

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Friars Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000342
<b>Centre address:</b>	Convent Road, Ballinrobe, Mayo.
<b>Telephone number:</b>	094 954 2474
<b>Email address:</b>	friarslodgenursinghome@yahoo.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	G & T Gallen Limited
<b>Provider Nominee:</b>	Tanya Gallen
<b>Lead inspector:</b>	Angela Ring
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	63
<b>Number of vacancies on the date of inspection:</b>	1

## 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 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 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 07 October 2016 12:30 To: 07 October 2016 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an unannounced inspection which took place following receipt of unsolicited information which was found to be unsubstantiated during the inspection. There was evidence of a substantial level of compliance, in a range of areas, 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.

The inspector was satisfied that residents received a quality service and the actions required from the last inspection in February 2016 were addressed. There were 61 residents in the centre during the inspection and two in hospital. All residents were residing in the centre for continuing care with the exception of one person who attended on a daily basis. Several residents had dementia and other age related conditions.

As the previous person in charge was on extended leave, the provider nominee was

currently carrying out the role of person in charge and will be referred to as the provider during this report. The provider is actively involved in the centre and was well known to all. She was knowledgeable of all residents and their social care needs. There was sufficient resources to ensure the delivery of care was in accordance with the Statement of Purpose. The safety of residents was promoted, a risk management process was in place for all areas of the centre although improvement was required. The health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, a range of other health services and comprehensive care plans were in place.

There was an adequate complement of nursing and care staff on duty. The building was warm, clean and comfortably decorated. The inspector met with the residents, provider and staff. The collective feedback from residents was one of satisfaction with the service and care provided. Residents spoken with stated that they felt safe in the centre and commented on the activities they enjoyed. Residents were also complimentary of the food and told the inspector they could have a choice at each mealtime.

The action plan at the end of this report identifies some improvements that are necessary to meet the requirements of 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.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge fulfilled the criteria required by the Regulations in terms of qualifications and experience. The inspector found that she was actively engaged with the governance, operational management and administration of the designated centre on a day to day basis. She had good knowledge of each resident's specific care needs and was supported in her role by two nurses on duty at all times. She demonstrated a firm commitment to meeting residents' needs and operating a good centre.

**Judgment:**

Compliant

***Outcome 06: 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:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

As identified in the summary, the provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days and had done so.

**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:**

The inspector found that staff had good knowledge of adult protection and the prevention of abuse. Staff had training on this topic either during their FETAC course or in house. They were aware of the centres policy to report alleged abuse to the provider. Residents spoken with felt safe and secure in the centre.

The use of restraint was reviewed at the last inspection and was found to be compliant with the exception of lack of risk assessment for lap belts This was addressed since the last inspection as the inspector saw documentation to support assessment and review of a lap belt that was in use.

The inspector found that there was a policy on the management of responsive behaviour. Staff spoken with were familiar with resident's behaviours and could describe their needs. Residents who had responsive behaviour patterns were noted to be assessed and to have care plans in place that outlined some of the triggers and alleviating factors. However, the interventions required to de-escalate behaviours, other than pharmaceutical interventions were not comprehensively recorded in residents care plan to ensure that person centres care was delivered by staff.

**Judgment:**

Substantially 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 inspector found that the designated centre had sufficient procedures in place to protect the health and safety of residents, visitors and staff with the exception of one issue. The flooring on one corridor was raised in patches and uneven in places, this was caused by a plumbing problem and posed a potential risk to residents. Although the provider had identified this issue in the risk register and had some control measures in place, it remained a risk until it was fully replaced. The action for this is under Outcome 12.

The inspector read the risk management policy and found that it met the requirements of the Regulations which addressed the issues from the last inspection. It addressed the measures and actions in place to control risks such as unauthorised absence, assault, accidental injury, aggression, violence and self-harm.

The inspector saw that a fire detection system was in place, fire exits were unobstructed and the fire alarm system was in working order. Staff had training in relation to fire prevention and precaution and were clear on the procedure they would follow in the event of a fire.

