



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Strathmore Lodge Nursing Home
Name of provider:	Hasta Healthcare Limited
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	21 May 2018
Centre ID:	OSV-0004449
Fieldwork ID:	MON-0022385

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Strathmore Lodge Nursing Home is located within the urban setting of Callan, Co. Kilkenny. It is registered for 60 residents. It is a two-storey facility with lifts and stairs access on either side of the centre to enable easy access. All bedroom accommodation comprises single rooms with en-suite facilities of assisted shower, toilet and handwash sink. There are day rooms, dining rooms and activity rooms on both floors as well as seating areas throughout. Residents have access to a secure mature garden with walkways, garden furniture and raised flower beds. Strathmore Lodge Nursing Home provides 24-hour nursing care to both male and female residents. It can accommodate older people with a range of diagnoses and younger people whose assessed needs can be met by the centre. Long-term care, convalescence care, respite and palliative care is provided and low to maximum dependency residents can be cared for in Strathmore Lodge.

The following information outlines some additional data on this centre.

Current registration end date:	31/08/2020
Number of residents on the date of inspection:	56

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
21 May 2018	09:30hrs to 18:00hrs	Breedda Desmond	Lead

Views of people who use the service

The inspector spoke with six residents and one relative throughout the inspection. In general, feedback was positive and people were happy with the care and attention they received. They said there was a lovely atmosphere and staff were helpful and kind. People reported they had access to a variety of activities which they enjoyed. Several residents identified that the garden, walkways, garden furniture and gazebo were in a poor state and they were disappointed with this.

Capacity and capability

This was a good service with effective governance arrangements to enable positive outcomes for residents. Care was provided in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. There was a commitment to provide quality care that was person centred and promoted independence.

The provider had taken over the centre in February 2018 and there was evidence of active engagement in the governance, operational management and administration of the service to improve care delivery. The programme of refurbishment had commenced at the time of inspection; flooring was being replaced throughout the centre; and some of the centre had been painted and this was done in line with the dementia-specific model. Nonetheless, aspects of the premises both inside and outside required attention to enhance the nursing home.

In general, the service was adequately resourced but staffing at weekends required review to ensure the safety and welfare of residents and staff.

While most documents specified in Schedule 2 of the regulations were in place for staff to ensure the protection of residents, all staff files were not comprehensive and this was addressed immediately on inspection. Staff training and implementation of training required further consideration to enhance the positive findings relating to the broad variety of training facilitated.

The person in charge was on annual leave at the time of inspection and the assistant director of nursing in charge. She demonstrated thorough knowledge of her role and responsibilities including extensive knowledge of the continuous quality improvement strategy.

The audit programme to oversee the quality of service was undertaken by the Heads of Departments such as catering, household, care staff and nursing. While some of

these audits influenced and improved practice, others required further consideration to reduce risk and enhance practice.

The atmosphere was friendly and relaxed and staff engaged with residents and visitors. The inspector observed that the care and support given to residents was relaxed and unhurried. Assistance was given discreetly when needed; staff demonstrated good communication strategies with some residents with complex communication needs, but this required further consideration to ensure that this was implemented consistently.

Regulation 14: Persons in charge

The person in charge was on leave at the time of inspection. The assistant director of nursing was in charge. She had the appropriate experience and qualifications as described in the regulations. She was engaged in the governance, management and administration of the centre. She was knowledgeable regarding her responsibilities associated with management as well as her clinical responsibilities.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a comprehensive training programme and the training matrix demonstrated that staff training was up to date. Overall, the inspector observed that staff were not adequately supervised to ensure that training was implemented in practice to enable best outcomes for residents.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was maintained by the person in charge. Information maintained on the directory was current and in compliance with the information required in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Monthly audits were evidenced which included issues identified, action plans, who the issues were communicated to, the completion dates and staff signatures. While some audits influenced and improved practice, others required further consideration to reduce risk and enhance practice. In addition, a review of what was included in the audit was necessary to ensure robustness; furthermore, some practice issues were not identified in the auditing process.

Not all staff had the necessary National Vetting Bureau (Children and Vulnerable Persons) Act 2012 documentation in place prior to commencement of employment. Immediate action was taken as an interim measure while the documentation was awaited.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was updated as per the requirements of the regulations and it contained all the items described in Schedule 1 of the regulations. The service was delivered in accordance with the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

While notifications were submitted in a timely manner, the occasions when restraint was used was not comprehensively reported, for example, residents' personal alarms.

