<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Friars Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000342</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Convent Road, Ballinrobe, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 954 2474</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:friarslodenursinghome@yahoo.com">friarslodenursinghome@yahoo.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>G &amp; T Gallen Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Tanya Gallen</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>51</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>13</td>
</tr>
</tbody>
</table>
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 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 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>08 October 2014 09:30</td>
<td>08 October 2014 18:00</td>
</tr>
<tr>
<td>09 October 2014 09:30</td>
<td>09 October 2014 18:00</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 03: Information for residents</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection

The inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, risk management documentation, accident and complaint logs, and medication charts. The inspector also read the questionnaires which had been completed by residents and relatives and these indicated a high level of satisfaction with the service.

Since the last inspection, the provider and person in charge had been working to address the identified issues and the inspector found that the required actions had largely been addressed.
Evidence of good practice was found throughout the service. Residents’ health and social care needs were well met. There was an assessment and care planning system and residents had good access to general practitioners and healthcare services. Residents were supported to practice their religious beliefs and had the opportunity to vote if they wished to. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean, comfortably furnished and well maintained and residents had access to a safe and secure outdoor area. The provider had measures in place to promote the safety of residents. Improvement however, was required to several areas of documentation such as the medication management policy, documentation of care planning interventions, end of life assessment and care planning, the complaints policy and the statement of purpose. In addition, some improvement was required to the emergency plan, some aspects of the risk management policy, management of finances and storage.

At a feedback meeting at the conclusion of the inspection, the provider and person in charge stated the issues requiring improvement would be addressed.
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 2013 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:**
Governance, Leadership and Management

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

**Findings:**
There was a statement of purpose, which was informative and described the aims, objectives and ethos of the centre. The statement set out the services and facilities provided in the centre and contained the majority of the requirements of the Regulations. However, the statement required some further development to accurately reflect all the services provided, such as arrangements for respecting the privacy and dignity of residents, contact between relatives and their relatives and the complaints procedure. The statement of purpose had been identified as an area for improvement at the last two inspections.

The provider stated that the statement of purpose would be reviewed and an up to date copy supplied to the Authority in the near future.

Copies of the statement of purpose were available in the reception area to residents, visitors and staff.

**Judgment:**
Non Compliant - Minor

**Outcome 02: Governance and Management**

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

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a clearly defined management structure that identified the lines of authority and accountability. The provider and the person in charge worked in the centre each weekday and there were arrangements in place to cover the absence of the person in charge. Staff confirmed that the provider and person in charge were available and approachable. While the provider met with the person in charge informally on a daily basis she had made plans for a formal management meeting to take place each month. The management also held an annual meeting each year in January to make plans for the coming year. They had already identified that they would focus on improvements to dementia care in 2015.

There were systems in place to review and monitor the quality and safety of care and the quality of life of residents. Improvements were brought about as a result of the learning from the monitoring. For example, the person carried out detailed audits of falls in the centre every six months. The inspector read the falls audit for the first half of 2014, which identified trends such as time of falls. Improvements were introduced to help reduce the incidence of falls. These included, increased use of hip protectors, falls awareness training, reorganisation of staff and relocation of some communal rooms to improve staff supervision of residents and additional use of sensory mats. The person in charge was satisfied that these measures had resulted in a reduction in the number of falls in the second part of the year.

Residents and their representatives were consulted with by the operation of a residents' committee and this is discussed in outcome 16.

There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
There was a guide in respect of a designated centre available to residents. The guide included:
(a) a summary of the services and facilities,
(b) the terms and conditions relating to residence,
(c) the procedure respecting complaints, and
(d) the arrangements for visits.

Each resident had a written contract agreed on admission. Contracts reviewed dealt with the care and welfare of each resident in the centre. The contract set out the services to be provided and all fees being charged to the resident.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 04: Suitable Person in Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</td>
</tr>
</tbody>
</table>

| Theme: |
| Governance, Leadership and Management |

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

Findings:
The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was well qualified and experienced and had sufficient knowledge of her statutory responsibilities.

