

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Our Lady's Manor Nursing Home	
Centre ID:	0080	
Centre address:	Bullock Castle	
	Dalkey	
	Co Dublin	
Telephone number:	01 - 2806993	
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Email address:	Ourladysmanor1@eircom.net	
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Our Lady's Manor Incorporated	
Person in charge:	Sr. Bernadette Murphy	
Date of inspection:	7 July and 8 July 2010	
Time inspection took place:	7 July Start: 08:45 hrs Completion: 16:30 hrs 8 July Start: 08:45 hrs Completion: 14:00 hrs	
Lead inspector:	Angela Ring	
Support inspector:	Aileen Keane	
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector 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 inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Our Lady's Manor is a three story purpose built centre with two basement floors. It overlooks Dalkey harbour and has capacity for 118 residents and provides long-term, convalescent and respite care. There was one resident under 65 year's, the remainder were over 65 years. Residents live on the upper three levels and the two basement floors are used as service areas. The high dependency unit is on the fifth floor and the remainder of residents' are on the third and fourth floors. There are three lifts servicing all floors.

Level three is on the ground floor and consists of 38 single rooms with en suite shower or bath. There are three assisted bathrooms, two sluice rooms, two sitting rooms, a recreation room, two dining rooms and a treatment room. The main kitchen is on level three and there is a fully equipped kitchenette on each floor. There are 13 additional toilets, four of which are wheelchair accessible. There is also a coffee shop, a hairdressing room, physiotherapy gym, a small shop and a large oratory on the ground floor.

Level four has 45 single en suite rooms with a bath or shower, two assisted bathrooms, two sitting rooms, a treatment room, a recreation room and a large balcony with seating and views of the harbour.

Level five has 35 single en suite bedrooms, three assisted bathrooms, a sitting room, a dining room, a treatment room and a recreation room.

There is ample parking opposite the centre and an easily accessible garden on level three.

Location

Our Lady's Manor is located on Bullock Harbour close to Dalkey village, Co. Dublin.

Date centre was first established:	1965
Number of residents on the date of inspection	83 (including 8 residents for respite/convalescence)
Number of vacancies on the date of inspection	35

Dependency level of current residents	Max	High	Medium	Low
Number of residents	38	19	7	11

Management structure

Sr. Bernadette Murphy is the named Provider and Person in Charge who has been working in the centre since 1984 and she reports to a Board of Directors. Sr. Bernadette is supported by a management team consisting of Sr. Eileen Mulvaney, the Assistant Administrator, Sr. Donovan, a medical social worker, Ms Mulcahy, Director of Staff Development and Dr Meade, a medical officer. The Provider is actively recruiting a Director of Nursing who will become the Person in Charge. The financial controller, physiotherapist, maintenance, administration, catering, activities staff, housekeeping, hairdressing, floor supervisors and clinical nurse managers all report to the Provider. The nursing and care staff report to the Clinical Nurse Manager and floor supervisor for each of the three floors.

Sr. Bernadette Murphy is the named Provider and Person in Charge, for the purposes of clarity, she will be described as the Person in Charge, throughout this report.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	10	10	8	7	3	4*

* 1 member of management team, 1 hairdresser, 2 activities staff

Summary of findings from this inspection

This was an announced registration inspection and the first to be carried out by the Health Information and Quality Authority (the Authority). As part of the registration process, the person in charge has to satisfy the Chief Inspector that she is a fit person and that she will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Inspectors carried out fit person interviews with the person in charge who was also the provider, the fit person self assessment document was completed in advance of this visit. All of this information was reviewed by inspectors, in addition to the information provided in the registration application form and supporting documents. Inspectors met with residents and relatives and reviewed documentation as part of the inspection process.

Inspectors found that several improvements had been made since completing the fit person entry programme self assessment. The person in charge and her team started staff training on policies and cultural diversity, introduced pre-admission assessment forms, developed a booklet entitled "Your Personal Care Plan" and staff were encouraged to do an e-learning programme on medication.

