<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Our Lady of Lourdes Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000265</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Kilcummin Village, Killarney, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064 664 3012</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:melhc@eircom.net">melhc@eircom.net</a></td>
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<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>Melbourne Health Care Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Murray</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>72</td>
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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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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
From: To:
27 February 2017 12:15 27 February 2017 19:30
28 February 2017 09:00 28 February 2017 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This report sets out the findings of an announced registration renewal inspection. Registration for this centre is due to expire on 20 September 2017. Documentation relevant to the application to renew registration had been submitted in a timely manner. The inspection took place over two days. As part of the process the inspector met with members of the management team, as well as residents and relatives. The inspector also spoke with staff members, and observed practice and communication in the delivery of care. Management demonstrated a responsive approach to regulation and a commitment to implementing quality improvements. The last inspection, on 20 September 2016, had focused on care in relation to residents with dementia; that report, including the provider's response and action plan, can be found on www.hiqa.ie. The provider had responded appropriately and addressed any areas for improvement that had been identified.

A number of questionnaires had been completed by residents and relatives in advance of the inspection. Feedback indicated good satisfaction levels with the quality of service provided and comments were complimentary of both staff and
care. The report is set out under 10 outcome statements. The statements describe what is expected in a designated centre and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People 2016.

Overall the centre was very well equipped and resourced. Much of the centre was a purpose built, contemporary design with accommodation and facilities of a high standard and quality. Most rooms were spacious singles with en-suite facilities. One unit on the first floor was part of the original building. Accommodation and facilities were in keeping with the statement of purpose and current regulatory requirements. Residents were provided with access as necessary to a range of allied healthcare services, such as physiotherapy, chiropody, dentistry and dietetics. The planning of care was evidence based and informed by appropriate assessments. The centre had good access to general practitioner (GP) services and palliative care. Good practice was observed during the course of the inspection. In summary, there was evidence that the needs of individual residents were consistently met and that the centre was operating in compliance with the conditions of registration. Overall, the inspection established a very good level of statutory compliance. The person in charge and management team were found to be actively involved in the day-to-day running of the centre and were readily available and accessible to both residents and staff.
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 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):
No actions were required from the previous inspection.

Findings:
Action to revise the statement of purpose had been completed since the previous inspection. The revised copy, dated July 2016, described the service provided and complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A copy of the statement of purpose was readily available for reference and the person in charge confirmed that it was kept under regular review.

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):
No actions were required from the previous inspection.

Findings:
The centre was a well established nursing home that was privately owned and operated by Melbourne Healthcare Ltd. There had been no change to management or the
arrangements for governance since the previous inspection. A director of the company acted as representative for the entity providing the service. An established system of governance was in place and a board of directors convened regularly to consider business. There was a clearly defined management structure that included administrative support and senior nursing staff. Care was directed through the person in charge who was suitably qualified and had the required experience nursing older people in keeping with statutory requirements. Throughout the inspection the person in charge was available and responsive in providing information and documentation necessary to the inspection process. The centre was laid out as three units over two floors with a clinical nurse manager having direct responsibility for each unit. Appropriate arrangements were in place for a clinical nurse manager to deputise for the person in charge where required. Effective management systems were in place to monitor the provision of service with a view to ensuring safety and consistency. Each unit partook in a regular regime of audit and review, and issues identified were discussed via regular meetings in relevant areas of responsibility.

The centre provided a framework for effective communication with regular meetings taking place for staff in household, catering and clinical care. Minutes of these meetings were reviewed that indicated learning identified as a result of audits was discussed and action plans implemented. Staff with responsibility for following up on actions were identified and milestones for completion were set. Communication systems were further supported by regular handover meetings around resident care that usually took place twice daily. Systems were in place to support consultation with residents and their relatives. Management demonstrated a commitment to engaging residents around choice and their experience of the service. Regular resident meetings took place and feedback via a satisfaction survey was also available for reference. In keeping with statutory requirements a report on the annual review of the quality and safety of care had been completed and a copy was available for reference. This report summarised the quality data gathered in the preceding year and also set out goals and objectives against the national standards for completion in the coming year. Areas of focus included falls, pressure ulcers and best practice in relation to the use of restrictive practice. The management systems in place demonstrated that the service provided was effectively monitored to ensure that the service and care was appropriate to the assessed needs of the residents.