She had completed courses in gerontology and management, in addition to a range of training, such as auditing, cannulation and dementia care. She was also trained to deliver training to staff in manual handling, restraint and elder abuse.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.</td>
</tr>
</tbody>
</table>
**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector reviewed a range of documents, including operational policies, insurance policy, directory of residents, medical and nursing and staff recruitment information. The documents viewed were informative and generally in line with legal requirements. However, some improvement was required to the medication policy and care plan documentation.

There were centre-specific policies, which reflected the centre’s practice. Staff understood the policies and implemented them in practice. Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

While there was a medication policy in place, some areas of the policy were not specific to the practices in the centre and did not provide sufficient guidance to staff on some aspects of medication management. For example, there was conflicting information on the crushing of medication and the guidance on crushing was not specific to practice in the centre.

The inspector viewed a sample of files of residents with a range of health care needs and found that they were generally documented to a high standard. While most of the care plans viewed were generally informative, some lacked sufficient detail to guide staff in the delivery of care. For example, the recommendations of the dietician had not been completed in the care plan of a resident who needed additional nutritional care, the interventions to manage behaviour that is challenging were not specific to each individual resident and a falls care plan viewed was not specific to a resident’s assessed need.

The centre was adequately insured against injury to residents. Other risks were insured against, including loss or damage to a resident’s property.

Records were kept securely, while also being easily retrievable and the records views were being kept for the appropriate length of time as required by the Regulations.

A record of all visitors to the centre was maintained.

**Judgment:**
Non Compliant - Moderate
**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:**
The provider was aware of the requirement to notify the Chief Inspector of any absence of the person in charge for a period 28 days or more, although though to date this had not been necessary. There were appropriate arrangements in place to manage any such absence. There was a suitable person nominated to deputise for the person in charge in her absence.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
This outcome was not reviewed in full during this inspection as it had been examined during a recent inspection in July 2014 and was found to be in compliance with the Regulations. However, it was found on this inspection that some improvement was required one aspect of the management of residents' finances.

There were systems in place to safeguard residents’ money. At times the management team held some residents’ property or valuables for safekeeping. There was a secure and transparent system for recording money or valuables received for safekeeping and money returned to residents. These transactions were clearly recorded and verified. There was a locked space available for the storage of valuables. However, there was no evidence that there was suitable consultation with a small number of residents regarding how their money was managed.
A restraint free environment was promoted. The provider and person in charge had considerably reduced the use of bed rails through assessment, consultation and use of alternatives measures and were considering measures to reduce the use even further. Some residents used bed rails while in bed and the inspector found that this was managed in line with the national policy. Risk assessments investigating the risks associated with the use of bed rails for individual residents had been undertaken and the risks to residents for the use and non-use of the bed rails were evaluated prior to their use. Consultation between nursing staff, GP, physiotherapist and residents or relatives prior to the use of bed rails was recorded on files viewed. There was a policy to guide staff on the use of restraint.

There was a policy on managing behaviour that is challenging. All staff had received training and had the appropriate knowledge and skills to respond to behaviour that is challenging. Efforts were made to identify and alleviate the underlying causes of behaviour. There was some improvement required to the recording of care plan interventions and this is discussed in outcome 5.

**Judgment:**
Non Compliant - Moderate

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**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 centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There was a comprehensive risk management policy to include items set out in regulation 26(1).

The provider had put measures in place to protect the safety of residents, staff and visitors to the centre. However, some improvements to the risk management policy, fire evacuation notices and the emergency plan were required.

