# Health Information and Quality Authority

## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Our Lady's Manor Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004632</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dublin Road, Edgeworthstown, Longford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>043 667 1007</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:adminolm@newbrooknursing.ie">adminolm@newbrooknursing.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Newbrook Nursing Home Unlimited Company</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>50</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>11</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From: 23 January 2018 09:50  
To: 23 January 2018 17:50  
24 January 2018 08:00  
To: 24 January 2018 12:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of an announced inspection completed to inform an application by the provider to renew the centre's registration. The inspection also considered notifications and other relevant information and followed up on progress with completion of the action plan from the last inspection in July 2017. There were 11 actions in the action plan from the last inspection and nine were found to be satisfactorily completed. The two incomplete actions were found to be progressed. These actions are restated in the action plan from this inspection.

The details of unsolicited information received by the Health Information and Quality Authority (HIQA) in May and November 2017 regarding insufficient access to activities, skin assessment procedures, nutrition, standards of care and complaints management was assessed on this inspection. The provider had comprehensively investigated the issues raised and had addressed areas requiring improvement. However, further improvement was found to be required on this inspection to ensure residents activation needs were met and how residents' meals were served in the sitting/dining room on the first floor.
The inspector met with residents and staff members during the inspection and reviewed information provided in pre-inspection questionnaires completed by ten residents. Feedback from residents received during the inspection and in pre-inspection questionnaires was generally positive however areas identified for improvement by residents included access to activities and the variety of the menu. This information was communicated by the inspector to the provider representative and person in charge during the inspection. Documentation examined by the inspector included residents' care plans, medical records, staff files and training records, risk and fire safety management procedures among others.

The provider, person in charge and the staff team were committed to providing a safe service and a good quality of life for residents living in the centre. Residents' accommodation in the centre was provided over three floors. The design and layout of the centre met its stated purpose and provided a comfortable and therapeutic environment for residents. Refurbishment and redecoration of a number of residents' bedrooms on the basement and ground floor levels was completed to a high standard. Work was planned to upgrade a number of bedrooms on the first floor.

There were arrangements in place to ensure residents were protected and safeguarded from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. Residents confirmed that they felt safe in the centre. The inspector observed that staff were respectful and kind towards residents and ensured their rights to choice, privacy and dignity were met. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support them to live independent lives. Residents healthcare needs were met to a good standard. Assessment and person-centered care planning procedures clearly informed the care they required to ensure their needs were met.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2016.
Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The governance and management arrangements for the centre were clear and were evident in practice and as described in the centre's statement of purpose document. The provider had comprehensive systems and structures in place to ensure the centre was effectively governed and managed and the service provided to residents was safe and effective. Lines of authority and accountability were defined and each member of the staff team were aware of their roles, responsibilities and reporting relationships. Management meetings were held on a monthly basis and were attended by the provider representative, person in charge, deputy person in charge and the group's practice development coordinator. Key service parameters, risk management, quality of service and resource requirements were reviewed at these meetings. The person in charge ensured effective team communication with a daily interdepartmental meeting to ensure each department in the centre were kept up-to-date regarding any changes in the needs of residents. Regular meetings were also convened with each staff grade and department.

The centre was managed by a suitably qualified and experienced nurse in care of older people. The person in charge demonstrated that she had authority and was accountable and responsible for the provision of the service to residents. The person in charge was engaged in the governance, operational management and administration of the centre on a full-time basis. The deputy person in charge was also a suitably qualified and experienced nurse in care of older people and replaced the person in charge during any periods of leave.

There was good evidence of continuous quality improvement. The quality and safety of the service was closely monitored and a scheduling process informed the frequency of auditing of key clinical and environmental parameters. The information collated in audits was analyzed and areas requiring improvement were informed and managed and
tracked to timely completion through an action plan process. Findings from safety reviews and auditing were trended and informed proactive quality improvement strategies and assurances that all aspects of the quality and safety of the service were optimized. An annual report detailing review of the quality and safety of care and quality of life for residents compiled in consultation with residents was available for 2016. This report for 2017 was being prepared at the time of this inspection.

