

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Talbot Lodge Nursing Home
Centre ID:	OSV-0000182
Centre address:	Kinsealy Lane, Malahide, Co. Dublin.
Telephone number:	01 846 2115
Email address:	seamus@talbotgroup.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Kinsealy Properties Limited
Provider Nominee:	Seamus O'Shea
Lead inspector:	Helen Lindsey
Support inspector(s):	Ann Wallace;Gearoid Harrahill
Type of inspection	Unannounced
Number of residents on the date of inspection:	106
Number of vacancies on the date of inspection:	8

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

The inspection took place over the following dates and times

From: To:
07 November 2017 10:00 07 November 2017 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

As part of the inspection, the inspectors met with residents, family and staff members. Inspectors also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

Inspectors found there were effective governance and management arrangements in place that ensured the quality of the service being provided was being maintained and residents' needs were being met. Where areas for improvement were identified evidence was seen of action plans being developed and the required changes being made to achieve improvements. For example, all areas of non-compliance identified during the last inspection had been addressed.

Residents who spoke with inspectors were positive about the service they were receiving. They reported the accommodation was comfortable, the food was of a good standard and that the staff were supportive.

There were clear policies in place to ensure the protection of vulnerable adults, effective support for residents with responsive behavior and the use of restrictive practice (for example bed rails). Staff were seen to be following the policies in practice resulting in positive outcomes for the residents.

Effective recruitment arrangements were in place including all staff had Garda vetting in place prior to commencing employment. There was also a training plan that included all staff completing fire safety training, safeguarding training and a selection of other courses relevant to the service being provided.

The one area for improvement identified related to effective sign off for medication administration of staff on induction. This is discussed further in the report and in the action plan at the end.

All actions from the previous report had been addressed.

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 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):

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

Findings:

There was a clearly defined management structure that identified the lines of accountability. This was set out clearly in the statement of purpose, and was seen to be in place during the inspection.

The person in charge had been in post since April and had a good understanding of the requirements of the regulations, and the day-to-day running of the centre.

There were a range of systems in place to ensure the quality of the service was maintained and residents' needs were being met.

There were monthly management meetings to keep the provider apprised of the performance of the centre. The minutes were reviewed and showed that topics such as internal communications, line management arrangements, organisational planning and service issues were discussed each month. There were also multidisciplinary meetings, quality and safety management meetings and drug and therapeutics committee held regularly to review the effectiveness of the service being provided to residents. It was noted that areas that required review had been picked up through the governance and management arrangements. For example staffing levels and accidents or incidents.

A range of audits were carried out on a monthly basis by the person in charge and senior nursing team. Audits reviewed included those for falls, complaints, nutrition, restrictive practice and care plans. Audits included some trending of the information to identify if there were any particular patterns that could be reviewed to improve performance. Each audit had an action plan, and records identified when the action had been completed.

The person in charge also monitored a range of clinical indicators such as pressure areas, medication errors, incidents, falls, and safeguarding. It was noted that areas

identified as requiring improvement had been addressed and information was provided to inspectors to show improvements had been made. For example the quality of resident's care records had improved since the last inspection.

There was a residents' forum in the centre and meetings took place every few months. They discussed a range of topics and were guided by the residents. There was also an annual survey of residents to find their views on the quality of the service they received. It was noted that satisfaction levels had increased in 2017.

There was an annual review completed for the centre, setting out performance for the last year, and plans for the next year.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

There were measures in place to protect residents from being harmed or abused.

Inspectors spoke with staff in a range of roles and found they were familiar with the policy on protecting residents from abuse, the types of abuse that may occur and what to do if they became aware of abuse. There was a revised policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Records showed that all staff had received training on identifying and responding to elder abuse. Residents spoken with during the inspection said they felt safe in the centre and that staff were supportive and available when needed.

The person in charge was familiar with the procedure for investigating any allegations, including the timelines, the method for investigation and reporting to other relevant agencies. There were also arrangements for setting up an independent investigation team where necessary.

Some residents with responsive behaviour were being supported in the centre. Inspectors observed staff supporting residents effectively, and with effective communication approaches. Inspectors heard staff supporting residents to manage their

anxiety by talking about things that were important to them, or focusing on tasks they enjoyed. Records confirmed staff had received training in supporting residents with dementia and were also guided by a policy developed by the provider. There were care plans in place for residents that covered the responsive behaviour the resident may have, their preferences, how to support them in line with their preferences and what support to offer when they were anxious or stressed.

