Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Friars Lodge Nursing Home
Centre ID:	OSV-0000342
Centre address:	Convent Road, Ballinrobe, Mayo.
Telephone number:	094 954 2474
Email address:	friarslodgenursinghome@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	G & T Gallen Limited
Provider Nominee:	Tanya Gallen
Lead inspector:	Mary McCann
Support inspector(s):	Gearoid Harrahill
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	14

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 September 2017 14:30	11 September 2017 20:30
12 September 2017 09:00	12 September 2017 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation		Non Compliant - Moderate
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant
Outcome 08: Governance and Management		Substantially Compliant
Outcome 09: Statement of Purpose		Substantially Compliant
Outcome 10: Suitable Person in Charge		Compliant
Outcome 11: Information for residents		Substantially Compliant
Outcome 12: Notification of Incidents		Compliant

Summary of findings from this inspection

This was an unannounced inspection with a special focus on the provision of dementia care. The provider had applied to renew the registration of this centre and this application was also reviewed during this inspection. Inspectors also considered information received by the Health Information and Quality Authority(HIQA) in the

form of unsolicited receipt of information which related to a staff members attitude towards a resident in the presence of another person. Notifications since the last inspection were also reviewed. While the information in the unsolicited information was not substantiated, inspectors observed two occasions where staff did not uphold the privacy and dignity of residents by their interaction with residents.Inspectors focused on six outcomes that had direct impact on dementia care and on other relevant outcomes with regard to monitoring compliance in order to assess application for registration renewal. Inspectors also followed up on the five actions from the previous inspection. All actions had been addressed.

Inspectors reviewed the delivery of care to residents and observed interactions between staff and residents using a validated observation tool. The centre did not have a dementia specific unit. At the time of this inspection, of the 50 residents accommodated, 10 had a formal diagnosis of dementia and nursing staff stated that approximately a further one had a cognitive impairment. The centre is registered to provide care to 64 residents. At the request of HIQA, the provider had submitted a completed self-assessment on dementia care to HIQA together with relevant policies and procedures prior to the inspection. The provider had assessed the compliance level of the centre and had rated the centre to be substantially complaint with all outcomes except complaints which was rated as compliant. During conversations with the inspectors residents confirmed that they were well cared for, their nutritional needs were met and they felt safe.

Inspectors tracked the journey of a number of residents with dementia within the service. An observational tool (QUIS) in which social interactions between residents and care staff is assessed was used by the inspectors. Inspectors found that while the care needs of residents with dementia were met, review of the location of activity provision was required. There was good availability of sitting/communal rooms which could have been utilised to carry out activities. However, some of these areas were not been utilised. These would provide a quiet calm area which is more conducive to good dementia care, than the current arrangements of all residents accommodated for large parts of their day in the lobby area close to the front door. This is discussed further throughout the report.

At the feedback meeting at the end of the inspection, the findings were discussed with the person in charge. The provide representative was on leave at the time of inspection. Matters requiring improvement are discussed throughout the report and set out in an action plan at the end of this report in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome relates to assessments and care planning, access to healthcare, nutritional care and end of life care. This outcome was judged to be substantially compliant in the self-assessment; inspectors judged it as in substantial compliance. The provider had identified at the time of completion of the self assessment that work was required to achieve compliance in this area. The provider and person in charge had developed a care pathway for the early detection of behavioural and psychological symptoms of dementia for residents whom nursing staff suspect of having dementia, has been implemented. A Mental state assessment is completed on all residents on admission and repeated at regular intervals. This looks at memory or other mental abilities and helps to diagnose dementia and assess its progression and severity. The centre was also using the Cohen-Mansfield Agitation Inventory (CMAI). This is intended to capture the frequency at responsive behaviour occurs. Geriatric depression scale and the mini mental state assessment used for all residents. A new computerised care documentation system had been introduced since the last inspection.

Pre admission assessments were completed to identify residents' individual needs and choices. There was evidence of communication with family members and the referring agency/person. An admission policy was available inspectors found that this was reflected in practice. Inspectors followed the pathway of residents with dementia and tracked the journey from referral, to admission, to living in the centre. All aspects of care provided to include physical psychological social and emotional care was reviewed. The person in charge has devised a hospital passport for residents to be used if residents are accessing the acute hospital services. This was a comprehensive informative document which provided a good overview of the physical, psychological social assessment and needs of the resident. It was person centred and easy to swiftly see relevant information.