Residents and their families were consulted with regarding the service provided and planned. Their feedback was valued and was used to evaluate and improve the service they received. Meaningful actions were taken in response to residents’ feedback on the variety of menu options to meet individual and collective preferences.

Sufficient resources were provided to meet the needs of residents. The inspector observed examples of care and resources provided that exceeded required standards to ensure residents care needs were met and that they were safe and comfortable in the centre. For example, a physiotherapist was employed by the provider and attended to residents on a twice weekly basis. This had a positive impact on their ongoing health, safety and rehabilitation.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Residents were protected and safeguarded from abuse. A policy document was available and accessible to staff to inform prevention, detection and response to abuse in the centre. This policy was effectively demonstrated in practice since the last inspection. Staff spoken with on the days of the inspection confirmed they were facilitated to attend training and were aware of the procedures for and their responsibilities to report any incidents, allegations or suspicions of abuse. Staff spoken with also confirmed that there were no barriers to them disclosing any concerns they may have. Residents confirmed to the inspector on the day of inspection and stated in pre-inspection questionnaires that they felt safe in the centre and that all staff were respectful and kind to them.

Person-centred care plans were developed for residents with medical conditions that
predisposed them to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable regarding the triggers to individual resident's behaviours and applied this knowledge in their practice to prevent escalation of behaviours. Effective de-escalation strategies were known by staff for each resident predisposed to responsive behaviours. While the inspector was told that a small number of residents were predisposed to responsive behaviours, there were no incidents observed on the days of inspection. This finding provided assurances that residents with responsive behaviours were appropriately supported. No residents were administered psychotropic medications on a PRN (a medicine only taken as the need arises) basis to de-escalate behaviours. If used, a review procedure was in place to ensure administration was appropriate and to monitor usage.

The findings from this inspection confirmed that staff were committed to and working towards achieving a restraint-free environment. There was a reduction in full-length bedrail use since the last inspection. There was good evidence of alternatives being tried before full-length bedrails were used. None of the full-length bedrails in use were used solely for the purpose of enabling residents' mobility while in bed. Regular assessment of bedrail use was completed to determine on-going need and to ensure safety of use in each case. Records were maintained confirming that periods of restriction posed by full-length bedrails was minimized. The records also confirmed that safety checks were completed each time bedrails were applied. A small number of residents assessed as being at risk of leaving the centre unaccompanied wore sensor bracelets to alert staff if they exited the centre. Access to the centre was controlled to prevent unauthorized access to the centre.

There were transparent and secure procedures in place for managing small sums of residents' money put in safekeeping. A sample of balances were checked by the inspector and found to be accurate. Residents could access their money as they wished. Each resident had a lockable space in their bedrooms to secure their personal valuables if they wished. The provider was an agent for collection of a small number of residents' pensions on their behalf. The procedures in place reflected best practice and ensured residents were safeguarded.

**Judgment:**
Compliant

**Outcome 08: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The health and safety of residents, staff and visitors was promoted and protected by
A comprehensive and proactive management of risk in the centre. A safety statement was in place which was reviewed annually and was updated for 2017. A risk management policy was available and included the required information and controls to manage the risks specified by regulation 26 (1). Missing person profiles and drills were completed together with risk assessment of residents as some of the controls to mitigate the risk of vulnerable residents leaving the centre unaccompanied. An electronic risk management programme was in place to support staff with recording, risk assessment, review, effective resolution and implementation of controls to prevent recurrence. The actions from the last inspection were satisfactorily completed. All internal and external hazards were identified and assessed. Areas of risk were addressed with appropriate controls to mitigate occurrence. Controls were kept under review and updated as necessary. For example, controls to mitigate risks were considered to ensure they were sensitive to residents’ needs, rights and quality of life. All accident, incident and near miss events were recorded and reviewed to ensure they were risk assessed and any areas for learning were captured and implemented.

