

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Our Lady of Consolation Nursing Home
Centre ID:	OSV-0000079
Centre address:	Arden Road, Tullamore, Offaly.
Telephone number:	057 932 1320
Email address:	rosmycunningham@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Our Lady of Consolation Nursing Home Limited
Provider Nominee:	Rosmy Cunningham
Lead inspector:	Sonia McCague
Support inspector(s):	Sheila Doyle
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

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 to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 July 2016 09:15 To: 26 July 2016 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	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 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

The purpose of the inspection was to monitor the progress of the action plans following the inspection which took place on the 20 and 21 April 2016. Non-compliances found on that inspection related to governance and management, safeguarding, premises, health and social care, residents' rights, staffing, health and safety, records and documentation.

The person in charge is also the person nominated to represent the registered provider and was the applicant responsible for the registration of this centre. The person in charge provided an action plan update on the 22 July 2016 and was notified then of this scheduled inspection. She facilitated the follow up inspection.

Inspectors met with residents and staff members, observed care practices and interactions between staff and residents. Inspectors reviewed documentation such as

care plans, medication records, staff rosters, training records and files.

Overall, inspectors found that good progress had been made to address many issues and non-compliances found on the previous inspection. While improvement was found across outcomes previously inspected resulting in the two previous major non compliance judgements being reduced to moderate, further improvement was required in relation to the overall governance and premises arrangements within the centre.

Requirements outstanding related to the resource and provision of nurses and the layout, design and arrangement of the premises. The completion of an annual review and the provision of schedule 2 records for all persons working in the designated centre and for volunteers also required improvement. These along with other areas in need of further improvement are detailed in the report and outlined in the action plan at the end of this report.

Following the previous inspection, the registered provider was required to submit a costed, time bound plan to the Health Information and Quality Authority (HIQA) that addressed non compliances related to the layout and design of the premises. However, this was not provided or completed to date and remained outstanding. Emphasis was put on achieving the timescales provided within the provider's previous action plan response and finalising a plan to achieve compliance.

The person in charge agreed to provide a monthly progress update to HIQA regarding the refurbishment or extension plans for the premises and agreed to provide an initial update within one week of this inspection, to include the progress report on the premises, records required for all persons working in the centre, and submit a revised statement of purpose and updated staff training matrix.

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 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):

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

Findings:

This action required from the previous inspection had been addressed.

The statement of purpose was reviewed and amended to meet the requirements of the Regulations. For example it included:

- The information set out in the certificate of registration.
- The admission process.
- A description in narrative form of the rooms in the designated centre including the size and primary function.
- The total staffing compliment, in whole time equivalents, for the designated centre with the management and nursing compliments as required in regulations 14 and 15.
- The management structure of the designated centre and role of the primary director.
- Arrangements for the management of the designated centre if the provider/person in charge is absent from the centre.
- The fire precautions and associated emergency procedures in the designated centre.

Two minor amendments were to be made to the statement of purpose which was to be submitted to HIQA within one week.

Judgment:

Compliant

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):

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

Findings:

Since the previous inspection management systems and arrangements were improved to ensure that the service provided was safe appropriate, consistent and effectively monitored. The inspectors were informed that the person in charge had recently completed a degree course in leadership and management in healthcare. The person in charge showed inspectors a weekly audit system that was used to monitor and identify key outcomes and changes in residents' care, condition and support needs. There were no reported pressure ulcers, incidents, accidents or complaints since the last inspection.

Many actions required and matters outstanding on the previous inspection had been addressed.

Arrangements were put in place for the deputising person in charge (Matron) to manage the service, communications and emails on behalf of the person in charge while she is on leave. Communications between the centre and with HIQA since the previous inspection had been timely and information provided as requested.

While improvement was found across outcomes previously inspected, further improvement was required in relation to the resource of nurses and administration support, the premises, and the completion of an annual review and provision of schedule 2 records for all persons working in the designated centre and for volunteers.

