

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lourdesville Nursing Home
Centre ID:	ORG-0000060
Centre address:	Athy Road, Kildare, Kildare.
Telephone number:	045 521 496
Email address:	lour@iol.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Seamus Brennan
Provider Nominee:	Seamus Brennan
Person in charge:	Mary Melody
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 April 2014 10:00 To: 15 April 2014 20:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an inspection, which took place following an application to the Chief Inspector to renew the registration of this centre. As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. As part of the registration renewal process, interviews were carried out with the provider and person in charge, the Assistant Director of Nursing (ADON) and the senior nurse.

Overall, the inspector found that the provider and person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality

Standards for Residential Care Settings for Older People in Ireland. They promoted the safety of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

Improvements required related to the premises and this is discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Mary Melody is the person in charge. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. All information required was to hand.

The person in charge had maintained her continuous professional development having completed a higher certificate in gerontology and a management course. She attended numerous clinical courses such as infection control, falls management and nutrition.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Adequate insurance was in place. The designated centre had all of the written

operational policies as required by Schedule 5 of the Regulations.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge is supported in her role by an Assistant Director of Nursing and a senior nurse who deputise for her in her absence. The inspector interviewed both persons and found that they were aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector viewed the attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge, the Assistant Director of Nursing and the senior

nurse were clear about the measures they would take if they received information about suspected abuse of a resident.

The person in charge managed small amounts of money for some residents. The inspector saw that this was securely stored in a locked safe. Balances checked were correct and the inspector was satisfied that this continued to be managed in a safe and transparent way.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

The inspector noted that there was a health and safety statement in place.

Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards. A risk management policy was in place and met the requirements of the Regulations. The inspector read the minutes of the health and safety committee which met on a regular basis to discuss on-going management of risk. The inspector read where any issues were then discussed at staff meetings.

Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced on a three-monthly basis and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire.

There was an emergency plan in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary.

All staff had attended the mandatory training in moving and handling. This training had

included the use of hoists and slings and the inspector saw staff using this equipment appropriately. The inspector also saw that the slings were inspected prior to each use and removed from use if there was any doubt about their safety.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. A comprehensive policy was in place which guided practice. Written evidence was available that three-monthly reviews were carried out. There was evidence of pharmacist involvement at the reviews and for advice and training. In addition, all nursing staff had undertaken an eLearning medication management course.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

A locked medication fridge was available and the inspector noted that the temperatures were checked daily. The inspector saw that this was registering below accepted limits at the time of inspection and the person in charge had arranged for it to be serviced. There were no medications that required refrigeration at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. The inspector read the incident log and saw that all relevant details of each incident were recorded together with actions taken.

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

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were being completed on several areas such as documentation, falls, medication management, infection control and health and safety issues. The inspector saw that the results of these audits were shared with all staff at team meetings.

In addition there was a weekly collection of data on clinical issues such as numbers of falls, use of bedrails and the use of various medications including psychotropics.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example additional reminders had been provided to visitors following the hand hygiene audit. The inspector also saw that following the falls audit which looked at compliance with the policy as well as analysing each fall to identify possible trends it was identified that night time was the most likely time for a fall to occur. Additional supervision was put in place for residents at risk.

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management and the use of restraint and found they were well managed and guided by robust policies. Currently there were no residents who exhibited episodes of behaviour that challenged.

Weight management is discussed in more detail under outcome 15.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital or privately including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Chiropody, dental, optical and audiology services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Each resident had opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. An activity coordinator was employed and residents were seen enjoying various activities during the inspection. Each resident's preferences were documented in their care plan and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included religious ceremonies, music, art and

many more. Residents were busily creating Easter cards and decorating eggs during the inspection. The inspector spoke to several residents who said they enjoyed the various activities. Several residents also said that their favourite was the evening music sessions which were planned for three to four evenings a week. One resident told the inspector that she goes back to bed for a rest on the days of the music sessions so that she can stay up later and enjoy them.

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the premises were homely and comfortable, there are several deficits that will require attention in order to meet residents' individual and collective needs in a comfortable and homely way in accordance with the Regulations and Standards by 2015. These included some multioccupancy rooms and a lack of suitable space for storage of equipment.

The provider and person in charge outlined the proposed plans in place to address these within the required timeframe. The provider showed the inspector the work currently underway to provide five additional single rooms to replace the beds to be taken down in the multioccupancy rooms. He expected that this work would be completed before July this year.

