inspector found evidence of good complaints management practice. The complaints policy was reviewed and was found to be comprehensive and met the requirements of the Regulations. The complaints officer was named and the policy

included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint.

No written complaints had been received by the complaints officer in the last twelve months.

The inspector noted that a separate log was maintained where verbal concerns from residents and relatives were recorded. The inspector saw how these had been acted upon and documented in accordance with the policy.

Residents and relatives told the inspector they felt comfortable raising any concerns with the provider/person in charge or any member of staff should the need arise. Many residents and relatives said they never felt the need to complain.

The complaints policy was displayed in a prominent place and was summarised in the Residents' Guide and the statement of purpose.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to and those who completed questionnaires confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times and the safety procedures in place such as the locking systems on the exit doors and call bells. A resident told the inspector that she never felt the need to close her bedroom door.

The person in charge monitored safeguarding practices in the centre. She regularly spoke to residents and relatives, reviewed the systems in place to ensure safe and respectful care and ensured that the staff understood the centres' policy and procedure in relation to elder abuse, including reporting procedures. There were no reports or allegations of abuse. As part of her auditing procedures, she randomly asked staff the types of abuse and the procedure to follow. Staff spoken with

confirmed this. Staff said they would report any suspicion immediately as the person in charge had informed them verbally and through the centres whistle-blowing policy that their rights would be protected in the event of reporting any allegations of abuse.

The person in charge managed small amounts of money for some residents. The inspector checked the balances which were correct. Deposits and withdrawals were signed and witnessed by the person in charge and either another staff member, the resident or relative.

Outcome 5

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

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Inspection findings

The inspector found that practice in relation to the health and safety of residents and the management of risk sufficiently promoted the safety of residents, staff and visitors.

The environment was kept clean and well maintained and there were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control and staff spoken with were knowledgeable. Staff had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available individually to staff members and throughout the centre.

The health and safety statement was read by the inspector and it included the employers' and employees' responsibilities and the role of the person in charge. The health and safety statement identified the hazards and the control measures for food safety and safety of residents, visitors and staff.

There was an emergency plan in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary. Clinical risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management.

Health and safety representatives were in post and staff spoken with confirmed and knew their identity. The inspector read that minutes of the health and safety committee meetings and noted that all grades of staff were represented. The inspector noted that where particular risks were identified, an action plan was put in

place. For example, the inspector saw that during the time of snow and icy weather, the condition of the grounds posed a risk to staff and relatives. As well as immediately addressing this risk, preparations were in place to ensure adequate supplies of grit and salt would be available should the next winter be as harsh.

The provider and person in charge had sufficiently prioritised the safety of residents in the event of fire. Service records showed that the fire alarm system was serviced on a three-monthly basis and the emergency lighting and fire equipment on a yearly basis. The inspector read the records which showed that daily inspections of fire exits were carried out along with a weekly inspection of fire doors and fire fighting equipment. The fire panels were in order and the inspector noted that fire exits were unobstructed. The inspector read the training records which confirmed that all staff had attended training. All staff spoken with were very clear about the procedure to follow in the event of a fire.

Outcome 6

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The inspector found evidence of good medication management processes. There were comprehensive medication management policies in place which provided guidance to staff. The inspector observed the nurses on part of their medication rounds and found that medication was administered in accordance with the policy and An Bord Altranais guidelines. The inspector also noted that all nurses had undertaken the An Bord Altranais e-learning medication management programme. The person in charge undertook random competency assessments of individual nurses by accompanying them on the medication rounds and the inspector read completed assessment forms.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. Nurses kept a register of MDAs. Two nurses signed and dated the register on administration and the stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

A medication fridge was in place and the inspector noted that it was kept locked and the daily temperatures were recorded. Medications in use were dated on the day they were opened.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. The inspector also noted that there was regular input from the pharmacist in offering specific advice about medications and carrying out regular reviews of prescriptions.

Reviews of medication prescriptions, administration records and stock balances were carried out by the ADON. When discrepancies occurred these were recorded and shared at staff meetings for learning.

3. Health and social care needs

Outcome 7

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

References:

Regulation 6: General Welfare and Protection

Regulation 8: Assessment and Care Plan

Regulation 9: Health Care

Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent

Standard 10: Assessment

Standard 11: The Resident's Care Plan

Standard 12: Health Promotion

Standard 13: Healthcare

Standard 15: Medication Monitoring and Review

Standard 17: Autonomy and Independence

Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Staff promoted the residents' health by encouraging them to stay active. Residents had twice-weekly exercise classes and residents were seen walking about during the day. The inspector noted that residents were supported to go outside frequently for walks in the garden accompanied by staff.