Judgment:
Compliant

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): No actions were required from the previous inspection.

Findings:
Up-to-date, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Copies of the relevant standards and regulations were maintained on site. Staff spoken with demonstrated an effective understanding of the policies discussed and their application in practice; for example managing challenging behaviour and responding to emergencies including fire and evacuation procedures. Documentation was well maintained in relation to staff files in keeping with the requirements of Schedule 2 of the regulations. However, photo identification was not in place on some files. Other records to be maintained by a centre such as a complaints log, records of notifications and a directory of visitors were also available.

Resident records in relation to care planning were maintained electronically and contained information as detailed in Schedule 3, including assessments, medical notes and nursing records.

Policies, procedures and guidelines in relation to risk management were current and available as required by the regulations, including fire procedures, emergency plans and records of fire-safety training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

A current insurance policy was available confirming that the centre was adequately insured against accidents or injury to residents, staff and visitors.

A directory of residents was maintained electronically and contained the required details in relation to each resident such as name, date of admission and relevant contact details for relatives and medical practitioner.

Judgment: Substantially Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Appropriate action had been taken in response to findings on the previous inspection. Policies and procedures on the recording and reporting of abuse were in place and all staff had received relevant, up-to-date training. A senior member of management was qualified to facilitate training on safeguarding. The inspector reviewed systems for recording and reporting any allegations in relation to the protection of residents and found that these were robust and in keeping with policy and protocol. Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. A policy and procedure was in place on the management of residents’ personal property that had been reviewed and included provisions for audit and oversight. Residents were encouraged to manage their own finances, either independently or with the support of family. Where monies were managed for residents the processes were transparent with transactions recorded and witnessed, and receipts retained. A security box was provided for each resident in all rooms.

A relevant policy and procedure was in place on the management of responsive behaviours. Management demonstrated a commitment to ensuring that staff received ongoing training in this area. The restraint policy promoted a restraint free environment with the stated aim that restraint be used only as a last resort. Appropriate assessments were in place that took account of both the assessed need of the resident and any risk that might arise as a result of using a restraint. Where restraints such as bedrails were in place, there was a record of audit around their use that included verification of regular monitoring and release in keeping with standard requirements. Care plans reviewed by the inspector contained recorded assessments that reflected consultation with residents, their relatives and a medical practitioner as appropriate.

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):
No actions were required from the previous inspection.

Findings:
Policies and procedures relating to health and safety were site-specific and up-to-date. A
A nominated member of staff managed general maintenance and site safety that included responsibility for health and safety induction training and the implementation of routine fire prevention protocols. Documentation was in place that confirmed specialised equipment such as hoists, beds and wheelchairs were regularly serviced. A regular schedule of general maintenance was in place. Measures were implemented throughout the centre that maintained the safety and wellbeing of residents and staff, such as accessible call-bells and restricted access to areas of risk, including sluice rooms. Emergency exits were clearly marked and unobstructed. An accident/incident log was maintained that recorded the circumstances of events and any related interventions or actions; these were reviewed regularly by management in relation to recurring events, such as falls for example. A risk management policy was in place that required review to fully reference the risk areas identified by the regulations; this action was addressed in the course of the inspection. An emergency plan was in place that identified alternative accommodation for residents in the event of an evacuation.

A fire safety register was maintained that demonstrated relevant daily, weekly and monthly checks were completed to ensure effective fire safety precautions. Fire evacuation procedures were on display. Regular fire safety training was provided and records indicated that all staff had received current training. Documentation was available to confirm that bedding was fire safe. Suitable firefighting equipment was accessible throughout the centre which was regularly serviced and associated documentation was available for reference. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. Fire drills were conducted regularly for both day and night staff. Residents were actively involved in the evacuation exercises. There was evidence of learning from these exercises and personal evacuation plans had been revised as a result of such learning. Regular training in manual handling was provided. Senior nursing staff monitored manual handling practice and assessed competencies accordingly. Training and practice in this regard was also reviewed with the resident physiotherapist as required.