There were procedures and practices in place to ensure residents were protected from risk of fire in the centre. Each resident had a personal evacuation risk assessment completed that took account of their staffing support and equipment requirements to ensure their safe evacuation in the event of an emergency. Issues that could hinder their timely evacuation was also identified such as cognitive impairment. Each resident's evacuation plan was kept in their bedroom and with the documentation referencing fire safety management for ease of reference in the event of an emergency and to assist the emergency services as necessary. The inspector examined the fire safety arrangements and associated documentation in the centre and found that there were robust fire safety management procedures in place. There was frequent and detailed local fire safety checking procedures completed in addition to regular servicing of fire safety equipment by an external provider. The inspector reviewed the records of fire evacuation drills completed and found they referenced day and night-time simulated procedures to facilitate participation by all staff and to ensure staffing levels were adequate to safely evacuate residents in an emergency. The details recorded provided assurances that timely evacuation of residents in the event of an emergency could be achieved.

A policy document and details of best practice procedures were available to guide staff on the management and prevention of communicable infection in the centre. Environmental cleaning procedures reflected best practice in infection prevention and control standards and the centre was visibly clean throughout. Hand hygiene facilities and personal protective equipment (PPE) was located at various points throughout the premises. Staff were observed to carry out hand hygiene procedures as necessary.

**Judgment:**
Compliant

**Outcome 09: Medication Management**
Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Residents were protected by safe medicine management practices and procedures in the centre. There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents. The inspector found that practices in relation to prescribing and medication reviews met with regulatory requirements. Procedures were implemented since the last inspection to ensure faxed prescriptions were transferred into resident's prescription record within 72 hours as advised by the centre's policy documentation. Medicines controlled under misuse of drugs legislation were securely stored. Required balance checking procedures were in place and a sample of balances checked by the inspector were correct. Medicines requiring refrigerated storage were stored as recommended. The temperature of the medicine refrigerator was monitored and maintained with specified parameters.

Each resident's medication was stored in a secure cupboard by their bedside. While no residents choose to self-administer their own medicines, the arrangements in place where their medicine is kept by their bedside gave them a sense of ownership and control regarding their medicines.

The pharmacist who supplied residents' medications was well known to them and was facilitated to meet his obligations to residents. The pharmacist was involved in presenting talks to residents on health topics of interest to them and wrote a medication focused article in the residents' newsletter. The pharmacist was also involved in staff education, completed comprehensive medication audits and supported procedures for return of out of date or unused medications. Systems were in place for recording and managing medication errors.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
There were 50 residents in the centre receiving long term and respite care on the days
of this inspection. The inspector's findings confirmed that residents' healthcare needs were comprehensively assessed and were met to a good standard. Actions from the last inspection requiring improvement regarding residents' care plans and documentation of consultations regarding care plan reviews with residents or their relatives as appropriate were completed to a satisfactory standard.

Residents received timely access to health care services. As a number of general practitioners (GPs) attended the centre, residents had a choice of GP or if from the locality could retain the GP they attended before moving into the centre. Residents' documentation examined by the inspector confirmed they had access to GP care including during out-of-hours. Residents were supported to attend out-patient appointments and were referred for further care in the acute hospital services as necessary. Residents had access to care by a variety of allied healthcare professionals. A physiotherapist was employed on the centre's staff and attended the centre two days each week. This service had a positive impact on residents' ongoing health and wellbeing with assessment and promotion of their mobility and rehabilitation. Occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services were available to residents as necessary. Community psychiatry of later life specialist services attended residents in the centre to support their GP and staff with on-going care and symptom management.

There were systems in place to ensure residents' health and nursing needs were met to a good standard. Residents' documentation was managed by means of a password protected, electronic data management system. A comprehensive assessment of residents' needs was carried out within 48 hours of their admission. Staff used validated tools to assess each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. This information informed a holistic care plan with additional care plans developed as necessary. Residents' care plans were person-centred and clearly described the care interventions to meet their needs. Each residents' wishes and preferences regarding their care was clearly reflected in their care plan. Residents' care plans were updated routinely or to reflect their changing care needs as necessary and they and their families were involved in their care plan development and reviews thereafter. Staff spoken with by the inspector knew residents' likes, dislikes and care needs well. Residents who completed pre-inspection questionnaires and those spoken with on inspection expressed their satisfaction with the care they received and staff caring for them.