Judgment: Substantially compliant

Quality and safety

The inspector observed that the assistant director of nursing was known to residents and relatives and the atmosphere in the centre was friendly and relaxed. Care and support given to residents was calm and unhurried. In general, appropriate assistance was given when needed and staff demonstrated good communication strategies for people with complex communication needs; however, this was not implemented consistently for all residents and required attention to ensure positive outcomes for all residents. There were a full-time activities staff to facilitate group

stimulation as well as one-to-one therapy and residents reported that they had access to a wide range of activities.

There were assessments and care plans for individual residents. Assessments were comprehensive and person centred to enable positive outcomes for residents including advance care planning to ensure end-of-life care was delivered in accordance with residents' wishes. Care plans reflected a holistic picture of the person to enable better outcomes for them. Assessments were timely and reviews of care and the resident's response to treatments and interventions demonstrated reflective practice that promoted independence and autonomy.

Several issues were identified as needing attention to enable and ensure that infection prevention and control practices were effective and in line with best practice guidelines and National Standards.

The premises was homely, bright and comfortable. Nevertheless, issues were highlighted to enhance the facilities and create a more pleasant environment for residents.

Regulation 11: Visits

The inspector observed that visitors, family and friends were welcomed into the centre. There were no restrictions in place for visiting. Family visitors gave positive feedback regarding the welcome they received and the access to staff.

Judgment: Compliant

Regulation 13: End of life

The advanced care planning in place for residents was robust. Documentation showed that family were involved; records of meetings were included in the residents' notes; residents, family members and staff signed they have attended the meeting. These were reviewed as required and updated if new information became available.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, accessible and provided adequate physical space to meet the assessed needs of residents. The monthly audit programme included oversight

of the premises and equipment and this informed the redecorating plan and highlighted issues similar to those found on inspection. External grounds available to residents were in a poor state. The administrator demonstrated a contract with a new gardener that just took up post and was to commence work shortly. As part of the refurbishment programme, a builder was in place to construct a ramp to enable easier access to the garden as well as undertake repair work internally. However, repair and refurbishment work on the garden furniture and walkways was not identified in the contracts reviewed.

There was inadequate storage in the centre throughout. Sluice room doors were not closing properly to prevent unauthorised access. The administrator actioned this immediately and contacted the appropriate personnel to remedy the issue. Door wedges and chairs were used to keep fire doors ajar and prevent closure of these doors in the event of a fire. While there was emergency evacuation floor plans in each bedroom, there were none on corridors. In addition, floor plans did not identify one's position in relation to the floor plans so it would be difficult for anyone to interpret the plans.

Closed circuit television (CCTV) was in place and a viewing screen was in place in the person in charge's office with views of hallways, doors and the main sitting room. This was brought to the attention of management as it encroached on people's dignity and the inspector was given assurances that the camera to the main sitting room would be de-activated as soon as the engineer was on site.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents gave quite positive feedback regarding meals, mealtimes and the quality of food as well as the social aspect of meals, and the inspector observed this in practice. Choice was given for all meals. Menus were varied and the chef outlined that he received feedback following residents' meetings. The service had access to nutritional advice to inform dietary requirement and healthcare assessed needs. Decor and the presentation of the tables in the dining room enhanced the dining experience.

Judgment: Compliant

Regulation 27: Infection control

The duty roster showed that, in general, there were adequate staff to meet the

assessed needs of residents, with one exception. There was no cleaner on duty on Sundays cognisant of the size and layout of the centre to ensure the safety and welfare of residents and staff.

Cleaning staff had no specific training to ensure the safety of residents and staff, and to minimise the risk of cross infection.

The inspector observed that cleaning staff did not routinely wear protective gloves when cleaning.

Cleaning regime for medicine pots did not identify the immersion solution or the date it was prepared in line with best practice guidelines.

