Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Friars Lodge Nursing Home
Name of provider:	G & T Gallen Limited
Address of centre:	Convent Road, Ballinrobe, Mayo
Type of inspection:	Unannounced
Date of inspection:	12 September 2018
Centre ID:	OSV-0000342
Fieldwork ID:	MON-0023896

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Friars Lodge Nursing Home is a designated centre for Older People. The building is purpose-built. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ballinrobe town. Residents have access to an enclosed garden area. The centre provides accommodation for a maximum of 64 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Current registration end date:	28/02/2021
Number of residents on the date of inspection:	60

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 September 2018	10:30hrs to 19:30hrs	Una Fitzgerald	Lead
12 September 2018	10:30hrs to 19:30hrs	Gearoid Harrahill	Support

Views of people who use the service

The feedback from residents was highly complimentary of the staff and management. Inspectors spoke with multiple residents and family members over the day of inspection. Residents said they were satisfied with the service. Inspectors spent time observing staff and resident engagement. Residents were observed to be comfortable and content in the environment. Inspectors spoke with residents about what their daily lives where like in the centre. Residents felt their call bells were answered in a timely manner. On the day of inspection, the inspectors observed the staff responding to call bells in a timely manner. Residents said that staff were kind and attended to their needs with patience and compassion. Inspectors observed that some residents spent long periods of time in their bedrooms. This was their choice and it was respected by staff. Residents were happy with the activities schedule.

Capacity and capability

Overall the centre was well organised. The management team work cohesively to ensure that the service delivered is safe and of a good quality. The provider representative and person in charge had systems in place to ensure that they have oversight and governance to oversee the quality of care received by residents. This inspection was unannounced and the information requested was made available in a timely manner and presented in an easily understood format. An annual review of the service was completed for 2017 that gathered statistical information on all operational and clinical areas of service delivery. The annual review had been completed in consultation with residents and family. A comprehensive auditing schedule was in place. Where improvements were identified as required, action plans and changes are communicated to staff. The management team have oversight of risk within the centre. For each risk identified it was clearly documented what the hazard was, the level of risk, the controls in place and the person responsible. This document was kept under review by the person in charge.

The management team in the centre meet to discuss all operational matters on a weekly basis. The provider and person in charge review and discuss all complaints, accidents and incidents that are reported. An open, transparent culture is promoted. Appropriate follow up is taken when required. Discussion takes place on all areas of management within the centre. Statistical information is gathered to inform the management plan.

Inspectors spoke with staff. Staff turnover in the centre is low. This impacted positively on residents as staff knew their individual needs. The staff confirmed that the management team have a strong presence within the centre and adopt a

hands on management style. Staff confirm that the person in charge is readily available for support.

The provider had developed a formalised system for regular appraisals and were in the process of rolling it out to all staff. This appraisal included a reflective exercise in which staff could highlight how they could be supported to meet their own personal goals and improve their ability to deliver effective and person centric care to all residents in the service.

Staff had been facilitated to attend training in areas such as caring for people with dementia, managing falls risk, use of modified diets or use of restrictive practices. Some staff were out of date in their training on the detection and response to incidents of suspected, alleged or actual incidents of abuse. This is referenced under Regulation 8 on protection and is a repeated action from the last inspection.

A clear procedure for making a complaint was posted prominently in the centre's main foyer, and the residents spoken with felt confident that they could make a complaint and that it would be taken seriously and responded to. Inspectors reviewed a log of complaints and this contained the details of the matter, correspondence with the person making the complaint, and any outcomes or learning from the issue.

All residents had a contract of care signed and agreed between the provider and the resident or their representatives. This contract outlined the terms of the resident's accommodation and care facilities, and the associated regular and incidental costs. The terms of residency did not make reference to whether or not the resident had a single or shared room as part of their accommodation.

Inspectors followed up on the last inspection action plan and while progress has been made this inspection found that two actions are restated. Further progress and development is required to ensure that the centre is compliant with regulation 5 Individual assessment and care planning and regulation 8 Protection.