The person in charge told inspectors she had recruited two new nurses who were waiting to have their adaptation (aptitude test) in September 2016 in order to join the team of nurses by October 2016. Inspectors were also told by the person in charge that her attempts to recruit nurses locally and nationally had not been successful to-date. As a result, existing part-time nursing staff were working additional hours or on a full time basis to ensure 24 hour nursing care was provided to the residents. A contingency plan was required in the event that the adaptation of two recruited nurses was unsuccessful and or in the event of unplanned absences by existing nurses.

The inspectors were informed that an annual review of the quality and safety of care delivered to residents had not been compiled to date. However, feedback questionnaires from family members had been returned and some were outstanding from residents and staff. Therefore, this requirement is restated in the action plan.

Judgment:

Non Compliant - Moderate

***Outcome 05: Documentation to be kept at a designated centre
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.

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 written policies and procedures identified in the previous action plan had been reviewed where necessary and updated in accordance with best practice as follows: –

- The policy and procedure in place for the prevention, detection and response to abuse had been updated to reference the National Policy “safeguarding vulnerable Persons at risk of abuse” (2014) and HIQA Standards.
- The policy on behaviour management was revised and updated to include references in respect of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations.
- The designated centre’s complaints policy and procedure had been updated to reflect the arrangements for the management and oversight of complaints and the procedure was displayed near the main entrance beside the suggestion/comment box.

Progress had been made to adopt and implement policies and procedures on the matters set out in Schedule 5. For example, life stories were developed with family input for residents who have behaviours and psychological symptoms of dementia and a validated assessment tool was available for assessing residents’ level of cognitive functioning.

While some records such as a fire safety register and staff training records were available for rostered staff members, the required documentation and records set out in Schedule 2 were not available as required for all persons working in the designated centre as requested previously.

Records or information such as Garda Clearance, full employment history and evidence of the person’s identity, including their full name, address, date of birth and a recent photograph were not on file for all persons working in the centre including maintenance personnel.

This requirement was previously requested and remained outstanding. The person in charge agreed to provide HIQA with an update in relation to this matter within one week.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that measures were in place to protect residents from being harmed or abused. However as reported in outcomes 5 and 18 Garda vetting or clearance had not been completed as required to promote the safety of residents.

There was a policy in place which gave guidance to staff on the prevention, detection, assessment, reporting and investigation of allegations or suspicion of abuse. It incorporated the national policy on safeguarding vulnerable persons at risk of abuse. Staff spoken with were knowledgeable of what constituted abuse and confirmed that they had received training on recognising and responding to abuse. Staff were familiar with the reporting structures in place.

The training records available showed that most staff had attended or completed training in the protection of residents from abuse within the past two years. Since the previous inspection training in relation to 'elder abuse' was attended by eight staff members.

Residents were provided with support that promoted a positive approach to behaviour that challenges. Training attendance records available for June 2016 showed that seven staff had participated in training in dementia care and responsive behaviours. Staff who spoke with inspectors confirmed their attendance at the training held in June 2016. Staff who spoke with inspectors had sufficient and up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. Staff had good understanding of residents needs and described techniques to be used when managing responsive behaviour in accordance with the designated centre's policy and procedure on behaviour management.

Further staff training dates were to be arranged and provided in October 2016 following the scheduled adaptation in September 2016 of two recruited nurses.

Judgment:

Compliant

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

Safe care and support

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

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

Findings:

The actions required and risks identified on the previous inspection were addressed that included:

- the removal of freestanding radiators from residents' bedrooms
- magnetic hold open devices in place on both sets of the double doors to the sitting area which enabled residents to move freely through with their aids
- the door to the sluice rooms were fitted with a key pad lock and the doors closed fully
- a system was put in place to segregate and distinguish between residents' toiletries
- there was sufficient hand sanitisers and hand washing facilities throughout the designated centre.

The person in charge told inspectors that the recently installed sitting room magnetic hold open devices were attached to the fire alarm system and would close in the event of an alarm as required.