Items were inappropriately stored in sluice rooms, for example, hair dryers, residents' toiletries and creams. There were no storage racks for bedpans, urinals or commode inserts.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Extensive pre-admission assessments were completed on potential residents to ensure their care needs could be met in the centre. Comprehensive assessments were completed and updated appropriately. Care plans were individualised to residents' wishes and needs and this facilitated positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical services. Records demonstrated that residents were regularly reviewed; people had access to psychiatry and allied health professionals such as speech and language therapy and chiropody. Prescriptions were available for the sample of notes examined and these were reviewed regularly. Improvement was required to ensure that medication practices were safe. The inspector found conflicting advice on some drug sheets relating to the crushing of medications. Drug administration documentation required review to ensure clarity and mitigate the risk of medication errors. Generally, nurses initialled that they had given medication in the drug administration record; however, when a resident refused a medication, 'R' was recorded without the nurses' initials, which is not in accordance with professional best practice guidelines.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff training relating to behaviours that challenge and care of people with a diagnosis of dementia was up to date. While the inspector observed that there was a proactive response to residents with significant communication needs, this was not implemented consistently.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant

Compliance Plan for Strathmore Lodge Nursing Home OSV-0004449

Inspection ID: MON-0022385

Date of inspection: 21/05/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>As per regulation 16 staff will be appropriately supervised as follows:</p> <ul style="list-style-type: none"> • Infection Control Training will continue to take place on an annual basis for all staff. • Infection Control Training is scheduled for 28th June 2018 and 19th July 2018. • Included in Infection Control will be specific training for Household staff. • All Household Staff will read Cleaning Policy and Infection Control Policy as a refresher. • Manual Handling audit will take place monthly • On an ongoing basis staff will be adequately supervised to ensure that the training is implemented in practice. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The following audits have been reviewed to reduce risk and enhance practice to ensure robustness and to identify any practice issues:</p> <ul style="list-style-type: none"> ➤ Infection Control Audit ➤ Manual Handling Audit ➤ Restraint Audit <ul style="list-style-type: none"> • All new staff will need Garda Vetting in place before commencement of induction as per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 <p> </p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Quarterly notifications will be amended from July 2018 to include Residents personal Alarms. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The external grounds will now be kept in a good state of repair as follows:</p> <ul style="list-style-type: none"> • The contract with the new gardener has commenced Saturday 26th May 2018. • Repair and refurbishment work to the garden furniture has now been completed. • A main storage room is being reviewed at present and quotes are being sought. • Sluice room door locks have been replaced and are now closing properly. • A Fire Door Guard was fitted to the door in question on the day of inspection. • The faded Emergency Evacuation Floor Plan will be renewed and will be highlighted to identify one's position in relation to floor plan. New Emergency evacuation Floor Plan will be put on corridor. • CCTV in the main dayroom was de-activated on evening of the inspection. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Household Staff are now on duty on Sundays. • Household staff will receive specific training to minimize the risk of cross infection. • All medicine cups are now disposable • Items stored in sluice room were removed on the day of inspection • Storage racks for bedpans, urinals or commode inserts are being sourced 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: On review of medication practice:</p> <p>To comply with NMBI guidelines regarding crushed medication the following protocol is followed:</p> <ul style="list-style-type: none"> • Ensure that all other methods have been considered first and appropriate advice sought from pharmacist. • A General Practitioner must prescribe that crushed medication can be administered <p> </p> <p>If a resident refuses medication the nurse will write "R" and the Nurse's initials.</p>	

Regulation 7: Managing behavior that is challenging	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behavior that is challenging: <ul style="list-style-type: none">• The issue on the day of inspection regarding managing a Resident's Behavior that is challenging was highlighted to staff immediately.• Staff training is ongoing• Supervision of staff will be ongoing.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	Infection Control Training 28/06/18 & 19/07/18 Household Staff to Read Cleaning & Infection Control Policy – Completion By 31/07/18 Audits – commenced 22/05/18 Supervision – commenced 22/05/18
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out	Not Compliant	Yellow	Garden – 28/05/18 Storage Room – 31/12/18 Sluice Room Doors – 28/05/18

	in Schedule 6.			Fire door guard – 21/05/18 Emergency evacuation Floor Plan – 30/09/18 CCTV – 21/05/18
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Yellow	Audits – commenced 22/05/18 Garda vetting – 28/05/18
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	Household staff rostered on Sunday – 28/05/18 Infection Control Training – 28/06/18 & 19/07/18 Medicine Cups – 28/05/18 Sluice Room Storage – 28/05/18 Sluice Room Storage racks – 31/07/2018
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each	Substantially Compliant	Yellow	Quarterly Notifications – 31/07/18

	quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	Crushing of Medication – 28/05/18 Initialling refusal of Medication – 28/05/18
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Yellow	Issue on day of inspection – 21/05/18 Staff Training – commenced 22/05/18 Supervision – commenced 22/05/18