The centre is run and owned by the Carmelite sisters whose mission is to provide care for the aged and infirm, to respect residents' dignity, to provide a homelike atmosphere, to promote a team approach and promote person centred care. Inspectors found that this ethos of care was embedded in all aspects of the centre's policies and procedures and the staff had a good understanding and appreciation of the centre's mission.

Inspectors found that this centre was very well run, it had met most of the standards and exceeded them in several ways. All of the residents and their relatives spoke highly of the governance of the centre and of the ethos of care. The person in charge recently set up a clinical governance committee which issues such as addressed health and safety, infection control and risk management. Inspectors found that residents health needs were met and residents were involved in planning their care.

Comments by residents and relatives

Inspectors received 54 completed questionnaires from residents and their relatives prior to the inspection and on the day, inspectors also spent time chatting with residents and their relatives.

All feedback was very positive, with one resident describing the centre as a “taste of heaven”. Residents said they were very happy and felt they had lots of choice around their daily routines. They all agreed that there was plenty to do during the day and were satisfied that their health needs were met. They described the staff as kind, respectful, patient, approachable and attentive. Several residents said they enjoyed going to the coffee shop in the mornings as they felt it was a social occasion where they met their friends each day.

Both residents and relatives agreed that there plenty of staff on duty at all times and residents said they were never left waiting for assistance for long periods. They also said they felt safe and felt they were encouraged to make suggestions on all aspects of how the centre is operated.

Relatives said they were kept well informed of their family member’s condition, and were always made feel welcome. They all agreed that the centre was clean and well maintained and there was high quality of food served. Both residents and their relatives said they knew Sr. Bernadette and described her as being very approachable and kind.

In summary, one relative said the care and warmth afforded to residents was outstanding, another said “It’s like a home from home where there is a sense of peace and tranquillity”.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The person in charge works full-time and is very committed to providing high quality person-centred care to the residents. She had knowledge of each resident and their specific healthcare and psychosocial needs. She demonstrated a very good understanding of her responsibilities as outlined in the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and *National Quality Standards for Residential Care Settings for Older People in Ireland*. The person in charge completed the fit person entry programme with her management team to a high standard and identified goals for further improvements in areas such as care planning and clinical governance.

The person in charge and most of the management team resided very close to the centre and there was a senior person on call in the evenings and at weekends. Members of the management team deputised in the absence of the person in charge. The person in charge explained that she was actively recruiting a person in charge which would allow her to act in a more strategic role.

There was a robust system in place for clinical governance. The person in charge explained that the management team had set up a formal structure of clinical governance in December 2009 with the assistance of an external consultant. Membership of the clinical governance committee consisted of the person in charge, management team, medical officer, pharmacist and nursing staff. The clinical governance committee was supported by a risk management committee, a health and safety committee and an infection control committee. Each committee was made up of staff who had specific interest, expertise and responsibility in the area. For example, the maintenance personnel were members of the health and safety committee. Each committee had terms of reference which helped to provide clear direction and prevent duplication of tasks and responsibilities.

Inspectors found that the person in charge was committed to continuous quality improvement. In addition to the yearly internal inspections from their mother house in America, she had arranged for an external healthcare consultant to carry out a comprehensive review of the centre prior to this inspection. Inspectors reviewed this report and found that it was positive and highlighted some minor areas for improvement which were promptly addressed by the person in charge. Inspectors also reviewed monthly audits completed on falls, use of psychotropic drugs and sedatives, incidents, use of catheters and prevalence of pressure sores. The person in charge explained to inspectors that she used this information to determine trends and to highlight areas for improvement such as falls prevention strategies.

Inspectors reviewed the policy for managing residents' finances and spoke to the finance personnel. There were small sums of residents' money stored in a safe, with comprehensive records maintained to provide a clear audit trail of each resident's finances. Residents were asked to sign for each transaction and receipts were given as statements.