There was a policy and procedure in place for managing restrictive practice in the centre. Any use of restrictive practice (for example bed rails) was only considered following a risk assessment that confirmed it was the most appropriate intervention, or following medical advice in the case of medication. The policy 'towards a restraint free environment' was being implemented in the centre with a range of alternatives to bed rails being used effectively, for example bed wedges and low beds with a soft mat by the side. Each assessment for bedrails included the rational for use and any alternatives trialled. There were also clear records of regular safety checks to ensure the resident remained comfortable.

Structures were in place to protect residents' finances. The provider operated as a pension agent for a number of residents. These pension amounts were transferred to a bank account independent from the centre's business account, with each resident's balance within individually listed. There were clear records of fees and other charges being paid out, as well as the balance remaining for each person. Some petty cash was retained securely for residents, and for this a balance book was maintained, with two signatures for cash being added or subtracted. Inspectors reviewed a sample of these and found the current balance under each resident to match the actual amount held. If residents had the capacity or preference to independently maintain their own money, this was facilitated with lockable storage in each bedroom.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

Findings:

This outcome was not reviewed in its entirety on this visit. Inspectors followed up on actions from previous inspections and matters regarding notifications submitted by the provider since the last inspection.

Inspectors reviewed personal emergency evacuation plans (PEEPs) for the residents and

found these to be detailed yet concise in instructing the reader of the assistive requirements to efficiently evacuate each person from the unit. The plans specified each person's staff and equipment requirements during a daytime evacuation as well as how to promptly assist residents at night when staff levels are lower and residents are in bed. For each resident it is identified which emergency route is the most appropriate. Each resident has a colour code assigned based on their level of dependence and this is subtly identified on bedroom doors. The plans are reviewed every four months or as the residents' needs change, and are located in a manner that allows staff to retrieve it promptly in the event of a fire.

Available in a similar format were summary sheets for each resident used in the event of a person going missing from the premises. The summary sheets included a photo of the resident and a general overview of their needs, and contact details for next of kin. The summary sheets served to assist staff or members of the Gardaí in locating and safely returning the resident to the centre if necessary. These missing person plans were also reviewed on a regular basis or as required. Inspectors spoke with staff regarding the procedure to be followed and duties of staff in the event of a resident going missing, including initial search area and how long someone must be missing for the Gardaí to be alerted. A kit was on site for search parties to use which including flashlights, blankets and bottles of water. Inspectors reviewed care plans and notes around residents who had attempted to leave the premises. These were found to be clear and informative in advising the reader of why the resident may try to leave, the areas on the unit with an absconson risk for that person, the appropriate means of speaking to and redirecting the resident, and actions which would be implemented should the absence risk be escalated. Actions which had been put in place following such attempts were specific to each person and mitigated the risk without compromising the independence of the resident living in the centre.

The centre maintained a risk register which was regularly reviewed and specific to the centre. The register detailed the nature of the hazard, the rating for the level of risk involved, and actions taken to mitigate same. The control measures and actions to address potential hazards reflected points raised in response to incidents as well as those being discussed in relevant staff and management meetings.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

Inspectors found that there was a comprehensive set of medication management policies in place which provided guidance to staff on all aspects of medication management from ordering, prescribing, storing and administration. Although medication administration practices in the centre had improved in line with the requirements from the previous inspection inspectors found that further review and improvement was required around training and competency assessments and the supervision of nursing staff administering medications. This is addressed under Outcome 18.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. Since the previous inspection the centre had introduced a computerised system for the prescribing, ordering and administration of medications. Inspectors found that prescription sheets were legible and clear and most entries were via the computerised system. The maximum amount for PRN medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The computerised medication administration records were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. There was a clear system in place to record when a medication was not administered and the reason why. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing.

There were clear systems in place to ensure that nursing staff had completed training in medication management and had their competency assessed by a clinical nurse manager. However inspectors found one example where the procedure had not been followed. This was addressed by the centre following the inspection and evidence submitted to inspectors that the required training and ongoing assessment was being completed. The action for this is made under outcome 18.

Medication audits were completed monthly by the management team and three monthly by the pharmacist. Medication errors were recorded and the learning outcomes documented.

Medicines were being stored safely and securely in the clinic room which was secured.

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

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):

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

Findings:

Residents' wellbeing and welfare was being maintained through the use of evidence-based nursing care and access to appropriate medical and allied healthcare.

Residents' needs were assessed prior to admission to ensure they could be met in the centre. On admission, a detailed assessment was completed and care plans were put in place to set out how the residents' identified needs were going to be met.

Inspectors reviewed a selection of care plans and found them to be person centred and gave a detailed overview of the resident including their abilities and support needs. Care plans covered topics such as mood and behaviour, nutrition and hydration, communication, positive behaviour support, mobility and safety, and risk of pressure areas. Where residents had specific health needs there were care plans that described the specific need and how it was to be met. They covered areas such as appropriate equipment to use, nursing care required, any review or observations required.