At the time of the last inspection there was limited evidence of residents' and their families being consulted with on the development and review of their care plans and that they were made available to residents and their family where appropriate. This had been addressed and inspectors found there was good evidence of communication

between residents, their loved one and the centre. Comprehensive assessments and a range of additional risk assessments had been carried out for all residents and staff had developed care plans based on the risks and care needs identified. The majority of these were detailed and had been updated according to the changing needs of residenst. Care plans were reviewed on a four monthly basis. A pain assessment tool was in place and residents who had complained of pain had an assessment completed. There was evidence available in the narrative in the notes of monitoring the effectiveness of analgesia administered.

A minority of care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example on care for a residents who had epilepsy failed to detail when the buccal midazolam was to be administered. Dementia specific care plans required review to show the level of functioning of the resident and what areas of care the resident had maintained independence , thereby informing staff as to what areas to continue to promote independence.

Arrangements were in place to review accidents and incidents. Residents at risk of falling were assessed using a validated falls assessment tool. Falls prevention care plans were in place. These provided guidance to staff in the delivery of safe care and what detailed aids such as sensor mats to mitigate the risk of further falls for the resident. Evidence was available that post-fall observations including neurological observations were undertaken to monitor neurological function after a possible head injury as a result of a fall.

Nutritional care plans were detailed and provided sufficient information to support safe quality care. They included whether the resident was on a fortified diet or what supplements were prescribed. Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. Inspectors observed residents having their lunch in the dining room. Adequate staff were available to assist and monitor intake at meal times. Some residents choose to dine in their own bedrooms, and this was facilitated. A list of residents on special diets including diabetic, high protein and fortified diets, and residents who required modified consistency diets and thickened fluids was available to catering and care staff. Residents confirmed that they enjoyed the food. The kitchen was open 24hrs per day and snacks were freely available. Inspectors saw residents being offered drinks throughout the day.

Access to allied health professionals to include dietetic service, chiropody, speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life was available. A physiotherapist attended the centre one day per week. And an occupational therapist visited once monthly. There was evidence in the medical files of good access to the General Practitioner. There was evidence of good access to dental services.

There were written policies and procedures in place governing the management of medications in the centre. The action from the previous inspection had been addressed. Where medication was required to be crushed this was individually indicated on the prescription. One of the Inspectors observed medication administration practices and was satisfied that they were in compliance with relevant professional guidance. Controlled drugs were stored appropriately and records were available demonstrating that they were counted at the end of each shift. Prescription and administration records

contained appropriate identifying information including residents' photographs and were clear and legible.

Observations such as blood pressure, pulse and weight were assessed on admission and according to assessed need thereafter. A robust process was in place with regard to communicating with acute services should a resident require transfer. Residents had on occasions been admitted to the local acute hospital. There was good evidence available of communication between the centre and acute care services when a resident was being transferred for care.
A letter detailed the specific reason as to why the resident required admission together with a letter from the medical practitioner (when the medical practitioner reviewed the resident in person prior to transfer) accompanied the resident. Discharge letters for residents who spent time in acute hospital care and letters from consultations detailing findings following out-patient clinic appointments were available.

Staff had attended training in End of Life Care. Staff provided end of life care to residents with the support of their General Practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan was in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives, these were documented.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

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 promoted a restraint-free environment and had a low number of residents with bedrails. For residents using bedrails, the rationale for their use was kept under review, and each resident had a risk assessment done for the possibility of climbing over the rails or entrapment. Staff had received training in the use of restrictive practices and care plans reflected that chemical restraint was used only as a last resort to alleviate responsive behaviours. Staff were familiar with residents with a risk of aggression or absconsion and were knowledgeable of the means of deescalating or reassuring the residents.

Staff received mandatory training in safeguarding of vulnerable adults on a two year refresher cycle. Inspectors reviewed training records and found that fifteen members of

staff had not received refresher training within that timeframe. Staff were knowledgeable on the forms of abuse and how to appropriately respond to alleged or suspected incidents of abuse. Residents spoken with felt safe and secure in the centre. The provider liaised with the local HSE safeguarding officer as part of their investigation into any such incidents. The provider gave assurance to inspectors that all staff in the centre have been vetted by An Garda Síochána and that no future staff will commence working in the centre without having done the same. A sample of personnel files were reviewed and the required Garda vetting disclosure was present for all reviewed.