A fire safety register was available and records showed that fire safety training was provided 22 July 2016 that was attended by 23 of the 25 rostered staff members. A recently recruited staff member told an inspector that she had completed a fire safety induction with the person in charge on commencement of her employment. She was familiar with fire safety procedures for the centre and had also attended the training by the external fire officer.

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):

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

Findings:

Inspectors found that while improvements had occurred, additional action was required to ensure safe medication management practices. Some actions from the previous inspection had not been addressed.

As at the previous inspection, inspectors noted that medication to be given as and when required (PRN) did not consistently state the maximum dose that could safely be administered in a 24 hour period. Although the agreed action plan stated that this was complete, inspectors found it had not been addressed in the sample of prescription records reviewed.

Otherwise inspectors noted improvements relating to medication management. The other action from the previous inspection relating to prescription and administration times had been addressed. The person in charge told inspectors that she is currently looking at new documentation for administration records.

Improvement was noted around medications that required crushing prior to administration. Inspectors saw that these prescriptions were now in line with national guidelines.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. Inspectors checked a sample of balances and found them to be correct. End of shift checks were carried out by two nurses.

A fridge was provided for medications that required specific temperature control. Inspectors noted that the temperatures were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Residents had access to the pharmacist of their choice and the pharmacist was available to meet with residents if required. The pharmacist also undertook audits of medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

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):

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

Findings:

Inspectors were satisfied that overall, there were arrangements in place to meet the health and nursing needs of residents.

Further improvement was required to care planning documentation to ensure that residents, or their relatives as appropriate, were involved in the development or review of their care plans

Care plans were updated routinely on a four monthly basis. Although previously in place, at this inspection there was limited evidence in the sample of care plans reviewed that residents or relatives were involved in the development or review of their care plan.

Inspectors read a sample of care plans and saw that although some gaps were found (included under Outcome 15) improvement was noted. Named staff members had responsibility to review and update the care plans.

Residents had access to general practitioners (GPs) of their choice and out of hours medical cover was provided. Evidence of access to allied health professionals was found with documented visits, assessments and recommendations by dietitians, speech and language therapists, physiotherapists and occupational therapists. A full range of other services were available on request including chiropody, optical and dental services. Residents also had access to the mental health of later life services, with onsite visits from psychiatry of later life team.

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):

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

Findings:

The actions required and issues identified on the previous inspection related to the premises were partially addressed.

Those that were addressed related to repair and maintenance and included:

- the paint on wall surfaces in bedrooms and on window frames was addressed. The walls in rooms and on corridors had been painted. Future painting was to include the hand rails.
- the decor and signage of rooms such as sanitary facilities in the centre had improved particularly for residents with dementia. Pictures, paintings and photographs on walls enhanced the use of contrasting colours. Further developments were planned
- the hole or indentation in the floor covering in a resident's bedroom was addressed
- the resident alarm call system installed in the bathroom was operational
- dampness was not evident on the walls and in the cupboard in the sluice room and the person in charge told inspectors it had been addressed
- the electric socket for the resident alarm call system in the new bathroom was made secure
- The curtains on bedroom windows inspected were suitable and sufficient
- signage for residents to find their way around and to identify bathrooms, the lounge and their bedrooms had improved
- the varnish on over bed tables was adequate in the sample seen and inspected
- a tile missing in a resident's bedroom floor was addressed
- a cupboard was provided for toiletries in the shower room
- the lock on the female and male toilets were working
- the hole in the corner of the sitting room floor was repaired and addressed
- the stained flooring in the male toilet was addressed
- a sign with the name of the nursing home was erected at the front entrance
- the person in charge told inspector the wood of a window sill that was previously referred to which had deteriorated with dampness was repaired. There was no evidence of dampness in rooms inspected and on corridors of the centre on this inspection.

A dedicated visitor's room where residents could meet in private that was separate from their bedrooms and other communal areas was now available.