Residents had access to a range of peripatetic services. Physiotherapy, occupational therapy (OT) and speech and language therapy were available and the benefit of these services to residents was apparent. Individual and group exercise sessions were provided, seating assessments undertaken and the selection and provision of appropriate and individualised assistive equipment. The dietician attended residents on a referral basis. Audiology services were also provided on a referral basis. Dental and optical services were provided locally or in-house if required. While reviewing residents' files the inspector noted the input of the various services who recorded their review and treatment plans for each resident. Members of the multi-disciplinary team also provided in-house training and education to staff. The inspector read the attendance records and programme contents for some of these sessions.

The inspector reviewed some residents' files and noted that a nursing assessment and additional risk assessments were carried out for residents. Comprehensive person-centred care plans were in place for all residents' needs. The inspector read residents' care plans and the staff outlined to the inspector how they were committed to improving this documentation. Three-monthly reviews were completed, dated and signed by staff, residents and relatives. Staff told the inspector how residents and relatives were now included in the development and review of care plans. All residents spoken with knew about their care plan and its contents.

The inspector read care plans of a resident who had a wound and noted that there were adequate records of assessment and a plan in place to manage the wound appropriately.

The inspector checked the number of falls that occurred within the centre in the previous six month period and noted that the total was eight. The person in charge and staff had collected and analysed this information. Analysis included the timing of falls and the number of residents who fell. Strategies were put in place for those residents who were at high risk of falling. The inspector read the care plan of two residents who had fallen and noted that the strategies had been implemented including medication review.

The inspector reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to a number of staff and there was a policy which provided guidance to staff. The inspector reviewed residents' files and noted that appropriate intervention strategies were in place. Staff spoken to were aware of the policy and knowledgeable of appropriate strategies. However, an accurate assessment was not formally documented which could help identify possible triggers and intervention strategies. This was discussed with the staff and had already been identified by them as an area for improvement. The ADON confirmed that she was currently sourcing this documentation.

The inspector was concerned for the safety of residents because of the use of restraint. The inspector noted that several residents were using either one or two bedrails. In the sample of care plans reviewed the inspector noted that assessments were undertaken including the consideration of alternatives. A comprehensive policy was in place to guide practice. The inspector spoke to one resident who said she asked for the bedrail as she felt safer with it. Some residents were also using lap belts. However, on reviewing their care plans the inspector noted that the assessments for this type of restraint were not as vigorous as those for the use of bedrails. In addition, a restraint release and review chart was not used to indicate that the lap belt had been removed and reviewed every two hours for 10 minutes.

Use of restraint was discussed with the person in charge and various staff members. The person in charge told the inspector that this was an area already highlighted for review. The ADON had recently attended a "Train the Trainer" programme to assist with the implementation of the Health Service Executive (HSE) national policy and documentation on the use of restraint and plans were in place to role out education to all staff.

Outcome 8

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.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

The inspector was satisfied that caring for a resident at their end of life was regarded as an integral part of the care service provided in centre.

This practice was informed by the centres' comprehensive policy on end-of-life care. The policy included guidelines for involving the resident and their families in planning the end-of-life care. A small sitting room was available to relatives who wished to use it. The inspector spoke with staff who were able to outline the contents of the policy. Some staff had already attended specific training and this is discussed further under Outcome 14.

The inspector read where residents' end of life preferences were discussed and documented in care plans. The local palliative care team also provided support and advice when required.

Outcome 9

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.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

There was a large central dining room and a smaller dining room available. Residents chose where they preferred to have their meal. The inspector noted that meals were well presented and tasty.

Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. The main course was served plated, and residents were offered a choice of sauces or gravy separately. The inspector saw that each resident was asked if they would like seconds. Residents told the inspector they could have anything they wanted at meal times and the inspector saw where a wide variety of dishes were served. The inspector noted that as part of the residents'

committee described under Outcome 11, suggestions had been made and acted upon. For example, some residents said they would love to see and smell a full roast chicken brought to the tables for carving. The chef and residents confirmed that this had occurred. In addition some residents asked for whole jacket potatoes to be included on the menu and the inspector saw that this was also made available.