The inspector walked around the centre and found it was visibly clean and well maintained, there were procedures in place for the prevention and control of infection and hand gels were located along the corridor. The inspector hand tested the water and found that it did not pose a risk of burns or scalds. Access to work service areas such as the kitchen and sluice rooms were secured in the interest of safety to residents and visitors.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. The nurses spoken with were aware of the correct procedures to follow in the disposal of medication, however the inspector found that there was no specific procedure recorded for this as required by the Regulations. The inspector observed the nurse administering medication in line with good practice and all staff confirmed that only registered nursing staff administer medication.

The inspector saw that medicines were being stored safely and securely in the clinic room. All medication was dispensed from blister packs that were delivered to the centre by the pharmacist and checked by the nurse. The inspector saw that there was a medication fridge in use and daily temperature records were maintained. The inspector noted that the pharmacist carried out medication audits to identify potential interactions and recommendations which were shared with the GP.

The inspector reviewed a sample of medication records and found that the prescription sheets were reviewed every three months. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets reviewed. The medication administration sheets reviewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

For residents who were deemed unable to swallow tablets, the nurse on duty confirmed that alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. However, the inspector noted that on some occasions, nursing staff were administering medication in crushed form where it had not been individually indicated on the prescription.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

**Judgment:**  
Substantially 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:**  
The inspector found that each resident's wellbeing and welfare was maintained to a

good standard of evidence-based care and appropriate medical and allied health care was made available. The arrangements to meet residents' assessed needs were set out in an individual care plan.

A sample of care plans and medication records were reviewed and the inspector found that comprehensive assessments were carried out on admission and care plans were developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including assessment for the risk of malnutrition, falls and pressure ulcer development. However, there was limited evidence of residents' and their families being consulted with on the development and review of their care plans and that they were made available to residents and their family where appropriate. The record of residents' health condition and treatment provided each day and night was up to date and comprehensive in the sample of records examined. Reviews and evaluations of care were completed at the required intervals and care plans were updated following a change in circumstance or a significant event.

Based on a sample of records viewed by the inspector, residents' health needs were met and they had timely access to GP services. There was evidence of referral for assessment to allied health services such as dietetics, physiotherapy, optician and occupational therapy. speech and language, chiropody and dental. The inspector noted that wounds were well cared for and there were no residents with pressure ulcers in the centres. There was documented evidence that wounds were assessed and dressed accordingly. All residents spoken with expressed satisfaction with the service provided. The end of life care plans were noted to be person centred with residents wishes.

There was an activities programme with arts and crafts, exercises, bingo, outings and music included, the inspector observed some of these activities during the day. Residents told the inspector they enjoyed the activities. The inspector spoke to the activity coordinator who informed her of the variety of activities available and the one to one multi-sensory sessions for the more dependent residents. There was also a folder available to all staff on the interests, hobbies and preferences of residents to assist them in making their time more meaningful.

**Judgment:**  
Substantially 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):**

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

**Findings:**

The inspector walked around the centre and found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There were several communal sitting areas including the reception area that is furnished with armchairs and sofas and a dining room. There were good levels of personalisation evident in some residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

Bedroom accommodation consists of 58 single and two twin bedrooms, all with ensuite. Bedrooms were suitable in size to meet the needs of residents. Additional seating is provided in small areas off the corridor providing a quieter environment for residents to relax and read. The unit is built around an enclosed courtyard and garden and some of bedrooms overlook the courtyard.

Inappropriate storage of equipment was found at the last inspection, there was no evidence of this during this inspection. However, as identified in Outcome 8, the flooring on one corridor was raised in patches and uneven in places, which posed a risk to residents at risk of falling. The provider was fully aware of this and taking measures to address it.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector found that there was a complaints policy and displayed procedure in place. A designated individual was nominated with overall responsibility to investigate complaints, however this was the previous person in charge who was on leave and did not reflect the current person in charge.