Financial records were reviewed for a sample of residents for whom the provider acted as a pension agent. Improvements were identified with the arrangements for receiving pensions to ensure the residents' monies were safeguarded and to comply with financial regulations. The resident's pension was being transferred to the centre's account. Deductions were then made by the provider for the residents' fees and the remaining balance was added to the resident's petty cash. An electronic log was maintained which clearly detailed all transactions and no money was retained in the providers account for any of these residents. However, the current arrangement required review as it does not afford the resident the maximum protection. The provider held some petty cash on behalf of the some resident in a secure location. A log was kept for each resident of all transactions and inspectors saw that these were signed by two staff.

Judgment:
Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The provider had assessed this outcome as substantially compliant in the self assessment. Inspectors found that it was moderately non compliant.

Two part-time activities coordinators were in post. Activities were provided 5 days per week from 10:30 to 15:30. Sonas (a therapeutic activity for residents who are cognitively impaired) was available for residents. One of the inspectors observed part of a Sonas session. Staff reported that when residents had an opportunity to engage in Sonas they enjoyed the session. Most residents spoken with by the inspectors stated they had choice regarding their day-to-day living in the centre. The centre had employed an occupational therapist for half a day each month. The person in charge stated that when the occupational therapist had completed all necessary seating assessments she would be involved in the planning and assessment of social care

activities.

A "key to me" assessment was composed on admission which gathered information on each resident's hobbies, interests, preferences and background before living in the centre, which was used to inform a recreational care plan for each resident. Inspectors reviewed a sample of these plans, including for residents who were unable to, or choose not to, participate in group activities. The care plan identified what the resident preferred to do in group or in one to one interactions, and in which activity sessions they had no interest. This plan was reviewed every four months to reflect diminishing capacity or change in interests. The activities coordinator shad designated time set aside to spend with residents more suited for individual activity sessions. Staff were familiar with the preferred activities of residents, and for each person it is tracked which activities they attended, to highlight those who may be interested in alternatives.

There was no additional charge for activities. Activities were varied and meaningful for some residents. For example, many of the residents were local to the area, and at the time of inspection, the centre was hosting a themed day to show support for the Mayo football team playing the All-Ireland Final that week, hanging decorations, wearing the team jerseys and serving buns iced with the team colours. The majority of activities took place in the main foyer where a large portion of residents congregated for most of their day. This resulted in some communal sitting rooms remaining vacant. These rooms would be more appropriate for residents with dementia or cognitive impairment to focus on activities without the distraction of the busy entrance foyer, and would be more suitable for sensory-based sessions such as Sonas. Resident forum meetings were held every few months in the centre with clear minutes kept, the key points of which were followed up on in the relevant staff meetings.

As part of the dementia focus of this inspection, inspectors each took periods of time to observe the quality of interactions between staff and residents. Staff were mostly observed speaking to residents in a polite, respectful and friendly manner, using residents' names and explaining what was happening during assistance to hoist or transfer. Choice was offered when snacks and drinks were being served. There were some instances observed of staff calling across the room to residents or not being discreet when asking residents if they required or wished to access the toilet there by not protecting residents privacy and dignity. In some parts of our observation inspectors noted that staff interaction with residents was usually undertaken in a reactive way as a result of staff being called by residents. This meant for those residents who were quieter, they were left alone without any stimulation for long periods of time. This was most noticeable when observing a large group in the foyer area.

There were notice boards available throughout the centre providing information to residents and visitors. Most communications were available in an accessible format for residents with dementia. Radio, television and newspapers were available for information about current affairs and local matters. Hairdressing arrangements were available to support residents' personal care and choices. An independent advocate was available to ensure the rights of residents are upheld. Residents were facilitated to exercise their civil, political and religious rights. The person in charge confirmed that arrangements were in place for residents to vote.

Judgment:
Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The provider self-assessment had stated that this outcome was compliant. Inspectors found that it was substantially compliant. The action from the previous inspection had been completed. The complaints procedure has been updated to reflect the current person in charge, who is nominated to deal with any complaints. On reviewing the complaints log inspectors noted that there were some instances where there was no evidence of whether the complaints initiator was satisfied with the outcome of the complaint or informed of the appeals procedure. An independent advocacy service was advertised on the notice board in the lobby area.