Inspectors found that the person in charge had a contingency budget in place for unforeseen circumstances that required significant expenditure.

Inspectors found that the statement of purpose and Residents' Guide were available to the residents. They clearly outlined the ethos of care, detailed the services provided and complied with the requirements in the Regulations. Inspectors found that the service provided reflected the statement of purpose.

The person in charge explained that she had developed a new contract of care. She had consulted with residents' who reported that they found the language overly legalistic and complex. As a result of this feedback, the person in charge developed a new contract of care with clear, unambiguous language which complied with the Regulations and was accepted by the residents. This was one of many examples of residents being involved in the running of the centre.

There was an up-to-date insurance certificate. The safety statement was recently developed; it contained identified environmental risks, risk ratings and named the person responsible for managing each risk. There was a very comprehensive, centre specific emergency plan in place with details of evacuation procedures and relevant contact numbers. There was also an emergency kit with supplies for evacuation such as torches, spare batteries, high visibility vests and two way radios.

Incidents and accidents were well managed. Inspectors reviewed the recent incidents and accidents which were recorded on a pre-determined template. The outcome of each incident for the resident and the actions taken to prevent its reoccurrence were recorded. The person in charge explained that each incident such as a fall was discussed at the monthly risk management meetings and the minutes of these meetings were available to staff. Any recommendations or decisions from these meetings were discussed with the floor managers of each unit who in turn discussed them with the staff on unit level to ensure that learning occurred and that the proposed interventions were properly implemented.

Inspectors found that the procedures in place for preventing, detecting and responding to fire were satisfactory. The person in charge was the fire warden and a senior staff member took on this role in her absence. The staff were aware of the procedures to follow in the event of fire and said they attended regular fire drills. There were records to indicate that there were recent checks of fire alarms and fire equipment. Inspectors reviewed written confirmation from a competent person that all requirements of the statutory fire authority were complied with. There were records to indicate that all of the staff had attended training on fire prevention and procedures and also records showed that residents had attended fire training to ensure that they knew the procedures to follow in the event of fire.

Inspectors viewed the complaints log and found that it contained a small number of minor verbal complaints, all of which were addressed in a timely and satisfactory manner by the person in charge. The complaints policy complied with the requirements in the Regulations and it was displayed in a prominent place. Staff were aware of the complaints procedure and had received training on complaints management and the centres policy. The person in charge told inspectors that she welcomed complaints and comments from residents and saw them as opportunities for learning and service development.

Some improvements required

There was a centre specific risk management policy which addressed most of the regulatory requirements but did not contain the procedures to follow in the event of risks associated with assault, aggression and violence and self harm.

There was a sense of openness and freedom where residents were free to come and go. The receptionists knew each resident and were informed when a resident was leaving the building. They explained to inspectors that they were made aware of any resident at risk of wandering and took precautions to ensure their safety. The person in charge explained that there was a security bracelet system in place. An alarm sounded if a resident tried to exit from specific external doors when wearing a security bracelet. This system was not being implemented for any resident on the day of inspection. There were CCTV cameras in external areas and communal areas and sensor lighting was activated in the garden at night. Inspectors found that the garden area on level three on the ground floor was not enclosed and was therefore accessible to the main road. Staff explained to inspectors that residents at risk of wandering were closely supervised when out in the garden. However, inspectors found there was a risk that residents with reduced capacity may leave the building without being seen by a staff member. Inspectors reviewed a policy on resident supervision developed in May 2010 which was not yet fully implemented as staff were still receiving training on its use. The policy addressed the different levels of supervision required for each resident.