There was information on the life history of each resident to support staff to know their preferences and routines. Staff were seen to know the residents well and were engaging positively throughout the inspection in general social discussion and also responding to requests for support or drinks and snacks.

A range of nursing tools were used to assess residents' needs and identify if there were any changes in their presentation. There were also risk assessments in place to ensure care was delivered safely but without limiting residents' independence. There was a focus on supporting residents to remain as independent as possible. Residents said to inspectors that they were encouraged to do things for themselves where they could, but received support when they needed it.

Inspectors reviewed arrangement for assessing risk of falls, and the action taken if residents had falls. They found that each resident was reviewed in relation to their mobility and those who were at risk of falls were identified using a coloured leaf symbol. Care plans set out the equipment required by residents, and this was regularly reviewed by the physiotherapist. They also set out the level of support and supervision each

resident required. Where residents ability changed a review and tests were carried out to rule out infection or other conditions that could have an impact on balance and mobility. Where residents had fallen there was a process in place for reviewing the fall and making changes to the plan of care where necessary. The person in charge reviewed the numbers of falls in the centre on a monthly basis to ensure residents' needs were being met effectively. There was also information available to residents and relatives in the centre on how to reduce the risk of falls including a presentation being played in the reception.

Records showed that where medical treatment was needed it was provided. They showed that residents had timely access to general practitioner (GP) services, and referrals had been made to other services as required, for example the psychiatry of older age, speech and language therapist, dietitian, psychiatry services.

Residents and relatives who spoke with inspectors were positive about the care and support they received in the centre, and felt the staff were kind and available when needed.

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):

Findings:

Inspectors found that the staffing levels and ratio of nurses and care assistants was suitable for the current number and dependency levels of residents in the centre. A planned rota was in place and in review of the actual rota for a period of time with the person in charge, and inspectors could see that absences were being covered by relief staff to ensure that staffing levels were kept as consistent as possible on each unit.

Staff displayed a good knowledge of the residents, their needs, preferences and personalities, and inspectors observed interactions between staff and residents throughout the day to be patient, friendly and respectful. Residents and families spoken

with spoke positively about staff members. All active staff were up to date on their training in safeguarding of vulnerable adults and were clear on the forms of abuse that can occur in this setting, and their role and responsibility in responding to actual, alleged or suspected incidents of abuse. Staff were also clear on how to receive and record in detail the verbal and written complaints received, including how to escalate these to the person in charge where required.

Staff had received mandatory training in fire safety and manual handling, and those in need of an annual review were scheduled to attend in the coming weeks. There was an effective means of tracking training dates for all staff and alerting staff when they were scheduled to attend a session. The majority of staff had attended training in caring for residents with dementia and with responsive behaviours. There was a focus in 2017 on rolling out training in end-of-life care and in person-centred care planning, and there was a varied range of supplementary training facilitated, such as wound care, nutrition, venepuncture and use of percutaneous endoscopic gastrostomy (PEG) feeding systems.

Inspectors reviewed a sample of personnel files for different categories of staff and found them to contain all information required by Schedule 2 of the regulations including evidence of Garda vetting and active registration with the Nursing and Midwifery Board of Ireland.

The centre had a structure in place for the induction and probation of new members of staff and how they would be assessed and appraised. Six and 12 monthly performance appraisals also took place for regular members of staff. Examples were seen where staff had been reviewed when completing their induction and being signed off as competent in areas such as medication for nursing staff. However one example was seen where a staff member had been given responsibilities ahead of sign off of competency, and this had resulted in two errors occurring in relation to medication.

Judgment:

Substantially 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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Talbot Lodge Nursing Home
Centre ID:	OSV-0000182
Date of inspection:	07/11/2017
Date of response:	23/11/2017

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 18: Suitable Staffing

Theme:

Workforce

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

One example was identified where the procedure for signing off new nursing staff as competent to administer medication had not been followed.

1. Action Required:

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

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:

All nurses receive a two week induction programme. The programme includes a competency on medication management. The nurses are required to achieve a satisfactory level of knowledge and performance in each competency. This is monitored and coordinated by an assigned Clinical Nurse Manager. Upon completion of this program the competencies are reviewed by Director of Nursing and a decision is made based on the nurse having met all the required competences. If additional supervision or training is required this is provided. Nurses are only allowed to work independently after they have demonstrated that they have achieved a satisfactory level in all competencies. All competency assessments are kept on HR files of each nurse.

Proposed Timescale: 31/12/2017