A complaints procedure and policy was available in the centre. The complaint's procedure was displayed prominently and contained a synopsis of the complaints policy. The process confirmed by the inspectors was that in the first instance the nurse on duty would try to resolve the issue. If the issue was not resolved the person in charge as complaints officer would investigate and manage the compliant according to the policy. An appeals process was in the policy and outlined also in the resident's guide. The right for a complainant to access the ombudsman was also detailed.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The provider assessed this outcome as substantially compliant. The inspectors found that it was complaint. Actions identified by the provider representative to bring the

centre into compliance had been addressed. For example staff training on dementia care had been provided to all staff. All nursing staff had undertaken training in care plan writing and the use of the electronic system.

The staff roster reflected the numbers of staff on duty. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times. Residents were complimentary of the staff .

Based on observations, a review of the roster and these inspection findings, the inspector found that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. A registered nurse was on duty at all times. The normal allocation of staff on duty is the Person in Charge, two staff nurses and 10 carers up to 15:00, two staff nurses and six carers until 20:00 and two nurses and five care staff from 20.00 until 22.00hrs and two nurses and three carers from 22.00 until 08.00hrs. Activity, catering, housekeeping , maintenance and administration staff also available.

The person in charge was in the process of completing a Masters in dementia care. All nurses had evidence of active registration with the Nursing and Midwifery Board of Ireland. The centre did not utilise external agency staff, or any volunteers at the time of inspection.

Recently recruited staff were subject to a period of probation and all regular staff were appraised annually by the provider and person in charge. Meetings were held between the different categories of staff to discuss matters on their duties with focus on the wellbeing of the residents, for example practices to ensure meals were served hot, or that all residents had individualised recreation plans.

Staff were all up to date in fire safety and manual handling training. There were gaps in the refresher course for safeguarding training; this is referenced under Outcome 2 on Safeguarding and Safety. All nurses had received in-house training in medication management and a large portion of the total staff had training in CPR. The provider representative had arranged specific training on caring for residents with dementia and in responding to associated behaviours. This had been attended by all staff. Training had also been attended in the appropriate use of restrictive practices. There was a good range of supplementary training provided to care for residents' needs, such as in nutrition, falls management and end of life care. The person in charge advised inspectors of the plans to facilitate attendance at a FETAC 5 course in palliative care for staff members who wish to attend.

Staff spoken with were knowledgeable of the needs, personalities, preferences and backgrounds of the residents, and for any information they were unsure of, they were aware of where to find said information when needed. Residents spoke highly of the care delivered by staff in the centre and staff were friendly and patient in their assistance of residents in need of help mobilising or eating.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The provider representative had rated this outcome as substantially compliant. Inspectors rated it as substantially compliant. At the time of the last inspection the flooring on one corridor was raised in patches and uneven in places, which posed a risk to residents at risk of falling. This had been addressed

The centre comprised of single and double occupancy bedrooms across a single level. There was sufficient space in all bedrooms for residents, and residents were facilitated to decorate their bedrooms to their preferences, including bringing furniture from home. All bedrooms had adequate storage space including the option of lockable storage for valuables. Bedrooms accommodating more than one resident had appropriate privacy screening between the bed spaces. En-suite toilet and shower facilities were suitably equipped for residents' needs, including assistive grab rails, wet room style showers were available in all rooms. Some bathrooms contained contrasting colours for grab rails and toilet seats to aid residents with reduced vision of cognition to distinguish them. All bedrooms, bathrooms and communal areas were equipped with call bells and service records of these and other equipment such as air mattresses and hoists were documented.
Storage of equipment was in need of review as inspectors observed chairs and hoists being stored in an assisted bathroom.

From a dementia design perspective, the centre was well laid out, consisting of circuit corridors, lined on both sides with handrails, which returned to the central day areas enabling residents to walk around the premises without encountering dead ends. Signage on hallways was dementia friendly, using bright colour and simple pictorial signage to direct residents to the communal areas, dining rooms, or nearest fire exit. Some resident bedroom doors were equipped with names, photos of visual memory triggers to help give a resident who may get confused assurance that they were at the correct bedroom. Multiple rest spots were available in the corridors to allow a resident to stop when tired or to have a quiet space away from the busy foyer area. The centre featured a safely enclosed and nicely featured garden. While the door to this was not locked, it was connected to the alarm system which would trigger without using an electronic fob adjacent to the door. This allowed residents who understood the fob system or who were accompanied by staff to go outside. This required review to ensure that residents who may independently mobile and wish to access the garden but do not have the cognitive ability to request to go to the garden are impeded from

accessing the garden. The fear of triggering an alarm would discourage residents from utilising the garden which is known to be beneficial for residents with dementia.