A risk register was maintained that identified resident-specific risks and controls. A risk register was also in place for environmental hazards. A comprehensive policy on environmental and infection control was in place. There was good evidence of effective cleaning and hygiene throughout the centre and the premises were very well maintained. Practice to protect against cross-contamination included the use of a colour-coded cleaning system. In keeping with national standards, a nominated member of staff held responsibility for monitoring compliance in relation to infection control procedures, such as hand hygiene and the use of protective clothing. Regular infection control meetings took place, most recently on 22 February 2017. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. Staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures
Theme: Safe care and support

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

Findings:
Actions identified in the previous inspection related to the authorisation of crushed medicines and the recorded maximum dose for pro re nata (PRN) medicine; both of which had since been addressed. A centre-specific policy was in place dated 25 January 2016 relating to the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out-of-date medicine. Staff had received training in medication management appropriate to their role. Competency assessments for staff were in place. Management confirmed that there were appropriate supports to facilitate pharmacy services fulfil their obligations to residents. Residents could exercise choice in retaining the services of their own pharmacist. Systems of monitoring and control included a regular schedule of audit. Storage facilities and supervision procedures were safe and secure. The administration and stock check of controlled drugs was consistently documented. A system was in place whereby fridge temperatures were monitored and readings recorded.

Prescription sheets were current and contained the necessary biographical information and a photograph of the resident. Administration sheets contained the signature of the nurse administering the medicine. Medicines were reviewed by the authorised prescriber on a regular basis. The pharmacist also regularly reviewed the medicine prescribed for residents. Psychotropic medicines were audited regularly. Staff were provided with the necessary reference material to support medicine compliance checks.

Nursing staff demonstrated an appropriate knowledge and understanding of the relevant processes, controls and practice around administration, including protocol for referral where a resident might consistently refuse their medicine. Medication errors were recorded and reviewed. A signature bank of administering staff was available for reference.

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):
No actions were required from the previous inspection.

Findings:
Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. Processes around the assessment of residents’ needs and associated planning of care had been compliant on the previous inspection; this inspection returned a similar conclusion with no areas for improvement identified on the sample of care plans assessed. Care plans were maintained electronically and the system recorded information for each resident covering all aspects of daily living, including personal and medical care. These records contained the necessary information to guide staff and were updated routinely in keeping with statutory requirements, or where the needs of a resident might change. Residents were assessed prior to admission and a further comprehensive assessment was undertaken within 48 hours of admission. Care planning was informed by the use of validated tools to assess residents’ individual needs in areas such as skin integrity, nutritional status, level of cognitive impairment and risk of falls, for example. Communication notes on care plans reflected consultation with both residents and their families.

The electronic care planning system provided effective oversight of a resident’s care with accessible information on assessments and related directions to staff on the delivery of care. Where particular needs were identified the circumstances were recorded and a plan of care was clearly set out. A medical practitioner attended the centre regularly. Residents could exercise choice in retaining the services of their own practitioner. The centre provided access to allied healthcare services such as speech and language therapy and occupational therapy. The services of a physiotherapist were accessible on site. Regular health monitoring was in place and records of monthly observations were maintained. Consultancy services in relation to gerontology were available on referral. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible. The needs of residents around food and nutrition were routinely assessed and weights were regularly monitored. Care plans reviewed reflected specialist input by a speech and language therapist or dietician as required. Communication systems were in place for catering and healthcare staff to ensure they had the correct information around the dietary requirements and preferences of residents. The centre had access to palliative care services. It was evident from feedback in the course of the inspection that management and staff were committed to supporting residents and their families around end-of-life care and that resources were in place to meet these needs. Staff and management at the centre demonstrated an active commitment to person-centred care. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

Judgment:
Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
Action had been taken to address the issue identified on the previous inspection and glass door screens had been obscured on all rooms to protect the privacy of residents. The centre provided a comprehensive guide for residents that referenced both the contract of care and statement of purpose, and also provided information on how residents could make a complaint. The centre was laid out as three units over two floors providing accommodation for up to 74 residents. One unit on the first floor delivered care with a focus on the needs of people with dementia. The environment here was designed to support care for residents with a cognitive impairment, such as homely décor, soft furnishings and memorabilia.