Despite this the inspector found that the premises were well maintained and nicely decorated. The communal areas such as the dining room and the day room had a variety of comfortable furnishings and were domestic in nature. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. The environment was well maintained and there were measures in place to control and prevent infection.

Calls bells were provided and appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up-to-date. A passenger lift provided access between the two floors.

There was a sluice room and a cleaners' room and both were appropriately equipped. Staff were provided with changing and storage facilities.

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

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good complaints management practice.

The complaints policy was reviewed prior to inspection and was found to be comprehensive and met the requirements of the Regulations. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. The complaints policy was displayed in a prominent place and was summarised in the Residents' Guide and the statement of purpose.

No written complaints had been received by the complaints officer in the last twelve months. The inspector noted that a separate log was maintained where verbal concerns from residents and relatives were recorded. The inspector saw how these had been acted upon and documented in accordance with the policy.

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

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

Lourdesville Nursing Home was part of the Authority's pilot programme for thematic inspections in 2013 and the inspector saw that on-going development work was underway as a result of the learning from the self assessments. The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. There was a system in place to ensure that staff read and understood the policy. Staff members spoken with were knowledgeable and confirmed this.

New documentation had also been introduced entitled 'Planning for tomorrow and beyond' which allowed exploration of the residents' wishes regarding end of life. The inspector read some completed copies and saw that in some cases residents and relatives outlined very specific instructions and preferences such as their wishes regarding transfer to general hospitals and funeral arrangements.

The person in charge was also linked with the hospice friendly hospital (HfH) initiatives and the inspector saw that a resource folder was available to staff.

The centre had access to a consultant led palliative care service. The person in charge stated that the centre maintained strong links with the local palliative care team. The inspector saw that there was good access to this service when required both for advice and support.

Work was underway in the premises to set up a specific end of life room to further enhance the facilities available.

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

There was a centre-specific policy in place for the monitoring and documentation of nutritional intake which provided detailed guidance to staff and had recently been updated.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. The inspector noted that the chef and catering staff spoke with the residents during the meal asking if everything was satisfactory. The inspector saw that residents who required their meals in an altered consistency had the same choice as other residents. A named person was allocated each day to monitor the nutritional intake of residents who required assistance and to ensure that frequent drinks and snacks were offered.

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

The inspector saw that several residents required a modified consistency diet. Records showed that some residents had been referred to the speech and language therapist (SALT). Specific recommendations regarding the consistency of meals and particular eating requirements were recorded in the residents' notes. Staff spoken with were familiar with these recommendations and the inspector saw that they were acted upon.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted with and participated in the organisation of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents had choices about how to spend the day with some getting up late in the morning and others returning to bed for a rest in the afternoon.

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

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available. Mass took place on a weekly basis. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been set up and met on a regular basis. The inspector saw that residents had made suggestions regarding the activities available. For example they had asked that a 'chipper night' be continued on a monthly basis. This involved buying a selection of foods from the local chipper and residents told the inspector how much they enjoyed this with one resident calling it a midnight feast.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was well equipped and organised. A washing machine was set up in a separate small room and this was reserved for any potentially infectious laundry. The inspector spoke to the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' possessions.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents. Twilight shifts were in place to ensure adequate staff were available to assist residents returning to bed.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a broad range of training which included continence promotion, falls prevention and infection control. Yearly staff appraisals were carried out and the inspector saw that staff identified future training requirements which were then provided.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the Regulations.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lourdesville Nursing Home
Centre ID:	ORG-0000060
Date of inspection:	15/04/2014
Date of response:	16/05/2014

Requirements

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

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

There is one four-bedded room and two three-bedded rooms.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

1) The section of the nursing home under current refurbishment will resolve present use of the four bedded room and the two three bedded rooms . As explained and shown to the inspector during the inspection.

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

The refurbished area will provide single room occupancy for four, which over all will continue to provide accommodation for forth eight residents in Lourdesville Nursing Home. The refurbishment is due for completion on 01/07/2014.

Proposed Timescale: 01/07/2014

Theme: Effective Care and Support

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

There was a lack of suitable space for storage of equipment.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

2) The elimination of the multi occupying rooms will lead to the provision of extra storage space on those corridors, thus ensuring extra storage for equipment

Proposed Timescale: 01/07/2014