There were rooms available other than the resident bedrooms for visitors to be received in private. The premises featured three large sitting rooms, two dining rooms, an oratory and a designated indoor smoking room which was equipped with appropriate safety and ventilation equipment. Communal rooms were equipped with clear information to help residents with a dementia with orientation, such as boards stating the date, activities, mealtimes and other basic information. There was appropriate laundry and kitchen facilities onsite to meet the number and needs of the residents in the centre.

Areas were decorated in a home-like fashion and the centre was clean and free of major environmental hazards, however there were parts of the centre in need of refurbishment or repainting to improve the overall homeliness of the centre and address cosmetic damage caused by general wear and tear as well as recent plumbing work.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
The centre maintained a clear record of all accidents and incidents. Records were kept for each event documenting times, dates, locations and persons contacted. There were also notes for unwitnessed falls on what staff on duty were doing at the time, to serve as learning and trending for times and locations of higher risk. The service maintained a risk register including descriptions, control measures and actions taken on hazards such as environmental features, smoking, or residents going missing.

All staff members had received fire safety training within the past 12 months. A selection of staff spoken to were knowledgeable on how they would respond to activation of the fire alarm and what their duties were in the event on an evacuation. Each resident had a personal emergency evacuation plan posted in their bedrooms which identified their individual requirements in the event of an evacuation. Fire drills were held in the centre every few months, and the reports of these noted the time taken and equipment required to evacuate the area of the simulated fire. Staff were noted as substituting for residents to allow for more realistic practice, and causes of delay were recorded for future learning towards more efficient evacuation.

Logs of regular in-house checks, and external testing and servicing certification, of the alarm system, fire safety equipment, emergency lighting and escape routes were documented. All bedrooms had self-closing mechanisms and devices to hold doors open which would release automatically in the event of a fire alarm trigger. However, inspectors observed doors to communal sitting rooms, offices, visitors' room and oratory did not have these mechanisms, which resulted in doors which were either unable to close automatically in the event of a fire, or did not have the option when desired to be safety held open without using a door stopper.

Household and laundry staff were clear on their procedure with regard to prevention and control of infection, and were knowledgeable on how they are informed of any outbreak or resident infection risk and how their routine changes as a result of same. Separately colour-coded cleaning materials were used for bedrooms and bathrooms, and alginate bags were used to collect and wash soiled clothing and sheets separately from the regular laundry. The person in charge explained to inspectors that all staff would be facilitated to attend a FETAC Level 6 course in infection control in the coming months.

Judgment:
Substantially Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
There is a clearly defined management structure which identifies the lines of authority and accountability as outlined in the statement of purpose. Sufficient resources were available to ensure the delivery of care in accordance with the statement of purpose. Sufficient staff were available to meet residents' care needs. Systems were in place including audit tools to review quality and safety of care, including audit on care plans, medication management and accident and incidents.

The person in charge works in addition to two nurses on a daily basis to ensure there is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The provider representative is actively engaged in the governance and management of the centre and works full-time in the centre. An up-to-date insurance policy was in place for the centre which included cover for residents' personal property, and accident or injury to residents in compliance with the requirements of the regulations. While an annual review of the quality and safety of care delivered to residents was completed for 2016, this required further input to ensure that it was used as way of seeking to improve the quality and safety of care provided. While a list of improvements was detailed, there was no plan detailing

timescale and personnel responsible.

Judgment:
Substantially Compliant

Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose set out the services and facilities provided in the designated centre. However, it required review to show clearly the physical description of the accommodation and what was described matched the current layout. Details of the current registration of the centre were not documented.

Judgment:
Substantially Compliant

Outcome 10: Suitable Person in Charge

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service. She qualified as a nurse in 2006 and is the live register with An Bord Altranais agus Cnáimhseachais (ABA).The person in charge initially commenced working in the centre in 2006 and worked as the deputy person in charge from 2007 to 2011. She was appointed as person in charge in 2011. She has the appropriate experience to meet the regulations pertaining to a person in charge. She completed a Higher Diploma in Gerontology in 2009.

She provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people, including short courses on nutritional care, consent and capacity safeguarding vulnerable adults. She has

completed a FETAC level 6 in manual handling, a FETAC level 5 in palliative care and a FETAC level 5 in infection control. She is in the process of completing a Masters in dementia care.

She demonstrated a very good level of knowledge of residents assessed needs and demonstrated good knowledge of the relevant legislation and her statutory responsibilities. She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She responded in a timely manner to any requests for further information with regard to notifications.

Judgment:
Compliant

Outcome 11: Information for residents

Theme:
Governance, Leadership and Management

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

Findings:
Good quality information was available on the walls of communal areas in the centre. Simple and pictorial information on aspects such as making complaint or having a say in the running of the centre were prominently posted. The residents guide to the centre required review to ensure it is available in an accessible format for residents with dementia or cognitive impairment.

Each of the residents had a written contract of care signed in agreement with the provider which clearly stated the fee payable, the resident's contribution and the services to be provided under that fee. There was a schedule of services facilitated by the provider that would incur a separate charge. While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied was a single or shared room.

Judgment:
Substantially Compliant

Outcome 12: Notification of Incidents

Theme:
Effective care and support

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

Findings:
Inspectors noted that a record of all incidents was maintained. Notifications to Health Information and Quality Authority were made in line with the requirements of the Regulations.

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:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Friars Lodge Nursing Home
Centre ID:	OSV-0000342
Date of inspection:	11/09/2017 and 12/09/2017
Date of response:	31/10/2017

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: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A minority of care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example on care for a residents who had epilepsy failed to detail when the buccal midazolam was to be administered.

Dementia specific care plans required review to show the level of functioning of the resident and what areas of care the resident had maintained independence , thereby

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

informing staff as to what areas to continue to promote independence.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
Care Plans within the centre are under ongoing evaluation as we strive to continuously improve our documentation and the care which we deliver to our residents.
Since the inspection residents with specialist medical conditions such as epilepsy have had their existing care plans further developed to reflect the triggers that require administration of emergency medications.
Since the Inspection and as planned prior to the inspection the Person In Charge in conjunction with the Occupational Therapist and Activities Co-Ordinator have completed occupational profiling assessments on all residents. The Pool Activity assessment tool assessment has been carried out on all residents and based on the results of the assessments all residents not just dementia residents now have either Planned, Exploratory, Sensory or Reflex care plans in place indicating the level of functioning and highlights areas of care the resident has to maintain independence- therefore informing staff as to what areas to promote residents independence.

Proposed Timescale: 31/10/2017

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fifteen staff members in the centre were not up to date on their training in safeguarding of vulnerable adults.

2. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
All Staff will have a training update in Safeguarding of Vulnerable adults.

Proposed Timescale: 15/12/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
The arrangements in place for when the provider acts as an agent for residents' pensions required review to afford greater protection of those residents' finances.

3. 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:
While The registered providers do act as agents for 2 residents within the nursing home whom have been residents in the nursing home for 5 plus years. This is through the choice of the 2 residents in question. There is a fully transparent chain of transactions to clearly demonstrate the safeguarding of the residents. The residents have again been spoken to and are happy with the current arrangements in place and at present do not wish any change the current practice. This will be reviewed continuously.
For all future admissions the registered providers will not and do not act as pension agents.

Proposed Timescale: 31/10/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The majority of activities took place in the main foyer where a large portion of residents congregated for most of their day and is not suitable for residents with dementia or cognitive impairment to be able focus on activities without the distraction of the busy entrance foyer.

There were some instances in the foyer area when inspectors observed residents were sat for long periods without any engagement in activities.

4. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
Activities overall have been reviewed and have been discussed in the residents meeting on the 18th of October.
Residents stated that they felt very strongly regarding their choice to sit where they wanted to sit in their own home and their ability to watch the comings and goings of the nursing home and wish to continue to do large group activities such as exercise group, music and mass in the foyer (This is further supported by previous residents satisfaction surveys).
The registered provider and PIC have taken on board the need for smaller group