The directory of residents was updated to include the recent transfer and return of a resident from hospital. However, it did not contain the name and address of any authority, organisation or other body which arranged the resident's admission to the centre.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors found that there was an unhurried pace and relaxed atmosphere at all times during the day. Residents told inspectors that there was flexibility in the daily routine and they could decide when to get up and go to bed. They also told inspectors that staff were aware of their need for privacy and knocked on their bedroom doors and waited for a response prior to opening the door. Inspectors observed this to be the case. Inspectors found that the staff demonstrated a good knowledge and understanding of each resident's life history, likes, routines and preferences. All of the staff spoken to said they enjoyed their work and believed that there was a high quality of care provided to the residents.

Inspectors found that staff had good knowledge of the procedures to follow in the case of suspected elder abuse. There were records to indicate they had all attended training and there was a centre-specific policy in place.

Residents' civil rights were upheld and spiritual needs met. Residents said they did not feel compelled to engage in religious activities and believed they could exercise choice in this regard, although the centre was run by a religious order. Inspectors met with a resident who said the readings at mass each morning and she described it as a good reason for getting up and dressed as she felt it gave a sense of meaning and purpose to her day. Daily mass was also broadcast to the TV in residents' bedrooms if they did not wish to attend the church. Inspectors found that some residents were from different religions and their spiritual needs were also met as services were provided regularly. The person in charge explained that voting was facilitated for residents at the centre for each election.

There was a schedule of activities on offer each day and inspectors met with the two activity coordinators who showed enthusiasm and interest in their role. They explained that they provided one-to-one activities to the more dependent residents and to those who do not wish to engage in group sessions. The group activities were announced over the intercom reminding residents who wished to attend. Inspectors saw residents participating in exercises to music, reading newspapers, reminiscing, doing crosswords, listening to music, knitting and relaxing in the garden. Other activities included SONAS (a therapeutic activity focussed on communication), story telling, arts and crafts, films and bingo. There were several examples of residents

continuing to participate in their interests, and contacts with their community. One resident was completing a computer course in the local college and a local art class, another resident attended a local yoga class and swam each day in a nearby swimming pool. One of the sea facing sitting rooms had tables set up to allow residents to paint if they wished. The contact details of a wheelchair accessible mini bus service were available on notice boards on each floor and at reception. Residents explained to inspectors that they used this transport when they wished to go on trips such as going out for dinner, the National Concert Hall, national gardens and to shopping centres.

In addition to the many activities available, the medical social worker explained to inspectors that she facilitated group discussion with residents on positive ageing, health awareness and the psychological effects of getting older and going into long term care. She informed inspectors that residents told her that the discussions helped them to feel less isolated as they discovered that many of them had similar emotional responses to ageing and its effects.

Inspectors found that the coffee shop was the main hub of the centre where residents enjoyed socialising and being able to invite their friends to join them for refreshments as they would if they were at home. Some members of the local community attended mass in the oratory and were seen chatting to residents in the coffee shop afterwards. Inspectors observed that dependent residents with advancing dementia were also brought to the coffee shop and were seen enjoying the social occasion. Inspectors observed a local man visiting the centre a few mornings a week to play the clarinet in the coffee shop much to the enjoyment of the residents.

Inspectors noted that all residents looked well cared for, some of the female residents' with advancing dementia wore make up, jewellery and had their hand bags with them. Staff explained that these residents would always have taken great pride in their appearance and this should not cease because of a diagnosis of dementia. There was a fully equipped hairdressing room on the ground floor that resembled commercial hairdressers. This was intended to give residents a sense of occasion as they had to book the hairdressers and were treated as customers as they paid for their service.

Inspectors found that residents had access to a shop selling greeting cards, confectionary, toiletries and batteries, which was open for an hour a day but residents had access to it outside these hours if they wished. Residents told inspectors that they valued this facility as it allowed them to purchase personal items.

Most residents had their meals in the main dining room on the ground floor and some told inspectors that they had chosen to eat in a smaller dining room on the ground floor where the staff assisted them as necessary. Some of the more dependent residents had their meals in the dining room on level five where the staff provided discreet, respectful assistance. Inspectors spent time in the three dining rooms during mealtimes. There was a good choice of food available; residents could choose their own portion size and second helpings were offered. The food was freshly cooked, hot and nutritious and special diets were available as required. The

tables were nicely set in all dining rooms and there was a friendly convivial atmosphere during mealtimes. Inspectors reviewed minutes of a catering meeting where residents were given the option of serving their own meal but they had declined the offer.