A fire safety risk had been identified during an inspection of the centre in July 2014 and, since then, the provider had taken measures to address these risks and increase the safety of residents. Since the last inspection the provider had fitted all bedroom doors with an automatic closing system linked to the central fire alarm. This allowed residents the choice of keeping their bedroom doors open while maintaining their safety in the event of a fire.
There was an up-to-date health and safety statement in place. There was a risk management policy, which was viewed in conjunction with a risk register, the emergency response plan, and risk related policies on challenging behaviour, falls management, infection control, and resident absconsion. The risk register included a range of risks associated with the centre and their control measures. However, the risk management policy required improvement as it did not clearly cover the precautions in place to control all specified risks as required by the Regulations such as measures to control the risk of self harm.

Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. Five staff had attended a fire wardens course and one of these was always on call. Fire drills were carried out in the centre every two months and records were maintained. All staff had been involved in these drills Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. The inspector viewed up to date fire servicing records, which showed that equipment, including fire extinguishers and fire alarms, had been regularly serviced. There were additional records to indicate that checks, such as weekly checks of emergency lighting were being carried out. At the time of inspection all fire escape routes were free from obstruction.

Fire action notices were displayed throughout the building. However, these were not centre specific and did not provide clear guidance on the action to take in the event of a fire.

There was an emergency response plan which provided some direction in the management of emergencies but required further development, as the information provided was not sufficient to guide staff.

There was written confirmation from a competent person that all the requirements of the statutory fire authority were complied with.

The provider had ensured that all staff received up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

Measures were in place to reduce accidents and promote residents’ mobility including safe floor covering and handrails on corridors to promote independence. The environment was clean and there was a robust, colour coded cleaning system in place. Staff were very well informed of infection control measures.

**Judgment:**
Non Compliant - Moderate
### Outcome 09: Medication Management

Each resident is protected by the designated centre’s policies and procedures for medication management.

#### Theme:
Safe care and support

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

#### Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including medication, were safe and in accordance with current guidelines and legislation.

Although there was evidence of good medication management practices improvement was required regarding the medication policy. The medication policy provided guidance to staff on many aspects of medication management. However, some aspects of the policy required improvement and this is discussed in outcome 5.

The inspector read a sample of completed prescription and administration records and saw that they were in line with professional guidelines. Written evidence was available that three-monthly reviews were carried out. Support and advice was available from the supplying pharmacy.

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

A secure fridge was provided for medications that required specific temperature control. The temperature which was within acceptable limits was monitored daily. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

At the time of inspection none of the residents self administered their medications.

#### Judgment:
Compliant
### Outcome 10: 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

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

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant events, as recorded in the incident book, had been notified to the Chief Inspector by the person in charge. All quarterly notifications had been suitably submitted to the Chief Inspector.

The inspector reviewed the practice in relation to recording and notifications of accidents and incidents and found that it was well managed.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

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

**Theme:**
Effective care and support

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

**Findings:**
The inspector found that the health care needs of residents were well met, although some improvement was required in the documentation of health care requirements.

All residents had access to GP services and could choose to retain their own GP if they so wished. The inspector reviewed the medical files and found that GPs reviewed all residents regularly.
Residents had access to a full range of health care services, including speech and language therapy and occupational therapy. Chiropody, physiotherapy, optical, dietetic, dental and psychiatry services were also available. Recommendations from healthcare professionals were recorded in residents’ files and their recommendations were incorporated into residents’ care plans.

The inspector viewed a number of residents’ files and found that they were completed to a high standard. The files were person centred and included personal information about the residents past lives and their likes, dislikes, preferences and interests. Pre-admission and comprehensive assessments had been carried out for all residents. Staff had carried out assessments on residents’ mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed at least every four months or as required by the changing needs of the residents. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, falls risk, wound care, risk of developing pressure ulcers, behaviour that is challenging and mobility issues. While most of the care plans viewed were generally informative, some lacked sufficient detail to guide staff in the delivery of care. For example, the recommendations of the dietician had not been completed in the care plan of a resident who needed additional nutritional care, the interventions to manage behaviour that is challenging were not specific to each individual resident and a falls care plan viewed was not specific to a resident’s assessed need. Staff who spoke with the inspector knew the residents and were familiar with their health care needs.