activities for residents with dementia and other specialist care needs and these are now encouraged and facilitated in quite rooms such as day rooms, resident's bedroom and relaxation room.
Since the Inspection and as planned prior to the inspection the Person In Charge in conjunction with the Occupational Therapist and Activities Co-Ordinator has completed occupational profiling assessments on all residents. These assessments have given the activities co-ordinators and all staff a greater understanding of the resident's activity needs and abilities – resulting in more personalised activity plans for residents to ensure residents are engaged in more meaningful activities. Residents care plan have all been updated in to reflect the residents Pool assessments and activity requirements.
The PIC , the Occupational Therapist , activity co-ordinators and staff are currently further developing the activities within the nursing home to ensure that all residents have the choice of participating in meaningful activities if they so wish to.
The PIC has liaised with Vcare our computerised system operators and all activities are now recorded on computerised system and each activity that each resident participates in not only is recorded but is evaluated daily to determine a resident level of engagement and participation in the activity which will not only improve our auditing but it will help develop the activity programme in the nursing home.

Proposed Timescale: 31/10/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were some instances observed of staff calling across the room to residents or not being discreet when asking residents if they required or wished to access the toilet.

5. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
The nursing home endeavours to ensure that all residents are treated with the maximum of privacy and dignity within the nursing home environment. A number of workshops on privacy and dignity have been planned over the coming weeks to ensure that all staff are updated and re-educated in relation to maintaining the resident's privacy and dignity. The planned staff meetings will also incorporate a review of the current policy on privacy and dignity within the nursing home.

Proposed Timescale: 15/12/2017

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
On the complaints log there were some instances where there was no evidence of whether the complaints initiator was satisfied with the outcome of the complaint or informed of the appeals procedure.

6. Action Required:
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
The complaints forms have been reviewed and expanded to take into consideration and identify whether the complaints initiator is satisfied with the outcome of the complaint and informed of the appeals procedure.

Proposed Timescale: 31/10/2017

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Storage of equipment was in need of review as chairs and hoists were being stored in an assisted bathroom

7. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
A new second storage room has been implemented within the nursing home for the storage of hoists and chairs

Proposed Timescale: 31/10/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Work was required in rooms to address worn flooring, walls in need of paint after recent plumbing work and to generally improve the home-like appearance of the centre, including the smoking room and visitor lounge.

Review of access to the garden was required to ensure that all residents were facilitated to independently access the garden and no impediments were in place for free access.

8. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
As per management meeting and as pre planned on the 10/7/17 prior to inspection:
The smoking Room has been redecorated (Complete)
The Floor in the day room will be replaced.
Paint work post updating the plumbing will be complete.

The enclosed garden access and egress was discussed at the residents meeting on the 18/10/17. The residents insisted that alarm remains in place, rationales given were that they felt safer with it, they were not deterred from accessing the garden due to the alarm, some residents stated that they felt secure if they were outside and see staff checking and having an awareness of their location. The Registered providers, PIC and staff support the residents decision and in the interest of health and safety have decided that the alarm will remain in place.

Proposed Timescale: 31/12/2017

Outcome 07: 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:
Doors to communal sitting rooms, offices, visitors' room and oratory did not have self closing devices or safety door stoppers, which resulted in doors which were either unable to close automatically in the event of a fire, or did not have the option when desired to be safety held open without using a door stopper.

9. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Door guards or self-closing devices have been applied to all required doors.

Proposed Timescale: 31/10/2017

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review of the quality and safety of care for 2016 required further input to ensure that it was used as way of seeking to improve the quality and safety of care provided. While a list of improvements was detailed, there was no plan detailing timescale and personnel responsible.

10. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The annual review of the quality and safety of care has been discussed by the management team and a new template has been devised for the end of year report for 2017 to ensure that it is utilised to improve the quality and safety of care provided. The new in-depth template clarifies and outlines detailed time scales and personnel responsible to ensure that plans are implemented within the timescales. The end of year audit while currently in progress will be completed at the end of year when all data necessary for each month of 2017 is collected and analysed. It will be available by the end of January 2018

Proposed Timescale: 31/01/2018

Outcome 09: 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 of purpose required review to show clearly the physical description of the accommodation and what was described matched the current layout

11. 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 updated to reflect the physical description of the accommodation and what is described matches the current layout. The updated statement of purpose was submitted to the authority.

Proposed Timescale: 31/10/2017

Outcome 11: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents guide to the centre required review to ensure it is available in an accessible format for residents with dementia or cognitive impairment

12. Action Required:
Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

Please state the actions you have taken or are planning to take:
The resident's guide which is in place will be reviewed and made available in an accessible format for residents with dementia or cognitive impairment.

Proposed Timescale: 15/12/2017