Regulation 15: Staffing

There were adequate staff, with a good skill-mix, on duty. Staffing levels were kept under constant review by the management team. The current staffing levels were appropriate for the layout and design of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised and had received appropriate training for their duties.

Judgment: Compliant

Regulation 22: Insurance

The provider had an active insurance policy for the centre property and public liability insurance.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. The systems in place ensured that the service was safe, appropriate, consistent and effectively monitored. The 2017 annual review of the quality and safety of the care delivered to residents was available for review.

Inspectors found gaps in training on safeguarding. In addition, improvements were required in the development of care plans and ensuring that care plans are developed in consultation with residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The occupancy of the resident's bedroom was not included in the terms of residency as per the 2016 amendment to the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was prepared for the service which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents felt able to make a complaint if necessary and the procedure for doing so was prominently posted. The provide maintained a complaints register which detailed the subject of the complaint, investigation and engagement with the complainant, and notes on whether or not the person was satisfied with the outcome.

Judgment: Compliant

Quality and safety

Inspectors found that the centre was providing a good standard of care, support and quality of life for residents. The centre had effective arrangements in place to manage risk and protect residents.

A comprehensive assessment of residents' care needs was carried out by a registered nurse on admission. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Care plans were then developed to guide staff. Further training and development is required to ensure that care plans contain the required level of detail to guide staff. From the sample reviewed the inspectors found gaps in specific detail that is necessary to ensure that the care delivered is of high quality. For example; pain care plans did not identify where the resident experienced pain. Care plan reviews were conducted every four months. This review process did not occur in consultation with the resident as is required by the regulations.

There were good systems in place to ensure that appropriate referrals were made to allied healthcare professionals. In addition, advice received was acted upon in a timely manner which had a positive outcome for residents. For example; there was good evidence that advice received from the tissue viability nurse and vascular team had been followed. This had a positive outcome for the resident as there was clear evidence that the wound had healed.

A positive approach was taken to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Files reviewed had detailed, person-centred behaviour support care plans in place that clearly identified their support needs and informed prevention management

strategies. The inspectors reviewed the documentation in place for two residents. There was clear recording of all incidents. This information was available to allow the specialist community team to review the residents and make informed decisions on how best to manage all behaviours.

The clinical management team informed inspectors that they were actively promoting a restraint-free environment. There was no use of chemical restraint within the centre. A full review on restrictive practice specific to bedrail usage is required. Although there was less restrictive alternatives available such as low level beds and crash mats, there was poor evidence of alternatives tried prior to using bedrails. The care plans for bedrail management was incorporated into the falls management care plan. The inspector reviewed multiple care plans and found gaps in the assessment process and in the monitoring of resident safety when bedrails were in use.

Staff nurses administering medicines were patient and took time with individual residents. The pharmacist responsible for dispensing residents' medicines was facilitated to meet their obligations. Medicines management in the centre was audited by an external provider and signed of by the person in charge. Residents' medicines were prescribed and regularly reviewed by their doctor. The inspector requested a review of practices on the disposal of unused medicines, as unused antibiotic medication was found in the clinical room.

Staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. A policy dated August 2018 was available and procedures were in place to inform management of any suspicions, allegations or incidents of abuse. Training records identified that there was significant gaps in the training for Elder Abuse that had not been identified by the management team.

Residents were supported to experience a good quality of life in this centre. Inspectors observed that the privacy and dignity of each resident was respected. The choices they made in relation to their lives were facilitated on a daily basis. Resident meetings were held. The meetings were minuted and were available for review. There was good evidence that discussion is held on the issues raised by residents. For example; laundry services, mealtimes and activities. In addition the centre management had carried out a resident survey. The findings were available for review and had an action plan attached to address any issues highlighted by residents.