Issues highlighted in previous inspections which remain outstanding were as follows:-

- the design and layout of the premises required improvement to accommodate the number and needs of residents as previously reported
- the resident's alarm call system was not fully operational throughout the centre. While the emergency alarm button of one residents system activated the alarm, the button on the lead to facilitate her to call or alert staff as intended from her bed or chair was not working. Additionally, the alarm call panel did not identify which room was calling as intended to direct staff in the timely manner to the resident raising the alarm.
- a system for reporting maintenance was described, however, the recording practices required improvement to show that equipment such as the call bell system and panel

were routinely checked and serviced.

Access and storage arrangements of residents' clothing had improved, although the provision of safe storage facilities remained outstanding. Inspectors were informed that suitable locked storage facilities for residents' personal possessions, had been ordered but the company supplied the wrong coloured (walnut colour instead of oak) bedside units. An assurance to supply suitable locked storage facilities by August 216 was given by the supplier to the person in charge.

In relation to the layout, design and arrangements of the premises, there were no changes or significant improvement since the previous inspection to the communal sitting room, dining arrangements and toilet and shower room that was accessible from within the communal sitting room. As previously reported, there was no outlook or eye level windows from the communal room where up to 22 of the 25 residents spent the day during the inspection. Residents' seating was arranged around the perimeter of the room and inspectors saw that up to five residents were positioned under or out of view of the television. Many residents spent the full day in this room, where group activities and meals were also provided. As referenced in outcome 15, inspectors saw that a number of residents were served their meals on bed tables in this day room while the adjoining dining room (also an internal room within the building and without a window to the outside.) was arranged with and set up for 10 persons. One meal sitting/serving was confirmed by staff to inspectors.

The person in charge, who also represents the provider, told inspectors that an architect had been engaged to advise and appraise them on the optimal solution for the provision of an additional sitting room or communal area with an outlook or eye level windows that would create additional dining, recreational and storage space.

Following the previous inspection the provider was required to provide the Authority with a costed, time bound plan to address the premises non-compliances. However, this action has not been completed as outlined in the action plan response by 30 June 2016. A plan and decision in relation to the refurbishment or extension of the premises had not been finalised at the time of this inspection. Therefore, inspectors requested an update within one week and subsequent monthly updates thereafter in relation to the developments of the premises to achieve compliance within this registration cycle and in accordance with the previous action plan response. The person in charge agreed to inform HIQA as requested and communicate when the plan was finalised to achieve compliance and or an application was made for planning permission.

Emphasis on achieving the timescales provided within the provider's previous action plan response was communicated by inspectors to the person in charge in the feedback meeting.

Judgment:

Non Compliant - Moderate

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:

Although there were ample examples of good practices, some improvement was required to ensure that the systems and procedure in place were in line with national initiatives including procedures for the return of personal possessions which uphold the dignity of the deceased.

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. Having reviewed a sample of care plans inspectors were satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. In some cases very specific information was documented regarding their preferences. The person in charge stated that the centre received advice and support from the local palliative care team.

However the practices would be improved if specific procedures which reflected more recent research were in place. This included specific arrangements and symbols to alert staff, residents and visitors that a resident was at end of life, specific handover bags for the return of possessions and the provision of important relevant information to grieving relatives.

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):

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

Findings:

Although some improvement had occurred additional action was required to ensure that resident's individual dietary needs are set out in the care plan.

As at the previous inspection several gaps were noted in the documentation and care plans relating to nutrition. For example, inspectors saw that some residents had been reviewed by a speech and language therapist and specific recommendations were made regarding the appropriate modified consistency diet. However these recommendations did not form part of the care plan.

At the previous inspection it was noted that nutritional assessments and weight measurements were not consistently reviewed as required by the centre's policy. Inspectors reviewed a sample of care plans and saw that this had been addressed.

Inspectors saw that there were two choices prepared for the lunchtime meal. Residents were verbally asked for their preference. The lunchtime meal in the dining room was a social occasion with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. As at the previous inspections some residents remained in the communal sitting room to have their lunch and this did not provide any different stimulation with regard to moving from one environment to another. Action relating to sufficient space is included under Outcome 12.