Staff had carried out end of life assessments for residents and had delivered end of life care plans. The end of life care plans viewed were generic and did not include person centred guidance specific to each person’s needs. Treatment options for future events and end of life care planning required improvement. For example, there was no recorded evidence of an assessment, consultation or rationale for the guidance in a file which stated that a resident was not for resuscitation.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.
Findings:
The design and layout of the centre was in line with the Statement of Purpose. The premises met the needs of all residents and the design and layout promoted residents’ dignity, independence and wellbeing. The building was well-maintained with suitable heating, lighting and ventilation and was clean and suitably decorated. There was adequate private and communal accommodation. There was a separate kitchen with sufficient cooking facilities and equipment.

The building was constructed and maintained to a high standard, was comfortably furnished and was clean, bright and spacious with ample communal space for residents. All bedrooms had en suite facilities and there were sufficient additional bathrooms available to residents. There was a functioning call bell system in place.

There were well equipped cleaning, sluice and laundry rooms. These rooms were locked when not occupied to safeguard residents and visitors. Bedroom accommodation met residents’ needs for comfort and privacy. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings displayed.

There was appropriate assistive equipment which promoted their independence and comfort. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order. However, some of this equipment was not suitably stored which could present a risk to residents and staff. Although there was a designated store room in the centre, some equipment, such as hoists, chairs and the cleaning trolley were stored in a bathroom and in corridors.

Judgment:
Non Compliant - Minor

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

Findings:
There was evidence of good complaints management, although improvement to the independent appeals process was required. There was a complaints policy in place and the complaints procedure, which outlined the name of the complaints officer and some details of the appeals process, was displayed in the reception area. The person who was responsible for ensuring that all complaints were appropriately responded to was identified in the complaints policy. The independent appeals process, for complaints
which were not resolved to the satisfaction of the complainant, was not clearly advised in the complaints procedure.

The inspector viewed the complaints register and found that there had been a small number of complaints since the last inspection. The complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants.

There was no evidence that would indicate that any resident who had made a complaint had been adversely affected by reason of the complaint having been made.

**Judgment:**
Non Compliant - Minor

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

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

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

**Findings:**
The inspector found that caring for a resident at end-of-life was regarded as an important part of the care service provided in centre and that care provided to residents approaching end of life was to a good standard. However, assessment of treatment options for future events and end of life care planning required improvement. These are discussed in outcome 11.

There was an up to date end of life care policy, which provided guidance to staff on many aspects of end of life care.

Most residents occupied single rooms but the person in charge and staff told the inspector that residents in shared rooms nearing end of life would be transferred to single rooms or would retain a twin bedded room for sole occupancy with the second bed being available to a family member if required. There was unrestricted end of life visiting and family and friends were facilitated to be with the resident approaching end of life. There was ample communal and private space and there were arrangements for relatives to stay overnight, if required.

The person in charge and staff stated that the centre maintained strong links with the local palliative care team, who guided staff in areas such as care of symptoms and pain management and provided support to families. The person in charge had identified a need for staff training in end of life assessment/care. This training was scheduled to take place in October 2014. Some staff had received training in basic life support in
Residents’ spiritual needs were well met at end of life. Residents’ spiritual preferences and wishes had been assessed and were recorded in their files. The sacrament of the sick was administered as required. Religious ministers were freely available to support residents at end of life and their families.

The provider and person in charge had taken measures to respect residents’ dignity at end of life. Staff displayed a recognised symbol in the centre when any resident was nearing end of life. Staff supplied families with discreet zipped bags for the removal of deceased residents' belongings. Arrangements for the removal of remains occurred in consultation with the deceased resident’s family. The final removal of residents' remains from the centre had been discussed at a residents' meeting and residents' had unanimously agreed that they wished to leave the building through the front door, with a guard of honour and a decade of the Rosary recited in the reception area before their final departure. The provider confirmed that this would be ensured.