Inspectors visited the kitchen and spoke with the chef who demonstrated a good awareness of each resident's dietary needs and preferences. Inspectors found that she took great pride in providing a high quality dining experience to residents and operated a very well run kitchen with fresh fruit, vegetables, fish and meat delivered daily. The chef explained that residents requiring a soft diet were given a choice of three main dishes and their meal was individually pureed prior to serving. The meals were transported from the kitchen on the ground floor in a heated trolley from which the staff served the meals. Inspectors reviewed records that showed the catering staff had received training in food hygiene to ensure that best practice was adhered to when serving food to residents. The chef told inspectors that she regularly holds surprise parties to celebrate special events. Residents told inspectors about a special lunch they recently enjoyed for American Independence day with American themed food and wine which added to the occasion.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors found that all residents' health needs were met. Inspectors met with a resident who was under 65 years and reviewed her care plan. They found that she attended a day centre and continued to use public transport where possible when she leaves the centre to go on trips. She told inspectors that she loved living in the centre and inspectors observed her facilitating a music appreciation class for the other residents.

Inspectors found that there was good links maintained with the general practitioner (GP) practices in the local area and there was a medical officer on site each day to address residents' needs. A review of the residents' medical files showed that each resident was reviewed every three months by their GP and this included a medication review. The residents told inspectors that the staff contacted the doctor when necessary and they were satisfied that their healthcare needs were met. Inspectors met with a GP who described the centre as well run and organised.

Inspectors noted that residents' health was well monitored as their weight, blood pressure and pulse rate were recorded monthly and abnormalities were reported to the GP promptly. The nurse managers told inspectors that there were no residents with pressure ulcers, wounds, catheters or feeding tubes on the day of inspection. All nursing staff were trained in phlebotomy (taking blood samples) which assisted them in meeting residents' health needs as they did not have to wait for a doctor to perform this task. Inspectors found that residents had access to physiotherapy twice a week at no extra charge and there was also written evidence of referral to chiropody, dietician and counselling where necessary.

Inspectors found that there were no residents receiving end of life care on the days of inspection. However, they reviewed the procedures and facilities in place for end of life care for residents. There was a centre-specific policy on end of life care and the staff explained that they received training on the policy. Inspectors found that there was ample accommodation available for relatives of if they wished to stay overnight. The clinical nurse managers told inspectors that they could access the local palliative care team if necessary. The person in charge explained that the medical social worker could provide spiritual counselling to the residents when required. There was information on the resuscitation status of residents in their nursing notes.

The medication policy was reviewed by inspectors who found that it contained the procedures for prescribing, administering, recording and storing of medication. The prescription and administration records were clear and updated to record the most recent administration of medication. Inspectors accompanied a nurse during the medication round and observed her practice in administration. They found that it complied with best practice as she identified and assessed the resident, checked the prescription, explained what each tablet was to the resident and gained their consent, waited while the resident swallowed the medication, and then signed the medication as administered. Inspectors looked at the controlled drugs register and found that the stocks were checked at the end of each shift. Inspectors found that there were good procedures in place for managing residents on high risk medication such as warfarin.

Inspectors found that there was a culture of reporting near misses in relation to medication administration and staff displayed a willingness to be transparent and learn from errors and near misses. The person in charge told inspectors that the pharmacist was involved in the development of procedures for medication management and provided good support to staff.