The food provided was appropriately presented and provided in sufficient quantities. Inspectors visited the kitchen, spoke to the chef on duty and sampled the food on offer. It was found that food was wholesome and nutritious while also properly prepared, stored and cooked. Residents spoken with also expressed satisfaction with the food provided. The recently appointed chef discussed ongoing improvements in the choice and presentation of meals that required altered consistencies. Inspectors saw that residents who required their meal in an altered consistency had adequate choices available to them.

Drinking water and juices were provided for residents and snacks were available outside of meal times if required.

Judgment:

Substantially 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:

Inspectors saw that some improvement had occurred since the previous inspection and were satisfied that residents were consulted about and participated in the organisation of the centre.

Efforts continued to ensure that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. Inspectors read the minutes of the residents' committee meetings. Issues discussed included activities and ongoing renovations within the centre.

Resident and relative satisfaction questionnaires had been distributed and the person in charge discussed plans to do this on an continual basis. Inspectors read a sample of completed questionnaires and saw that they were very positive about the care provided. One resident stated she felt loved by the staff while another said that it was like a big family here.

Improvement had also occurred around the provision of opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. Additional hours were now provided. A range of activities were available based on assessed needs and preference of the residents. Residents told the inspector about plans for an upcoming barbeque. Hats were being decorated for the event. Plans were also in place for some community activities such as attending the local shows. Inspectors noted that the meaningful activity assessment was now completed in the sample of care plans reviewed.

Mass was now streamed on a daily basis from the local church and residents said how important this was to them. Some residents from other denominations said that religious ministers visited the centre and the provider said she would accommodate residents to attend services in their local community if they choose.

Staff worked to ensure that residents received care in a dignified way that respected their privacy and were observed knocking on bedroom and bathroom doors prior to entering. Locks had been fitted to bedroom doors.

A room was now set aside for residents to receive visitors in private.

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:

Inspectors reviewed an actual and planned roster for staff, and found that staffing levels and skill mix were sufficient to meet the needs of the residents.

The person in charge was rostered for management duties on five out of ten working days within a two week roster period. Staff confirmed that they had sufficient time to carry out their duties and responsibilities and explained the systems in place to supervise staff. In discussions with staff, they confirmed that they were supported to carry out their work by the nurse and or person in charge.

Inspectors read the training matrix and saw training attendance records that showed staff had attended mandatory and relevant training. This was an action required from the previous inspection. Since the previous inspection 20 and 21 April 2016, rostered staff members had completed training on manual and patient handling, dementia needs and behaviour that challenges, elder abuse, infection control and fire safety. Further training was planned.

Inspectors spoke with staff members, all of whom were knowledgeable of residents' needs. Staff were seen to be supportive of residents and responsive to their needs. Supervision and interaction between staff and residents in the communal room was seen throughout the inspection. Residents complimented staff and told inspectors staff were kind to them. A staff appraisal system was now in place. The agreed timescale for completion was the end of July and inspectors were satisfied that this would be completed for all staff as agreed.

Several volunteers and external facilitators attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. However they had not been vetted appropriate to their role nor were their roles and responsibilities set out in writing as required by the Regulations.

Judgment:

Non Compliant - Moderate

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:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Our Lady of Consolation Nursing Home
Centre ID:	OSV-0000079
Date of inspection:	26/07/2016
Date of response:	16/08/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Further improvement was required in relation to the following:

- *provision of nurses and administration support as a resource,
- *the premises,
- *the completion of an annual review
- *provision of schedule 2 records for all persons working in the designated centre and for volunteers.

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

There was no additional resources available to cover unplanned absences of nursing staff.

A contingency plan was required in the event that the adaptation of two recruited nurses was unsuccessful and or in the event of unplanned absences by existing nurses.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

a. In the terms and condition with the recruiting agency, they have agreed to provide us nurses, but in the event the particular candidates fail to make it, the agency will provide us appropriate candidates.

b. As a contingency plan the person in charge has contacted nurses working in other organisations/Hospital who agreed to work with us in case of emergency.