The inspector viewed a sample of end of life care records. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. The person in charge and staff had been focusing on assessing residents’ end of life care wishes, by discussing this with residents or if this was not possible, with their next of kin. The inspector saw that issues such as end of life care preferences were recorded in residents’ files. However, treatment options for future events and end of life care planning required improvement and this is included in outcome 11. While the wishes of most residents had been established, some had declined to comment at time of assessment.

No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

**Judgment:**
Compliant

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

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector was satisfied that residents' nutritional needs were well met and that residents received a nutritious and varied diet that offered a range of suitable choices. Food was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that met their needs. The inspector noted that staff provided assistance to residents in an appropriate and discreet manner.

The inspector visited the kitchen and noticed that it was well organised and there was a plentiful supply of fresh and frozen food. The chef showed the inspector the daily menu plan. There were three main meal choices each day, although alternatives would be arranged for residents who wanted something else to eat. The chef told the inspector of residents’ likes, dislikes and dietary needs. Up-to-date dietary information which had been supplied by nursing staff was also documented in the kitchen. Some residents required special diets or modified consistency diets and these were provided for them. The chef adjusted meals with regard to health issues such as diabetes and weight control. Staff were aware of residents’ special dietary requirements and were knowledgeable of how these meals would be served to residents. The inspector noted that they had the same choices as other residents and the food was suitably presented. Residents were offered a variety of snacks throughout the day, including drinks, soup, fruit and baked products. In addition, snacks were available to residents if they wanted something to eat in the evenings or during the night.

Most residents took their meals in either of two dining rooms. There were sufficient staff present in the dining room at mealtimes to support and encourage residents with dining and staff chatted with residents throughout the meals. Staff were attentive to residents, offering drinks and asking if they had enough to eat or wanted more. The inspector noted that all residents were appropriately seated throughout the meals. To aid communication of choices to residents, there were clear picture menus displayed in the dining room for each meal. There was access to fresh drinking water at all times.

Processes were in place to ensure residents did not experience poor nutrition and hydration. There was a comprehensive policy for the monitoring and documentation of nutritional intake which was implemented in practice. The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were routinely monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files.

Residents' views of the catering system were gathered through a recent satisfaction survey and the chef spoke with residents daily to establish their preferences. The inspector read a food and nutrition audit based on the outcomes of the resident survey which indicated a high level of satisfaction with the catering arrangements. Residents who spoke with the inspector were complimentary of the food received and said that there was a plentiful supply of food available throughout the day, including snacks as required. They also confirmed that they were offered choice and that the food was well cooked and tasty.
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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents’ privacy, dignity, autonomy and religious rights were supported and respected.

Most residents occupied single rooms but in rooms which were shared screening curtains were fitted around beds to provide privacy as required. Each resident had his/her own individual toiletries. 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.

Residents’ civil and religious rights were respected. The person in charge said that residents from all religious denominations would be supported to practice their religious beliefs as required. Mass took place in the centre each Sunday and for other religious feasts. In addition, a priest visited residents in the centre several times each week and there was an additional monthly Mass. The Sacrament of the Sick was administered each month or as required. The person in charge had made arrangements for in-house voting, and stated that all residents were offered the opportunity to vote.

There was a residents’ committee which met every two months. The inspector read the minutes of some meetings and noted that residents had made suggestions about activities, outings and food and these were being taken seriously by the person in charge and provider. The forthcoming HIQA inspection had been discussed at a recent meeting and residents were told what it would involve. In addition to the residents’ group, residents had the opportunity to regularly discuss their wishes and suggestions with the person in charge, the provider and the activity co-ordinator.

Residents’ independence was promoted by staff. The inspector saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them.
Contact with family members was encouraged and there were several areas where residents could meet their visitors, including a private visiting room. Residents had access to an independent advocacy service.