Residents' risk of falling was assessed and care procedures were implemented to prevent falls occurring. All residents who had a fall resulting to an injury to their head were transferred for review in hospital. Fall incidents to residents were closely monitored by the person in charge and provider representative. There was a low incidence of falls in the centre resulting in a serious injury to residents. Each fall incident was reviewed to identify further prevention strategies which were seen to implemented. HIQA were last notified of two incidents of residents falling and sustaining a bone fracture in the past 12 months. The centre's physiotherapist assessed each resident on admission to determine their risk of falling and reassessed their needs following any fall incident thereafter. Residents assessed as being at risk of falling had controls in place to prevent falls or serious injury including increased supervision by staff, hip protection, low-level beds, foam floor mats and sensor alarm equipment. The inspector observed that all residents
were appropriately supervised by staff on the days of inspection.

Each resident's risk of developing pressure wounds was assessed on admission and regularly thereafter. There were care procedures in place to prevent residents developing pressure related skin injuries including pressure relieving mattresses, cushions and repositioning schedules. There were no incidents of residents developing wounds related to pressure in the centre during the past 12 months. HIQA were notified of a small number of incidents where residents developed pressure ulcers prior to their admission to the centre. Tissue viability specialist services were available to support staff with management of residents' wounds that were deteriorating or slow to heal. A policy document reflecting evidence based practice was available to inform wound management procedures. The care procedures included wound photographing to monitor progress with healing and development of a treatment plan to inform dressing procedures.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The design and layout of the centre meets its stated purpose. Residents' accommodation in the centre was arranged over three floors. The premises had undergone extensive modification and refurbishment over the years and provided a comfortable and spacious environment for residents. With the exception of one bedroom accommodating three residents, all other bedrooms were single or twin rooms. The floor space in residents' bedrooms varied but each met size, privacy and dignity requirements. The majority of residents' bedrooms had spacious en-suite shower, toilet and wash basin facilities fitted. The bedroom accommodating three residents was spacious and residents each had ample personal space. A spacious en-suite shower, toilet and wash basin was provided to meet their needs.

The centre interior provided a spacious, bright and comfortable environment for residents with a variety of communal areas and a large oratory. The reception and main communal spaces were located on the ground floor. A communal sitting/dining room was also provided on the first floor. A mezzanine level off the first floor was accessible.
by a ramp with handrails fitted on both sides. The basement level, first floor and mezzanine level could be accessed by stairs or by means of a spacious passenger lift. The door lift has a closure delay function installed to give residents with reduced mobility time to enter and exit the lift.

The centre has a large dining room adjacent to the main kitchen area that could comfortably accommodate all residents in the centre for one sitting at mealtimes. Some residents also chose to dine in the recently refurbished sitting/dining room on the first floor. Several communal sitting areas were available for residents to rest and relax in on the ground floor. These rooms were varied and enabled residents' to engage in quiet rest and relaxation or meet their visitors in private as they wished. An area off the reception that was part of the original building was refurbished in the style of a traditional kitchen and a living room to provide additional communal space for residents. A small shop was available to residents for toiletries and other small items. A letterbox on a stand was placed inside the entrance to the centre at the residents’ request for posting their letters.

Residents have access to a large oratory which was also used by the local community. Toilet facilities were located within close proximity to communal areas.

Corridors were individually named and each was themed in a different colour. Handrails fitted on corridors were painted in contrasting colours to the surrounding walls to enhance orientation and safety for residents. Grab rails were provided in all toilets and showers, some of which were also in contrasting colours to assist residents with visual needs or dementia. Residents' bedroom doors in the older parts of the premises were individually painted in a variety of colours to assist them with accessing their bedrooms. Key areas had clear signage displayed. Signage that hung out into the corridors identified communal toilets. These actions afforded residents greater autonomy and increased their independence.