The inspector saw residents being offered a variety of snacks and drinks. Jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them. Relatives also told the inspector that they were always offered tea or coffee.

Residents' dietary requirements were met to a high standard. The chef discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff, the residents care plans and from speaking directly to residents. The inspector noted that the catering staff spoke with the residents during the meal asking if everything was satisfactory.

The inspector saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

4. Respecting and involving residents

Outcome 10

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The inspector was satisfied that this outcome was achieved. Contracts were agreed with and provided to residents. The inspector read a random sample of completed contracts and noted that they set out the overall care and services provided to the residents and the fees charged, including any additional fees charged. Residents spoken with were aware of their contracts.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political and Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents' privacy and dignity were respected by staff although one aspect of the premises made this difficult and this is discussed in more detail under Outcome 15.

The inspector observed staff closing screens tightly around the beds in the multi-occupancy rooms when attending to personal care. They were also observed knocking on toilet and bathroom doors and waiting for permission to enter. In addition the inspector noted a double-sided sign hanging on the outside of the bedroom doors. When personal care was being attended to, the sign was placed to read that the resident did not 'want to be disturbed at the moment so do not enter'. At other times the sign showed a photograph of the resident to allow identification of individual bedrooms. It was also noted that some residents did not want this notice or photograph on their doors and this was respected by staff.

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. The inspector also heard good humoured banter which some residents were enjoying.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at the recent election. Some residents told the inspector about the recent election when the returning officer and a member of An Garda Síochána came in to the centre to facilitate residents to vote. Photographs of the event were displayed around the centre.

Mass took place on a weekly basis and several residents commented on how important this was to them. The Church of Ireland minister visited regularly and on request. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been established in 2009. The inspector read the minutes of some of these meetings and noted that where suggestions made by residents and these had been addressed by the person in charge. For example, the residents had asked for changes to the menus as outlined under Outcome 9 and that they would like more social outings. Residents confirmed that several outings had been arranged and they were currently organising another outing and preparations were also underway for the pilgrimage to Lourdes.

The person in charge told the inspector how she promoted links with the local community. Photographs were displayed around the centre of various outings and activities the residents had attended.

Care plans and documentation had been updated to be more person-centred. An additional section entitled, 'A Key to Me' was currently being introduced. The inspector read where these had been completed by or for some of the residents. The information included the residents' previous life experiences, preferences and important dates such as the birthday of the resident's spouse and family, anniversary dates and other important personal information. The inspector saw where this information was used to inform and plan the activity programme.

An activity coordinator had been employed in the centre and residents were provided with an extensive range of things to do during the day. A schedule of activities was available and the inspector saw notices outlining the day's events in the sitting room. The inspector saw residents enjoying an evening music session accompanied by drinks and snacks on the day of inspection. A local musician provided this twice a week and residents confirmed how much they enjoyed it. Several residents asked for particular songs and the musician obliged while other residents sang their favourite tunes.

The inspector noted that some members of staff were also involved in developing facilities for some activities. For example, the maintenance person had designed raised planters in one of the enclosed gardens and the residents told the inspectors how much they enjoyed seeing and planting them. One resident told the inspector how much she enjoyed the smells of some of the plants which had been specifically selected to provide sensory stimulation.

Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. The person in charge had ensured that these residents were provided with opportunities for personal growth and were included in the daily life of the centre. Several staff members had been trained to deliver activity programmes such as Sonas (a therapeutic communication activity which focuses on sensory stimulation) and hand massage. The inspector saw where the residents responded warmly to these one to one sessions. In addition, the inspector saw some residents enjoying a visit from the Irish Therapy Dogs, which was a recent and popular addition to the activity programme.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

There was a well-established laundry system in place. The laundry room was spacious and well equipped. The inspector spoke to the staff member seen working there and found that she was knowledgeable about infection control and the different processes for different categories of laundry. A washing machine was set up in a separate small room and this was reserved for any potentially infectious laundry.

Clothing was marked discreetly by relatives or on admission and all residents' clothes were folded and returned to the resident's cupboards by the laundry worker. The inspector saw that great care and attention had been given to ironing some shirts belonging to male residents. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them. Residents told the inspector that they were satisfied with the laundry arrangements.