No complaints were being investigated at the time of inspection. A complaints log was in place and this contained all relevant information about complaints and the complainant's satisfaction with the outcome. The actions from the last inspection were addressed with a record maintained of the date of complaint, communication and the satisfaction level of the complainant.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector spent time in communal areas with residents and found that they had ready access to drinks during the day and staff were observed to offer drinks and snacks regularly. There was a system in place to assess that nutrition was adequate and to identify if a nutritional risk was present. Residents were weighed regularly and weight changes upwards and downwards were highlighted and referred for opinion to a dietician and there was documentary evidence to support this. There was a system in place for monitoring residents' weight which was addressed since the last inspection.

Residents spoken with were highly complimentary of the food and told the inspector that requests for an option other than those on the menu were facilitated.

**Judgment:**

Compliant

***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):**

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

**Findings:**

The inspector observed staff interacting with residents in a courteous and friendly

manner. Residents had access to a variety of national and local newspapers and magazines and they were located in easily accessible areas and available to residents daily. A residents' forum was in place and the inspector met with the resident chairperson who spoke about the meeting and stated that suggestions were referred to the provider. Residents also had access to an independent advocate.

Residents' civil and religious rights were respected. Residents could practice their religious beliefs. There was a visitor's room to facilitate residents meeting with visitors in private.

A "key to me" social assessment was completed for each resident. These captured information on the residents life prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes. As identified on the last visit, residents sat in the foyer area, however, they were seen to engage with each other, visitors and staff and some were actively engaged in activities. The communal rooms were supervised by staff during the inspection, this was addressed since the last inspection.

**Judgment:**  
Compliant

***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 inspector found that on the day of inspection, there was an adequate complement of nursing and care staff on duty. Staff had the proper skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty where two nurses were on duty over 24 hours to supervise staff in addition to the person in charge.

The inspectors reviewed a sample of staff files and found that they complied with the requirements in the Regulations including vetting disclosure. The inspector checked the national register of nurses to confirm that a sample of nurses reviewed had registration

for 2016. In addition, all nursing staff were facilitated to engage in continuous professional development and were encouraged to complete training on medication management.

**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:***

Angela Ring  
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 report<sup>1</sup>

<b>Centre name:</b>	Friars Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000342
<b>Date of inspection:</b>	07/10/2016
<b>Date of response:</b>	26/10/2016

### 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 07: Safeguarding and Safety

#### Theme:

Safe care and support

#### **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The interventions required to de-escalate behaviours, other than pharmaceutical interventions were not comprehensively recorded in resident's care plans to ensure that person centred care was delivered by staff.

#### **1. Action Required:**

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is

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

challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The care plans of residents who display challenging behaviour will be reviewed and updated to ensure that the management plan in place identifies alternative intervention required to de-escalate behaviours prior to any pharmaceutical intervention.

**Proposed Timescale:** 30/11/2016

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The nursing staff were administering medication in crushed form where it had not been individually indicated on the prescription.

**2. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All residents who have prescribed crushing orders in place will have their drug charts updated by pharmacy to correspond with the prescription.

**Proposed Timescale:** 30/11/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was limited evidence of residents' and their families being consulted with on the development and review of their care plans and that they were made available to residents and their family where appropriate.

**3. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's

family.

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

Care plans in the centre continue to be updated in line with current regulation or sooner if required, involvement of the resident and their family members where appropriate will continue and evidence of discussion will be updated in the care plan

**Proposed Timescale:** 31/12/2016

**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:**

The flooring on one corridor was raised in patches and uneven in places, which posed a risk to residents at risk of falling.

**4. 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 designated centre.

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

The registered provider is presently in consultation with the appropriate organisation to resolve this issue, every effort to ensure safety is been addressed until the affected areas are rectified.

**Proposed Timescale:** 14/01/2017

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints procedure identified that the person dealing with complaints was the previous person in charge who was on leave and did not reflect the current person in charge.

**5. Action Required:**

Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

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

The complaints procedure has been updated to reflect the current person in charge, who is nominated to deal with any complaints.

**Proposed Timescale:** 27/10/2016