The grounds around the centre were attractively landscaped. Residents had access to a large interesting enclosed garden. The enclosed garden was adjacent to a working walled flower and vegetable garden. Some residents liked to walk in the walled garden weather permitting, and they were supported to do so. Residents were encouraged and supported to personalize their bedrooms with their personal possessions. Some residents had small items of furniture from their homes in their bedrooms. The provider had recently revised the layout and redecorated bedrooms in the older parts of the centre on the ground floor and basement. This work included replacement and relocation of sinks and wardrobes in some bedrooms. Painted surfaces on skirting and fitted furniture were chipped. While this was an action from the last inspection not yet completed, the inspector was told that work was planned to upgrade and redecorate bedrooms on the first floor and mezzanine.

Environmental temperatures were monitored throughout to ensure they were maintained at levels in line with the standards and comfortable for residents. Hot water temperatures were thermostatically controlled so as not to exceed 43 degrees centigrade at the point of contact by residents. Advantage was taken from use of the many large windows for natural light in communal areas and some residents' bedrooms in the centre.
Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
There was a complaints policy available. The complaints procedure was prominently displayed in the centre and was summarized in the residents' guide document which was also made available to residents in large font format for ease of reading. All complaints were recorded and there were arrangements in place for their follow through to satisfactory resolution. There was a system in place to ensure that the complaints by residents or their relatives were listened to and acted upon and they had access to an appeals procedure. Feedback regarding dissatisfaction with the service provided was welcomed and arrangements were in place for recording same in line with regulatory requirements. The person in charge was the centre's designated complaints officer. Residents were familiar with the person in charge. Residents spoken with during the inspection were aware of the process and told the inspector they were satisfied with the service they received. Residents who completed pre-inspection questionnaires identified the person in charge or other staff members as the people they would communicate with regarding any dissatisfaction they had with the service. Residents spoken with confirmed that they felt that any dissatisfaction they expressed would be addressed.

Most complaints were managed and resolved at a local level by staff. Complaints that could not be resolved locally were appropriately escalated up to the person in charge as the complaints officer. The details of these complaints confirmed that they were investigated. Details of the investigation process and copies of all associated correspondence were available in each case. The outcome of the investigation process was discussed with complainants their satisfaction was consistently recorded. An appeals procedure was in place. There was a nominated person with assigned responsibility for reviewing complaints to ensure they were appropriately managed in line with the policy. The inspector observed that all complaints were reviewed to identify any areas for learning which were seen to be implemented. An independent advocacy service was available to support residents with dementia and their families to raise issues of concern if necessary.

Judgment:
Compliant
**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Staff provided end-of-life care to residents with the support of their medical practitioner and community palliative care services as necessary. Palliative care services were not supporting any residents in the centre on the days of this inspection. There were procedures in place to ensure residents receiving 'end of life' care were provided with sufficient symptom including management of any pain or discomfort they experienced. A pain assessment tool for residents, including residents who were non-verbal was available and in use for residents who experienced other types of pain.

The inspectors examined a sample of residents' end-of-life care plans and found that they outlined details of the physical, psychological and spiritual care residents wished to receive. Residents' wishes regarding the place they wished to receive end-of-life care was recorded. Regular review to capture any changes in their wishes was implemented since the last inspection. Advanced directives were in place for some residents regarding resuscitation procedures. These decisions were made with residents and their families. Signatures by all members of the multi-disciplinary team involved in supporting the resident and their family in the decision-making process were documented.