Inspectors found that two of the long stay residents were responsible for administering their own medication which was stored in a locked cupboard in their bedrooms. Some residents on convalescence were also self medicating. The clinical nurse manager explained procedure to ensure residents' safety was maintained at all times. The resident's cognition was assessed prior to commencing self medication; he or she was given a small supply of medication which they administered under close supervision of the nursing staff. They were also given written information on each medication, to increase their level of understanding. Once the resident's confidence and competence was ascertained, the nursing staff gave them an increased supply of his or her medication to manage. Inspectors found that this helped to maintain the resident's sense of autonomy and independence. There were records to indicate that the nurses carried out regular checks on the medication and the resident's competency. Inspectors met with two of the residents who were self medicating; they told inspectors they valued the sense of autonomy it allowed them and made them feel less "like a patient".

The person in charge explained to inspectors that they had recently introduced a new system of care planning. Inspectors reviewed a sample of care plans and found that there was a comprehensive pre-admission assessment completed on all residents requiring long term care to assess their needs and determine if the centre could meet their needs. There was then a comprehensive assessment carried out on each resident on admission and a three-monthly assessment was done following admission. Risk assessments were completed on the risk of developing pressures ulcers, prevention of falls, pain management, continence, cognitive decline and malnutrition. The daily narrative notes for each resident were detailed and descriptive and related to the problems identified in the care plans. The nurses and residents explained to inspectors that they spent time discussing the care plan and both parties signed their care plan once it was agreed. There was evidence of the residents taking an active part in the care planning process. For example, one

resident's care plan indicated that she wished to have a bath at night prior to going to bed as she wanted to attend morning mass.

One of the clinical nurse managers told inspectors that she asked residents to complete a profile called a "Key to Me" in which they were asked them about all aspects of their lives. However, some residents stated that the information required was too personal. As a result, the staff developed a profile for each resident which contained necessary personal information and was more acceptable to residents.

Some improvements required

There was some room for improvement in the assessment and care planning process for residents admitted on respite and for convalescence. There was no discharge plan completed to support the resident in receiving appropriate treatment or care, after he or she had left the centre.

Although a restraint free environment was promoted, inspectors found that there were a very small number of residents using bed rails and lap belts. There was a restraint policy to guide staff and records to indicate that staff received training on the use of restraint. Inspectors reviewed records which indicated that residents were carefully assessed by the nursing and medical staff prior to the use of restraint, alternatives were explored and their consent was gained. However there was no documented evidence that residents were regularly checked and provided with opportunities for motion and exercise while the restraints were in place.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was clean and well maintained throughout. Inspectors found that there was a real sense of homeliness and warmth. There were small tables with lamps and plants in the hallways which reduced any institutional look to the building.

There were several sitting rooms on each floor, all of which were used by residents. Residents on the third floor had access to the garden and residents on the fourth floor could go out onto a balcony which has views of Dalkey harbour. Residents told inspectors they enjoyed looking out at the fishing boats, people walking dogs and children playing.

Inspectors found there was an adequate amount of equipment such as hoists, pressure relieving mattresses and mobility aids available to meet residents' needs. Inspectors reviewed the records of servicing to electric beds, hoists and lifts. There were maintenance books on each floor to record any items which required repair. Inspectors met with two maintenance personnel who explained they had access to plumbers and electricians when necessary. They explained that they carried out regular environmental tours around the premises to identify areas of potential risk and areas requiring maintenance.

Inspectors visited some bedrooms with residents' permission and found that residents were encouraged to bring in their personal possessions and there was adequate storage for their belongings with a locked cupboard for valuables.

There was a kitchenette on each floor which staff used to prepare light meals and refreshments for residents. These kitchens were open all day and night and staff and residents said they could get a hot drink or snack at all times.

There was a treatment room on each floor and a smoking shelter in the garden for residents. There were an adequate number of assisted bathrooms and toilets to meet residents' needs. There was also a well-equipped physiotherapy gym.

Inspectors found that waste was well managed and clinical waste and soiled laundry were placed in separate bins for safety and hygiene purposes. There were hand gels, gloves and aprons available to staff to use for infection control purposes. Inspectors

met with a cleaner who explained the procedures he followed to ensure that a high standard of cleanliness was maintained. Inspectors observed that all cleaning chemicals locked in a press at all times. There were separate changing rooms and toilets for catering and clinical staff to prevent the risk of cross contamination.