The centre was homely and inviting. Walking along the corridors was a pleasant experience. The large foyer and two adjoining sitting rooms were a hub of activity throughout the day of inspection. Residents availed of a varied activity programme. There was an emphasis on ensuring that residents links with the community are maintained. For example: regular visits from children as part of the inter-generational programme and residents outings to the local musical society production. All residents had access to local media, Internet and telephone services.

Regulation 12: Personal possessions

There was sufficient storage space for residents' belongings. The laundry system had measures in place to ensure that clothing was appropriately labelled and returned to each resident.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was safe and suitable in size and layout to meet the needs of the residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of records and care plans conveyed that essential information was provided by staff when residents moved from one facility to another.

Judgment: Compliant

Regulation 26: Risk management

The risk policy was last updated in August 2017 and contained all of the requirements set out under Regulation 26(1). The risk register was comprehensive and detailed and was kept under review by the person in charge.

Judgment: Compliant

Regulation 27: Infection control

Records evidenced and residents' confirmed that their bedrooms were cleaned daily. There were hand hygiene alcohol dispensers strategically placed along all corridors. Staff were knowledgeable on the colour-coded system in place to minimise the risk of cross infection. A review of the cleaning schedule was required as management could not confirm the frequency that bedroom curtains were cleaned. This gap had been identified in the cleaning audit dated February 2018. The action to address this gap was still outstanding.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre was appropriately equipped with features to detect, contain and extinguish fire and these were regularly tested and serviced. Staff were trained in fire safety and were knowledgeable of the procedures to follow when evacuating residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management policies were in place to guide practice. Medicine management practices were audited. Inspectors observed that the twice daily controlled medication count had multiple gaps. A review of the practices on disposal on unused medications was also required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

When reviewing documentation and residents' files inspectors found gaps in the information required to guide staff. This non compliance with the regulations is restated from the last inspection.

Care plans were not consistently reviewed every four months in consultation with the resident and where appropriate the resident's family.

Judgment: Not compliant

Regulation 6: Health care

Residents' healthcare needs were met through timely access to treatment and therapies. Residents have access to a general practitioner (GP) and allied healthcare professionals. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed files and observed that residents who exhibited responsive behaviours received care that supported their physical, behavioural and psychological wellbeing.

Inspectors reviewed residents' care plans and found gaps in the assessment process and the documentation in place to support the use of bedrails.

Judgment: Not compliant

Regulation 8: Protection

Records reviewed evidenced that 15 members of staff were out of date on their mandatory training in the detection of and response to suspected, alleged or actual instances of resident abuse. This non compliance with the regulations is restated from the last inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were aware of their rights, including, civil, political and religious rights. These rights were respected by staff, and residents were supported to exercise their choices as much as possible. Advocacy services were available to assist residents where required.

Residents were facilitated to maintain their privacy and undertake any personal activities in private. Residents were supported to engage in activities that aligned with their interests and capabilities.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Friars Lodge Nursing Home OSV-0000342