Residents had access to a large oratory which was available to them for removal and funeral services if they wished. A room adjacent to the oratory within, but separated from the residents' accommodation was used to provide refreshments for mourners at services in the oratory following the death of a resident in the centre. The person in charge told the inspector that residents who deceased in the centre were removed to the centre's oratory to facilitate other residents and staff to pay their respects. Residents' families were facilitated to be with them overnight when they were ill. Clergy from the different faiths attended residents in the centre and were available to be with them as they wished. A religious sister volunteered in the centre and provided pastoral care for residents.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a
discrete and sensitive manner.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Systems were in place to ensure residents' nutritional needs were met, and that they did not experience dehydration. A policy was available to guide practice including clinical assessment, monitoring and managing residents at nutritional risk. Residents had good access to a dietician and speech and language therapy services. These services were available to residents on referral based on assessment of need or a change in a resident's condition. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when clinically indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations made by the dietician and speech and language therapist where appropriate. Procedures for monitoring residents' fluid and dietary intake were in place and informed residents' intake accuracy.

The menu was displayed and a written menu was placed on each table. Staff also told residents what menu options were available at mealtimes. These combined actions ensured the information needs of all residents were met to enable them to make an informed choice regarding the food they ate. Residents had a choice of hot meal for their lunch and tea each day and alternatives to the menu were available. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Some residents with unintentional weight loss or weight gain were also prescribed special diets to meet their needs by the dietician. Residents with specialist dietary and fluid consistency requirements had their food and fluids prepared as recommended meeting their needs. Residents’ meals were served in a spacious dining room adjacent to the main kitchen. A sitting/dining room on the first floor was also used by residents. Residents' dining experience was not optimized in the sitting/dining room on the first floor and required improvement. For example, residents were served their main meal and dessert at the same time and most residents were served their meals on trays on small tables in front of their chairs. This practice did not optimize found that there was room for improvement. Residents using assistive chairs were facilitated to dine comfortably at specially adapted tables. There were sufficient numbers of staff available to support residents needing assistance with eating at mealtimes. Staff sat with residents and provided them with encouragement and discreet assistance with their meals as necessary.

The chef met with residents to ascertain their food likes and dislikes on admission and reviewed these preferences regularly thereafter. Residents’ feedback on menu options and choices provided was valued to ensure the food provided to them met with their satisfaction. The inspector observed that individual resident's preferences were reflected in the menu options provided for them. Feedback on the food provided was positive.
from residents spoken with by the inspector and also in pre-inspection questionnaires completed by residents. A small number of residents commented that they wanted greater variety in the choice of vegetables provided. Some other residents expressed their preference for fish. This feedback was communicated to the person in charge and the provider representative during the inspection.

**Judgment:**
Substantially Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Residents were consulted with and supported to participate in the organisation of the centre. Regular meetings were convened for residents and were minuted. The minutes referenced active discussion about life and plans in the centre. Residents' suggestions were recorded and issues raised were actioned. Some residents spoken with by the inspector said they felt involved in the centre and felt that their opinions were valued. Residents were supported and encouraged to make independent and informed choices. Residents had access to Independent advocacy services.

Residents were facilitated to exercise their civil, political and religious rights. A spacious oratory was accessible to residents in the centre. Residents could attend religious services including Mass three times each week in the oratory as they wished. Staff sought residents’ permission before undertaking any care tasks. Staff worked to ensure that residents received care in a dignified way that respected their privacy and were observed knocking on bedroom and toilet doors before entering. Bedroom doors and bed screens when closed by staff when providing personal care for residents. Staff addressed residents by their preferred name.

A variety of meaningful activities were provided in the various communal rooms each day over the week. One of the communal rooms on the ground floor was refurbished as a sensory room. The inspector observed that this room for used for small groups of residents who benefited most from sensory based activities. A small number of residents enjoyed activities in the communal sitting/dining room on the first floor. The inspector
found that although activities provided for residents were varied and meaningful, the organization of activities required review to ensure residents were provided with choice and comfort regarding their participation in activities that interested them. Although there were a number of other communal rooms on the ground floor, activities were facilitated for the majority of residents in the main communal sitting room on the ground floor. The inspector observed that while most residents tried to participate in the activities provided in this room, the room was overcrowded. Although communal rooms off the reception that were part of the original building were refurbished to a high standard in the style of a traditional kitchen and a living room, they were only used periodically by one resident on the days of inspection. Some residents comments in pre-inspection questionnaires referenced their dissatisfaction with how their activation needs were met. The activity coordinators were enthusiastic about their work and knew residents well. Records were maintained regarding each resident's level of participation and engagement to ensure their interests and capabilities were met. The communal sitting rooms were decorated to include familiar memorabilia and furnishings. Tables were provided that were specially designed to enable residents in assistive chairs to access a table surface and ease of access for staff to provide assistance as necessary. The activity schedule was displayed in a format that could be easily seen.