There was a clean and well equipped staff sitting room, staff locker rooms, staff changing room and shower rooms on the basement floors. Inspectors found that the laundry was clean, well ventilated, well organised and had industrial sized machines. There was adequate room for storage and segregation of soiled clothing. Inspectors spoke with a staff member who works full time in the laundry, he explained the procedures he follows to ensure that clothing is laundered appropriately and returned to residents. There was a second laundry available where one care assistant took responsibility for laundering delicate clothing such as woollens.

Inspectors found that there were several seating areas around the centre with chairs carefully positioned to encourage residents to speak to each other and engage in conversation if they wished. Inspectors found that the management team were currently researching best practice in relation to signage for people with dementia to help orientate them.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up-to-date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors found that there were regular meetings with the management team and the staff which helped to ensure that there was an effective communication system in place. Staff said they were kept informed of all aspects of the running of the centre and of any changes that occurred.

Inspectors observed the staff communicating effectively with residents with dementia and residents with communication problems.

The person in charge told inspectors that she was keen to get residents feedback and opinions of all aspects of the centre and inspectors reviewed completed surveys where residents and relatives were asked about hospitality, freedom to express opinions and staff efficiency. The results of the surveys indicated that residents and their relatives were very positive about all aspects of living in the centre.

The residents' advocacy group was facilitated by the medical social worker and consisted of two resident representatives from each floor. The resident representatives from the fifth floor were responsible for advocating for the residents with dementia and higher dependency. The minutes of these meetings were displayed on notice boards around the centre and it was obvious from the minutes that residents spoke openly and freely. Inspectors found as the medical social worker was part of the team; she had the authority to make necessary changes if required from these meetings.

There was suggestion box available at reception so that residents, staff and relatives could make comments in private if they wished. The person in charge carried out yearly surveys with residents and relatives to identify areas for improvement. There was a residents' notice board with information on local concerts, advocacy services, a taxi service, the activity schedule, fire and complaints procedures, the management structure and persons responsible for different areas.

Inspectors found that records were stored in a secure cupboard in the office to ensure confidentiality. There was a sign in book at reception which kept a record of all visitors.

Inspectors found that the policies and procedures were centre specific, updated and comprehensive. They were divided into different sections to make them more user friendly for staff. Each policy was based on centre's core values and mission statement. There were records to indicate that staff attended training sessions on each policy and the centre's ethos in relation to each policy. There was a framework in place to record the date of implementation and review of policies and the person responsible for approving the policy. The staff were aware of the policies and told inspectors that they referred to them for guidance when necessary.

Residents told inspectors that they had access to telephones and newspapers, and inspectors saw newspapers and other reading material were readily available to residents. There was a telephone at wheelchair level to allow residents to make a call in private if they wished.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Inspectors found that there were adequate numbers of staff on duty to care for residents. Call bells were answered promptly and residents said they were never left waiting for long periods when they required assistance. There was a good skill mix of staff with at least three nurses on duty most days on each floor. The staff explained that they attended a morning report and this informed their plan of work for the day. All staff agreed that there was adequate staff on duty at all times. All staff spoken to said they enjoyed their work and had been given several opportunities for further training and development.

The person in charge explained to inspectors that she determined staffing levels by assessing the dependency levels of residents and key quality indicators, such as the number of incidents and complaints which had occurred in the service overall. There was a very low rate of staff turnover and one staff member had left in the previous year.