There were adequate facilities for recreation. Each resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was an activity co-ordinator employed at the centre, who had training in 'art as an activity' and 'go for life', an light exercise plan. She planned for more staff to become trained to deliver this activity. The activities undertaken in the centre included gardening, bingo, arts and crafts, reminiscence and music. The activity co-ordinator also had a plan to spend time interacting with residents who did not wish to take part in the organised group activity sessions.

There were arrangements in place for each resident to receive visitors in private. There were no restrictions on visits except when requested by the resident or when the visit or timing of the visit was considered to pose a risk.

The centre was part of the local community and residents had access to radio, television, newspapers and information on local events. Residents had access to a private telephone.

**Judgment:**
Compliant

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**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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Residents retained control over their own possessions and clothing. All residents had storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

There was a laundry room for washing/drying and sorting of residents clothing. The inspector found that good care was taken of residents’ clothes which were labelled discreetly to ensure that they were not mislaid in the laundry process. Feedback from residents and relatives indicated that there was a good system in place for managing residents’ laundry and that clothing was not often mislaid.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Staffing levels and skill mix were reviewed during inspection in July 2014 and were found to be unsatisfactory. Since that inspection the provider has been working to address this deficit. The provider was in the process of recruiting additional staff. Two additional nurses had been employed and an additional four were at an advanced stage of recruitment. The provider was also in the process of recruiting two clinical nurse managers to assist the person in charge with clinical governance. The provider and person in charge confirmed that the staffing levels and skill mix had been increased having taken the dependency level of residents into account. A review of the staffing roster confirmed that there were usually two nurses and eight care assistants on duty during the day and one nurse and five care assistants on duty at night. This was in addition to the person in charge and provider, who worked in the centre each weekday, and catering, administration, maintenance, activity, housekeeping and laundry staff. The provider stated that, when the new staff had satisfactorily completed their induction, it was planned to place two nurses on night duty. Since the last inspection the provider had also put measures in place to increase the supervision of night staff.

The inspector noted, however, that the organisation and allocation of staff duties was not adequate to consistently supervise some residents and meet their social and other holistic needs. At times some residents were sitting for long periods without supervision, social or leisure involvement and company. Although the activity organiser had a recreational plan, there was no plan for other staff to become involved in social and leisure interaction with residents at other times.

Staff training needs were well met. Training records indicated that staff had attended a variety of training in addition to mandatory training and staff confirmed this to be the case. The inspector read the training plan for 2014 and found that a range of training had been provided to staff including, cardiopulmonary resuscitation, infection control,
restraint management, nutrition, basic life support and falls management.

**Judgment:**
Non Compliant - Moderate

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**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:**

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Friars Lodge Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000342</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10/12/2014</td>
</tr>
</tbody>
</table>

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement did not accurately reflect all the services provided, such as arrangements for respecting the privacy and dignity of residents, contact between relatives and their relatives and the complaints procedure.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The statement of purpose has been reviewed and updated to accurately reflect all the services provided such as arrangements for respecting the privacy and dignity of residents, the complaints procedure and communication between residents, relatives and staff. A copy of the updated statement of purpose will be forwarded to the authority.

**Proposed Timescale:** 08/12/2014

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### Outcome 05: Documentation to be kept at a designated centre

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Governance, Leadership and Management</th>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some areas of the medication policy were not specific to the practices in the centre and did not provide sufficient guidance to staff on some aspects of medication management.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The medication policy will be reviewed and updated in consultation with the pharmacist to ensure that the policy is centre specific and provide sufficient guidance to staff on required aspects of medication management.

**Proposed Timescale:** 04/12/2014

### Theme:
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some care plans lacked sufficient detail to guide staff in the delivery of care.

The recommendations of the dietician had not been completed in the care plan of a resident who needed additional nutritional care.
The interventions to manage behaviour that is challenging were not specific to each individual resident.

A falls care plan viewed was not specific to a resident’s assessed need.

**Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
The use of generic care plans will cease within the nursing home. Care plans will be reviewed and will be made more personalised and specific to each resident. This work has commenced with approx. 40% of work complete. While we continue to work on these we estimate that the remaining care plans will be updated 27/2/14

**Proposed Timescale:** 27/02/2015

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### Outcome 07: Safeguarding and Safety

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that there was suitable consultation with a small number of residents regarding how their money was managed.

**Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
Documentary evidence of consultation with the residents in question has been obtained and added to their file.

**Proposed Timescale:** 08/12/2014

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### Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not clearly cover the precautions in place to control the risk of self harm.
<table>
<thead>
<tr>
<th><strong>Action Required:</strong></th>
<th>Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>A risk assessment has been implemented on self harm. This action is complete</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong></td>
<td>10/10/2014</td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>The emergency response plan was not sufficient to guide staff.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>The emergency response plan will be reviewed and updated to provide sufficient guidance to staff. Fire action notices currently in place are undergoing review and development to be more centre specific and guide residents, staff and visitors the actions to take in the event of a fire.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong></td>
<td>19/12/2014</td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe care and support</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Fire action notices displayed throughout the building were not centre specific and did not provide clear guidance on the action to take in the event of a fire.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Fire action notices currently in place are undergoing review and development to be more centre specific and guide residents, staff and visitors the actions to take in the event of a fire.</td>
</tr>
</tbody>
</table>
Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no recorded evidence of an assessment, consultation or rationale for the guidance in a file which stated that a resident was not for resuscitation.

Some end of life care plans viewed were generic and did not include person centred guidance specific to each person's needs.

Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
All nursing and care staff have now completed their end of life training provided by the palliative care team. Further training on death, dying and bereavement is planned for the new year. The use of generic care plans will cease in Friars Lodge and all residents will have individualised end of life care plans in place. The PIC, CNMs and the staff nurses are currently reviewing and updating the resident's end of life wishes which will then be reflected in their care plans.

The documentation of resuscitation status, assessment, consultation or rational for the guidance of a resuscitation status as agreed by the resident where possible, their family, nursing staff and by the GP will be clearly outlined in the residents care plan.

Proposed Timescale: 01/02/2015

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:
Some equipment, such as hoists, chairs and the cleaning trolley, was not suitably stored which could present a risk to residents and staff.

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
Please state the actions you have taken or are planning to take:
All equipment such as hoists, chairs and cleaning trolley are now placed in suitable storage.

**Proposed Timescale:** 10/10/2014

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**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 independent appeals process, for complaints which were not resolved to the satisfaction of the complainant, was not clearly advised in the complaints procedure.

**Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
The complaints procedure including the independent appeals process will be reviewed and updated.

**Proposed Timescale:** 08/12/2014

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The organisation and allocation of staff duties was not adequate to consistently supervise some residents and meet their social and other holistic needs.

**Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
Two clinical nurse managers have been recruited, a total of 6 full time staff nurses have been recruited.
An advocate for the residents has been recruited.
Both staff nurses and care assistants have been introducing activities in the evening.
times including Bingo, movie evenings, cards, go for life exercises. The PIC has liaised with laundry staff and dining staff to develop the opportunity for residents whom would like to have roles assisting with the operational running of the nursing home to be given the opportunity to so. Memory boxes are currently being developed for all residents with cognitive impairment especially those whom prefer one to activity. Resident meetings have been increased to once monthly to allow residents the opportunity to express their ideas and brainstorm on how we can improve their service. One resident has been appointed the Chairperson of the residents meeting. A total of 8 staff members attended the “Go for Life” training. Activities for the residents are been further developed in consultation with the residents. A dementia program is currently being researched and developed by the PIC, the plan being that it will be a yearlong development project in 2015. The main focus of this project will be to ensure that all residents are supervised appropriately and have their social and holistic needs met.

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/01/2015</th>
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