Consultation with residents was encouraged and a satisfaction audit had been undertaken in May 2016. The centre was well resourced to support residents engage with an activities programme appropriate to their assessed needs. An activities plan of care was in place for each resident that included information on their individual interests and background. A team of activity co-ordinators managed responsibilities for the delivery of a weekly activities schedule. The programme provided both morning and afternoon arrangements for music, games, reminiscing and baking. Staff had received training appropriate to their role. The centre promoted pet therapy with residents having access to both artificial interactive animals and also pet cats. There was a donkey paddock and a chicken run on the grounds. Residents had safe and secure access to outside areas including a garden balcony on the first floor laid out with tables, seating and equipped with a barbecue. There was also a seating area outside on the ground floor overlooking the paddock. On the days of inspection a range of activities were observed including group sessions of music and dancing and also individualised one-to-one sessions. The centre provided residents with regular access to a hairdresser and a well equipped salon was available for this purpose. The centre also had a quiet sensory room for individual activities and small groups.

Staff demonstrated a commitment to person-centred care and communication observed throughout the inspection was appropriate and relevant to the circumstances of the individual. Staff were seen to take time to explain any care interventions to residents, such as when assisting with meals or mobilising. Interactions between staff and residents observed throughout the inspection were considerate and appropriate. Residents were facilitated to engage in community activities and processes were in place.
to support civic duties such as voting. Regular resident meetings were held and minutes of these meetings were available for reference. Residents could access the services of an independent advocate and relevant contact details were displayed in the centre. Visiting hours were open and visitors were seen to be in regular attendance throughout both days of the inspection. The centre provided access to a prayer room and pastoral services were available with a regular mass held at the centre. Overall the culture of care in evidence at the centre was one that protected and promoted human rights principles such as respect and autonomy.

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

**Findings:**
At the time of inspection the system of supervision was directed through the person in charge as director of nursing. Appropriate arrangements were in place for the absence of the person in charge and a clinical nurse manager was nominated to deputise in these circumstances. A registered nurse was on duty at all times. Current Bord Áltranais registration was in place for active nursing staff at the centre. Management systems were in place to ensure that information, such as learning from audits, was communicated effectively. Monthly meetings took place between clinical nurse managers and the director of nursing. Regular meetings also took place for staff nurses, healthcare assistants, housekeeping and catering. Communication around resident care was promoted through daily handover meetings. Staff were able to demonstrate effective care practice in their day-to-day duties. Regular staff appraisals were undertaken by line management to assess performance and identify training needs. Competency assessments were in place to promote good practice in areas such as medication management. A scheduled training programme supported staff in their provision of contemporary evidence-based care that included training on dementia and the management of dementia related behaviours, infection control and medication management. Staff spoken with said they felt well supported by management in relation to the provision of training and continuous professional development. Copies of the
standards and regulations were readily available and accessible by staff.

The centre had relevant policies on recruitment, training and vetting. New members of staff completed a centre-specific induction programme and were subject to a probationary period and review. All staff had been Garda vetted in keeping with statutory requirements. The centre did not engage any volunteers at the time of inspection.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Provider’s response to inspection report\(^1\)

<table>
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<tr>
<td>Date of inspection:</td>
<td>27/02/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/03/2017</td>
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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 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:
Photo identification was not in place on some staff files.

1. **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.

\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Management have requested that all staff show proof of photo identification; this will be witnessed by 2 Administration Staff or by 1 Administration Staff and Director of Nursing; signed documentation will be placed in all staff files.

Proposed Timescale: 16/04/2017