Inspectors reviewed the recruitment policy which addressed all of the procedures to be followed in recruitment, induction, supervision and appraisal of staff. There were job descriptions developed for each staff member. Inspectors reviewed a sample of staff files and found that newly recruited staff members had all of the required documentation. Garda Síochána clearance had been applied for each staff member. There were records of nurses' registration with their professional body. The person in charge explained to inspectors that there was an induction programme for nursing and care staff where each member of staff received an induction folder and was allocated a mentor who was responsible for ensuring that the new employee had received all relevant information. Staff told inspectors that they had a yearly performance appraisal where their goals and training needs were identified. Inspectors saw evidence of this in staff files.

Inspectors found that all of the care staff had completed Further Education Training Awards Council (FETAC) Level 5 training gave them skills and knowledge to provide high quality, evidenced based care to residents. A small number of nurses had completed a diploma in gerontological nursing which gave them the necessary skills

and expertise to provide evidenced based care and others were commencing a dementia course in September 2010.

There were records to indicate that staff received mandatory training in manual handling, prevention and detection of elder abuse and fire prevention and detection. Inspectors found that staff had also received training on issues such as best practice in infection control, behaviours that challenge, ethics, the centre's ethos of care, infection control and medication management. There was a list of planned training for the remainder of 2010 and for 2011 following feedback from staff appraisals.

The person in charge told inspectors that dementia care was one of the main areas of interest and focus for staff development in the year ahead. As a result she had arranged for some staff to commence training in dementia care mapping in September 2010 to allow them to complete more specialised assessment of residents and to meet their needs in a more person-centred manner.

Closing the visit

At the close of the inspection visit a feedback meeting was held with Sr. Bernadette Murphy and the management team to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Angela Ring

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

12 July 2010

Provider's response to inspection report

Centre:	Our Lady's Manor Nursing Home
Centre ID:	0080
Date of inspection:	7 July and 8 July 2010
Date of response:	9 August 2010

Requirements

These requirements set out what the registered provider must do to meet 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*.

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

The risk management policy did not address the procedures to follow in the event of an assault, aggression and violence and self harm.

Action required:

Update the risk management policy to ensure it addresses the procedures to be followed in the event of risks associated with assault, aggression and violence and self harm.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

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

Timescale:

Provider's response:	
Risk management policy will be updated to include risks associated with assault, aggression, violence and self harm.	September 2010

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

The directory of residents did not contain all of the required information. It did not contain the name and address of any authority, organisation or other body which arranged the resident's admission to the centre.

Action required:

Update the directory of residents to ensure that it contains the name and address of any authority, organisation or other body which arranged the resident's admission to the centre.

Reference:

Health Act, 2007
 Regulation 23: Directory of Residents
 Standard 32: Register and Residents' Records

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

Timescale:

Provider's response:

Resident's directory is updated and includes the name and address of referring body who arranged the resident's admission.

Completed

3. The provider has failed to comply with a regulatory requirement in the following respect:

There was some information missing in the assessment of residents admitted for respite and convalescence.

There was no discharge plan developed for these residents.

Action required:

Carry out a comprehensive assessment of each residents admitted for respite and convalescence.

Action required:

Develop a discharge plan for all residents admitted for respite and convalescence care.

Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Assessment for residents admitted for convalescence and respite will be revised to ensure a more comprehensive assessment and a discharge plan will be developed.	September 2010

4. The provider is failing to comply with a regulatory requirement in the following respect: There was a risk that residents with reduced capacity could leave the centre without being seen by a staff member.	
Action required: Put procedures in place to minimise the risk associated with residents leaving the centre without being seen by a staff member.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An observation log is in place to minimise this risk.	Completed

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 21: Responding to Behaviour that is Challenging	Provide documented evidence that residents using restraints are regularly checked and given opportunities for motion and exercise. Provider's response: Reviewed and in place.

Any comments the provider may wish to make:

Provider's response:

The inspection was a very positive experience for management, staff and residents. The inspectors were very professional, courteous, observant and thorough. We wish to thank them for their complementary and positive comments regarding Our Lady's Manor and for acknowledging the quality of life enjoyed by our residents.

Provider's name: Sr. Bernadette Murphy

Date: 9 August 2010