5. Suitable staffing**Outcome 13**

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The post of person in charge was full-time and held by a registered nurse with the required experience in the area of nursing older people. She had completed management training and more recently a certificate course in gerontology. The inspector observed that she had a strong and inclusive presence in the centre and there was evidence of good leadership. The person in charge's knowledge of the Regulations and Standards and her statutory responsibilities was sufficiently demonstrated both during the interview and the documentation available.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice. All documentation requested by the inspector was readily available.

Outcome 14

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There was a robust written operational recruitment policy. The inspector examined five staff files. All staff files contained the information required by the Regulations.

Staff turnover was very low with only one staff member leaving in the previous 12 months and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and the inspector saw them responding to residents' needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to the inspector.

Formal induction arrangements for newly employed staff were in place. This included a 'Key Skills' record where the new employee was assessed for competency in the clinical skills necessary. In addition there was an annual employee review where the employee was rated against a range of necessary skills and further training needs were identified.

The provider and person in charge were committed to providing ongoing training to staff. Extensive training had been undertaken in the last 12 months including training on medication management, management of nutrition, dementia care and the management of behaviour that challenged. The inspector read the training records and staff spoken with confirmed that they had attended. All staff had attended mandatory training in moving and handling and staff spoken with were knowledgeable in this regard.

Most health care assistants had Further Education and Training Awards Council (FETAC) Level 5 training and some were currently undertaking the final modules.

Staff spoken with confirmed how much they had enjoyed doing the training and how it helped them in their work. One care assistant told the inspector about the benefits to her of undertaking the palliative care module. She felt better equipped to care for both the residents and their families.

The inspector was concerned for the safety of residents as not all volunteers had been vetted appropriate to their role. There was no written agreement outlining their roles and responsibilities in place as required by the Regulations. Volunteers provided very valuable assistance to residents. Residents told the inspectors how much they enjoyed the various activities they provided. The inspector saw where a volunteer who attended regularly to play music for the residents was warmly greeted with many residents eagerly waiting for him to arrive. This issue was discussed with the provider and person in charge who agreed to take immediate action to address this.

A review of the roster showed there was adequate staff on duty during the daytime. However, the inspector was concerned that the skill-mix on night duty was insufficient to meet the needs of the residents taking into account the dependency levels and the layout of the building. Care assistants worked later into the evening to ensure that there was adequate assistance available to offer flexibility and choice to residents when going to bed. However from 8.00 pm to 8.00 am there was only one nurse on duty to provide care for up to 48 residents and to supervise the delivery of care. Staff spoken with confirmed that the medication round took a considerable length of time which impacted on the care and supervision they could provide.

6. Safe and suitable premises

Outcome 15
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.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The centre was purpose-built, with a good standard of private and communal space and facilities. The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told the inspector that they enjoyed the lifestyle provided. Communal areas such as the day rooms had a variety of pleasant furnishings and comfortable seating.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. All bedrooms were of a reasonable size and had specialised beds, call bell facilities and adequate personal storage space including a locked storage area. Screening curtains were provided in all shared rooms. The person in charge and provider were aware that the multi occupancy rooms will not meet the requirements of the Standards and are planning a proposed extension to address this within the timeframe.

There was a sluice room, a cleaners' room and laundry all of which were appropriately equipped. Staff were provided with changing and storage facilities.

A passenger lift provided access between the two floors. There were nine additional toilets, five of which were assisted. There were also five assisted bathrooms.

The centre had two secure landscaped garden areas with lots of colourful flower beds and garden furniture. In addition there was a landscaped garden to the front with seating placed at intervals around it. This included an orchard area and a resident told the inspector how much he enjoyed collecting the fruit which was then used in the kitchen. A large water feature provided a focal point in the centre of the car park. The gardens were safe for use by all residents, and residents told the inspector that they enjoyed spending time in the garden during fine weather.

The kitchen was found to be well organised and equipped with sufficient storage facilities. The inspector observed a plentiful supply of fresh and frozen food.

There was appropriate assistive equipment available such as hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Hand rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

However, storage for equipment was insufficient and the inspector noted that the wheelchairs and commodes were stored in the residents' rooms when not in use. This was already identified by the provider as an area for improvement and will be addressed in the proposed extension.

The inspector was concerned that the privacy and dignity of one resident could be compromised because of the layout of her single bedroom. The shower area was separated from the main bedroom area by a shower curtain and not a door. The toilet, which was separate to the shower, had a sliding door and this and the door to the bedroom itself could not be locked.