Proposed Timescale: 31/10/2016

Theme:

Governance, Leadership and Management

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

An annual review of the quality and safety of care delivered to residents had not been compiled or completed to date.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

We are on the process of compiling the annual review and will be complete by 20/09/2016

Proposed Timescale: 20/09/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The required documentation and records set out in Schedule 2 were not available as required for all persons working in the designated centre as requested previously.

Records or information such as Garda Clearance, full employment history and evidence of the person's identity, including their full name, address, date of birth and a recent photograph were not on file for all persons working in the centre including maintenance personnel.

This requirement was previously requested and remained outstanding. The person in charge agreed to provide HIQA with an update in relation to this matter within one week.

3. 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:

An application is forwarded to Garda vetting unit for the particular persons. A copy of the same is forwarded to the authority. All other documentations with evidence of the person's identity, including their full name, address, date of birth and a recent photograph is in place for all the staff now.

Proposed Timescale: 16/08/2016

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:

Medication to be given as and when required (PRN) did not consistently state the maximum dose that could safely be administered in a 24 hour period.

4. 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:

The particular G.P.s contacted and the maximum dose which can be taken in 24 hours are clearly written now for P.R.N medications.

Proposed Timescale: 15/08/2016

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 resident or relative involvement in the development or review of their care plan.

5. 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:

All the nursing staffs are informed about the importance to have the involvement of resident/next of kin while developing or reviewing a resident's care plan and the need document the same as the evidence. The involvement of resident or next of kin are appropriately documented in the care plan now.

Proposed Timescale: 05/08/2016

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:

There were no changes to the communal sitting room, dining arrangements and toilet and shower room accessible from the communal sitting room since the previous inspection.

The person in charge told inspectors that the provider had engaged an architect to advise and appraise them on the optimal solution for the provision of an additional sitting room or communal area with an outlook or eye level windows along with creating additional dining, recreational and storage space.

The provider was required to provide the Authority with a costed, time bound plan to address the premises non compliances, however, this has not been provided or completed to date and remains outstanding.

A plan and decision in relation to the premises had not been finalised at the time of this inspection as outlined in the action plan response by 30 June 2016.

Inspectors requested an update within one week and subsequent monthly updates thereafter in relation to the developments of the premises to achieve compliance within this registration cycle in accordance with the previous action plan response.

The person in charge agreed to inform HIQA as requested and communicate when the plan was finalised to achieve compliance and or an application was made for planning permission.

Emphasis was placed on achieving the timescales provided within the provider's previous action plan response.

6. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

We have been working with the architect to finalise the most suitable design to upgrade the standard of the Communal room. The final design will be submitted to the authority by 29th of August 2016.

Proposed Timescale: 29/08/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Some end of life practices did not reflect best practice guidelines.

7. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

We have researched on the new products which are available to enhance the dignity of the person and their properties even after death.

a. We have organised specially designed bags for handing over their properties, and a symbol to display while a resident is on end of life.

b. Further we developed an information leaflet for the families to guide them with things they may need to know after a death of their loved one.

Proposed Timescale: 23/08/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Recommendations from the speech and language therapist did not form part of the care plan.

8. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

The person in charge informed all the nursing staff to amend the care plan with changing care needs of the resident and to apply the recommendations from the multidisciplinary team in the care plan. A nursing care plan is in place now for the residents who have recommendations from speech and language therapist.

Proposed Timescale: 10/08/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Volunteers did not have their roles and responsibilities set out in writing as required by the Regulations.

9. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

We have developed a policy on involvement of volunteers which specifies roles of the volunteer and the safety precautions which has to be followed. The volunteers are requested to read this and acknowledge it by signing the document.

Proposed Timescale: 12/08/2016

Theme:

Workforce

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

Volunteers had not been vetted appropriate to their role.

10. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

We have forwarded Garda Vetting applications for the volunteers.

Proposed Timescale: 16/08/2016