There were no restrictions on visitors and there were a number of areas throughout the centre where residents could meet their visitors in private. Visitors were observed visiting throughout the day. Residents had access to national and local newspapers, televisions, radios and telephones. Some residents had their own mobile telephone and a portable telephone was available to facilitate other residents to receive phone calls.

Judgment:
Non Compliant - Moderate

### Outcome 18: Suitable Staffing

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

### Theme:
Workforce

### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
The numbers and skill mix of staff were appropriate to the needs of residents. There was a planned staff roster in place, with changes clearly indicated. The staffing in place on the days of inspection was reflected in the roster. The inspector was informed by the person in charge that staffing levels were reviewed on an on-going basis to meet the
changing needs of residents and were increased where necessary to meet the needs of residents who were assessed as requiring high levels of care and supervision. Four experienced carers were recently appointed as team leaders to assist with supporting existing and new care staff in the centre. Staff were appropriately supervised.

A comprehensive mandatory and professional development training programme was organized for all staff. The training records indicated that all staff had completed mandatory training in safeguarding residents, safe moving and handling procedures and fire safety. Staff development training needs were informed by the needs of residents and annual performance appraisals. A member of staff was employed by the provider with sole responsibility for providing training to staff. The provider also employed a practice development coordinator. The practice development coordinator attended the centre on one to two days each week or more often if required. Clinical competency assessment and annual performance management meetings were conducted for staff. A record of the current registration details of all staff nurses working in the centre was maintained and was up to date.

There was a policy in place to inform recruitment, selection and vetting of staff. A robust induction programme was in place for newly recruited staff and the person in charge had arrangements in place to ensure all new staff were appropriately supervised. The provider representative confirmed that all staff working in the centre had completed An Garda Síochána vetting. There was one volunteer working in the centre and they were appropriately vetted and their roles and responsibilities were documented for their reference. A sample of staff files were reviewed by the inspector and were found to contain all information as required by Schedule 2 of the Regulations.

**Judgment:**
Compliant

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Our Lady's Manor Nursing Home</th>
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<tr>
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<td>OSV-0004632</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19/02/2018</td>
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Requirements

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

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

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Painted surfaces on skirting and fitted furniture in some bedrooms on the first floor and mezzanine were chipped.

1. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

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


Please state the actions you have taken or are planning to take:
The refurbishment project of the first floor is planned for this year, in the meantime areas that require immediate attention will be addressed.

Proposed Timescale: 30/06/2018

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents’ dining experience was not optimized in the in the sitting/dining room on the first floor and required improvement.

2. Action Required:
Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:
The PIC /CNM has completed a full review of the residents dining experience on the first floor, new chairs are now in place to suit the table, the meals are now served individually to each resident from the hot box and the use of trays has been reduced, residents are encouraged and assisted daily to attend the dining room for meals where appropriate.

Proposed Timescale: 15/02/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspector found that although activities provided for residents were varied and meaningful, the organization of activities required review to ensure residents were provided with choice and comfort regarding their participation in activities that interested them.

3. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.
Please state the actions you have taken or are planning to take:
The PIC and Activities Co-ordinator are reviewing the overall structure and plan of activities at the moment for the nursing home. The residents are now utilising the additional sitting room space for activities in a planned and safe manner. Staff are allocated daily to ensure residents have meaningful activities in a suitable environment. Staff will ensure that all residents have a positive experience. The PIC and Activities Co-ordinator are still working to further develop the structure and delivery of the current activities at the centre.

**Proposed Timescale:** 30/04/2018