Inspection ID: MON-0023896

Date of inspection: 12/09/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Staff training in respect of the detection and response to incidents of suspected, alleged or actual abuse took place on two training days the 25/9/18 and the 3/10/18. Any staff member whose training was out of date has been re trained and the nursing home training matrix has been updated to reflect same. This action has been completed. Individual residents care plans will continue to be formally reviewed at intervals not exceeding four months in line with legislation. The four monthly reviews have commenced being reviewed again for this quarter and each care plan will be reviewed in conjunction with the resident or where appropriate the resident's family every four months. The manner in which the reviews of residents care plans, in conjunction with the resident or where appropriate the resident's family has been reviewed and the practice has been changed to ensure a more consistent documented review. This review will now be logged on to VCare under family note. This action will be completed by the 15/01/19. When a resident's status changes the assessments and care plans will be updated accordingly.	
Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The Contracts of care were reviewed and updated and the terms of residency now makes reference to whether or not the resident has a single /shared room as part of their accommodation and is clearly outlined in the contract for each resident. This action was complete by 14/09/18	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: A review of the cleaning schedule was completed by management on the 18/9/18 and a cleaning schedule was developed to ensure a systematic matrix for cleaning of bedroom curtains. The cleaning schedule for curtains has been allocated to laundry personnel. This action was completed on the 21/9/18 and will be continued to be audited.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Staff Nurses were notified via memo regarding the importance of ensuring that the controlled drug check is completed twice daily on the 17/9/18. The controlled drug check book was reviewed and updated to ensure that it is very clear and concise what needs to be checked and signed by the registered nurses. This is signed off by the registered provider or the person in charge. This action was completed on the 17/9/18 and it is also planned that this issue will again be addressed at the scheduled drug training taking place on the 8/10/18 and the 11/10/18, and will continue to be highlighted at Staff Nurse meetings. On the 17/9/18 the PIC had a meeting with pharmacy to discuss and review practices on the disposal of unused medications within the home. The pharmacy has agreed to collect in order for disposal unused medications as and when residents are either discharged home, Pass away (except in the case of a sudden unexpected death) or have a change in medications within 24 hours . The nursing home will continue to hold emergency stock on the premises in a locked cupboard and as per stock order form given by the local G.Ps and as appropriately labelled “Emergency Stock” .The pharmacy has given a letter to confirm that they will improve practices in relation to the disposal of unused medications	

in conjunction with the nursing home. This action was complete on the 17/9/18

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Individual residents care plans will continue to be formally reviewed at intervals not exceeding four months in line with legislation. The four monthly reviews have commenced being reviewed again for this quarter and each care plan will be reviewed in conjunction with the resident or where appropriate the resident's family. The manner in which the reviews of residents care plans, in conjunction with the resident or where appropriate the resident's family has been reviewed and the practice has been changed to ensure a more consistent documented review. This review will now be logged on to VCare under family note. This action will be completed by the 15/01/19. When a resident's status changes the assessments and care plans will be updated accordingly.

Care plans will be further developed and enhanced to ensure that care plans contain the required level of detail to guide staff including pain management and the use of bedrails and in consultation with the resident and or their significant other.
The nursing home will continue to promote a restraint free environment. The use of alternatives to restraint including the purchase of more sensor mats, easy risers and low-low beds is under review by the Pic and registered providers.
The multidisciplinary team in consultation with the resident and or their representative are reviewing and updating all practices in relation to restraint including education, assessment, the use of alternatives to restraint, care planning, consent and restraint free periods in line with the national policy and up to date evidence based best practice guidelines.
Each resident whom requires bed rails will have documented alternatives trialed, an individual care plan for the use of bedrails (this will no longer be in the falls care plan as this will aid auditing), consent, restraint release forms and safety checks in place. This Action will be complete by the 15/1/19.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing

behaviour that is challenging:

The nursing home will continue to promote a physical and chemical restraint free environment. The use of alternatives to restraint such as sensor mats, low-low beds and easy risers is under review by the pic and registered providers.
The multidisciplinary team in consultation with the resident and or their representative are reviewing and updating all practices in relation to restraint including education, assessment, the use of alternatives to restraint, care planning, consent, restraint free periods and safety checks in line with the current national policy and capacity legislation. Each resident whom requires bed rails will have documented alternatives trialed, an individual care plan for the use of bedrails (this will no longer be in the falls care plan as this will aid auditing), and consent and restraint release forms in place. All new staff will continue to receive training on the use of physical restraints in designated centers for older persons. This Action will be complete by the 15/1/19.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Staff training in respect of the detection and response to incidents of suspected, alleged or actual abuse took place on two training days the 25/9/18 and the 3/10/18. Any staff member whose training was out of date have been re trained and the nursing home training matrix has been updated to reflect same. This action has been completed.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/1/19
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	14/9/18

	reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	21/9/18
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	11/10/18
Regulation 5(3)	The person in charge shall prepare a care	Not Compliant	Orange	15/1/19

	plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	15/1/19
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	15/1/19
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	3/10/18