7. Records and documentation to be kept at a designated centre

Outcome 16

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).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records

Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

Resident's Guide

Substantial compliance

Improvements required *

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

General Records (Schedule 4)

Substantial compliance

Improvements required*

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of Residents

Substantial compliance

Improvements required*

Staffing Records

Substantial compliance

Improvements required*

Medical Records

Substantial compliance

Improvements required*

Insurance Cover

Substantial compliance

Improvements required*

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

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 18

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.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

The ADON deputised for the person in charge. The person in charge and provider were aware of their responsibilities to notify the Authority but as yet this was not required. The inspector was informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the ADON to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Sheila Doyle

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

23 June 2011

Provider's response to inspection report

Centre:	Lourdesville Nursing Home
Centre ID:	0060
Date of inspection:	21 and 22 June 2011
Date of response:	13 July 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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 7: Health and social care needs

1. The provider is failing to comply with a regulatory requirement in the following respect:

Some residents were using lap belts. On reviewing their care plans the inspector noted that the assessments for this type of restraint were not as vigorous as those for the use of bedrails. In addition, a restraint release and review chart was not used to indicate that the lap belt had been removed and reviewed every two hours for 10 minutes.

An accurate assessment of behaviours that challenge was not undertaken to help identify possible triggers and intervention strategies.

Action required:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Action required:	
Provide a high standard of evidence based nursing practice.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The two residents using lap belts had been provided with specialist seating to promote their comfort and safety. As discussed at the time of inspection, staff had attended "Train the Trainer" programme on the week prior to inspection to assist with implementing the HSE national policy and documentation on the use of restraint. We are now amending our restraint assessments and will include restraint release chart.	3 Months
We have amended and updated our assessment and care plans for challenging behaviour. (Copy Enclosed)	Completed

Outcome 14: Suitable staffing

2. The person in charge is failing to comply with a regulatory requirement in the following respect:
The inspector was concerned that the skill-mix on night duty was insufficient to meet the needs of the residents taking into account the dependency levels and the layout of the building. Care assistants worked twilight hours to ensure that there was adequate assistance available to offer flexibility to residents. However, from 8.00 pm to 8.00 am there was only one nurse on duty to provide care for up to 48 residents and to supervise the delivery of care.
The inspector was concerned for the safety of residents as not all volunteers had been vetted appropriate to their role nor had a written agreement outlining their roles and responsibilities been put in place as required by the Regulations.
Action required:
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.

Action required:	
Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.	
Action required:	
Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.	
Reference:	
Health Act, 2007 Regulation 16: Staffing Regulation 34: Volunteers Standard 22: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We shall schedule additional nursing hours to include second nurse on duty from 8.00 pm to 12.00 am.</p> <p>Written agreements stating roles and responsibilities of Volunteers will be put in place including Garda vetting for those volunteers.</p>	<p>On successful recruitment of extra nurse.</p> <p>4 Months</p>

Outcome 15: Safe and suitable premises

3. The provider is failing to comply with a regulatory requirement in the following respect:
<p>The inspector was concerned that the privacy and dignity of one resident could be compromised because of the layout of her single bedroom. The shower area was separated from the main bedroom area by the shower curtain. The toilet, which was separate to the shower, had a sliding door and this and the door to the bedroom itself could not be locked.</p> <p>The inspector noted that the wheelchairs and commodes were stored in the residents' rooms when not in use.</p>
Action required:
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
Action required: Make suitable provision for storage in the designated centre	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 19: Premises Standard 4: Privacy and Dignity Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The single room concerned is currently under refurbishment which will solve privacy concerns.</p> <p>Commodes are retained in bedrooms at resident's request. Other issues of storage space shortage will be resolved with the new planned extension as discussed with inspector.</p>	<p>Finished by 31/07/2011</p> <p>New extension</p>

Any comments the provider may wish to make:

Provider's response:

I would like to acknowledge the most courteous manner and professionalism with which the registration inspection was carried out by the inspector, we found it a positive experience overall.

We are pleased that so many areas of good practice were observed and acknowledged during the inspection process.

We believe the report portrays our commitment to continuous improvements in the quality of care and lifestyle of our residents in Lourdesville. We would also like to acknowledge relatives and residents positives comments, and the support and dedication of our staff.

Provider's name: Seamus Brennan

Date: 11 July 2011