

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Friars Lodge Nursing Home
Centre ID:	OSV-0000342
Centre address:	Convent Road, Ballinrobe, Mayo.
Telephone number:	094 95 42474
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:	Nan Savage
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	16

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 July 2014 07:30 To: 17 July 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was carried out following receipt of required notifications submitted by the provider. The purpose of the inspection was to verify actions taken by the provider and person in charge in response to these notifications. The inspection focused on areas relating to staffing arrangements, the statement of purpose and aspects of risk management and health care.

As part of the inspection, the inspector met with residents, the provider, the person in charge and staff members. The inspector observed practices and reviewed documentation such as the statement of purpose, staff rosters, residents' care plans, and policies and procedures.

The inspector found that the provider and person in charge had taken a range of appropriate actions as outlined in documentation that had been submitted to the Authority in response to the notifiable events. However, the inspector was concerned that sufficient skill mix was not consistently rostered on duty to meet the assessed needs of all residents. While staffing on duty appeared adequate during the inspection, the inspector noted that staffing levels and skill mix at night-time had not been continually reviewed to reflect the number and changing needs of residents. Also, additional nursing hours that had been allocated during the evening period in response to the previous action plan had not been consistently rostered on each shift. Prior to the inspection the provider and person in charge had identified the need for an additional nurse on night duty and outlined to the inspector a recruitment plan that had recently been implemented.

While good practice was noted in aspects of health care the inspector was concerned

that areas of residents' care planning documentation was completed to a poor standard and did not accurately reflect the changing needs of some residents. This unsatisfactory approach to care planning did not support continuity of care to an acceptable standard.

While systems were in place to manage risk in the centre a significant risk was identified on this inspection that related to an aspect of fire safety. The inspector noted that a number of residents' bedrooms doors and the smoking room door were wedged open during the early part of the inspection. The provider and person in charge addressed this matter promptly during the inspection.

The issues identified during the inspection were discussed with the provider and person in charge. The non-compliances are discussed in the body of the report and included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

Findings:

The inspector reviewed one aspect of the statement of purpose that related to the recording of whole time equivalent nursing staff and found that it did not comply with all the requirements of the Regulations on this inspection.

The numbers of whole time equivalent nursing staff were not sufficient to meet the assessed needs of all residents and layout of the centre. As detailed under Outcome 18, the provider outlined a recruitment plan that had been implemented prior to the inspection. The inspector also noted that the provider who was an actively registered nurse had recently covered a number of nursing shifts in the centre.

Judgment:

Non Compliant - Minor

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):

Findings:

The inspector reviewed the current systems in place to protect residents from being harmed or suffering abuse and found that arrangements were in place and action had

been taken in response to allegations and suspected abuse.

Areas of this Outcome that relate to the management of residents' finances, potential behaviour that challenges and restraint were not reviewed on this inspection.

There were policies and procedures on the prevention, detection and response to abuse. Staff spoken with were familiar with this policy and outlined what they would do if they suspected abuse. Staff and training material viewed confirmed that an education programme was implemented in this area.

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):

Findings:

The inspector reviewed the management of incidents and found systems were in place to manage risk. However, the inspector identified a significant risk that related to an aspect of fire safety. Other areas of this Outcome were not reviewed on this inspection.

Arrangements remained in place for the recording and investigating of untoward incidents and accidents. The inspector reviewed a sample of accidents and incidents that had occurred in the centre and noted that required details were recorded including the date, time and location of the event. The inspector noted that some aspects of the relevant procedures relating to incident management had not consistently informed practice. The inspector read that following a serious incident that had occurred in the centre additional education was provided to staff regarding these procedures. Also, associated care plans on falls management were not consistently revised as outlined under Outcome 11.

While systems were in place to manage risk in the centre the inspector noted that a number of residents' bedrooms doors and the smoking room door were wedged open during the early part of the inspection. This posed an immediate risk to residents as these fire doors would be rendered ineffective in the event of a fire. The inspector brought this to the attention of the provider and person in charge whom addressed this matter promptly during the inspection.

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):**Findings:**

The inspector reviewed aspects of this outcome that related to residents' assessment and care planning process including the prevention and management of falls. While there was evidence of residents' health care needs being met in some areas significant improvement was required in aspects of the prevention and management of falls and the inspector was very concerned that some health care documentation had not been completed accurately.

The centre policies and procedures relating to the prevention and management of falls had not been adequately implemented to promote the safety and well being of all residents. The inspector reviewed a sample of residents' files and found that while fall prevention measures were identified for residents assessed at high risk of falling some had not been appropriately applied to ensure all residents' needs were consistently met. For example, interventions in relation to supervision requirements had not been fully implemented for some residents. The inspector also noted that residents' associated care plans on falls management were not consistently revised with interventions when required to reduce the likelihood of reoccurrence. As detailed in Outcome 18 the inspector was not satisfied that appropriate staffing arrangements had remained in place at all times to ensure adequate supervision of all residents and staff.

In response to a serious incident that had occurred in the centre the provider and person in charge reviewed procedures in relation to the prevention and management of falls and held meetings with staff outlining centre requirements. The provider and person in charge had also put in place a new system to review the implementation of supervision arrangements at night-time. This involved management auditing night-time supervision checks to ensure that they had been completed accurately.

The inspector noted that a range of risk assessments had been completed although some had not been adequately used to develop informative care plans that described the current care to be delivered to the individual resident. Most assessments and care plans were reviewed regularly but there was limited evidence that these reviews were used to capture residents' changing needs. As noted in the previous action plan, the inspector also found on this inspection a continued lack of consistent linkage between completing risk assessments and reviewing and updating residents' care plans.

There was evidence that residents or their representative were involved in the development and review of the residents' care plan but this had not been consistently completed for all residents. This issue had been identified on previous inspections.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

The inspector specifically reviewed staffing levels and skill mix on this inspection. The inspector was concerned that nursing levels during part of the evening and night shift had not been sufficiently maintained to consistently meet the assessed needs of all residents. The inspector noted that key factors such as residents' numbers, dependency levels and the size and layout of the centre had not been adequately used to inform and review staffing skill mix. The inspector found that one nurse and three care assistants were rostered to meet the needs of all residents at night regardless of the number of residents, their changing needs and dependencies, and the physical environment.

In response to the previous action plan the provider and person in charge had allocated an additional nurse to work to 10pm each day but this had not been consistently achieved. From a review of staff rosters and from speaking with staff and residents, the inspector found that on some shifts there was one nurse on duty from 9pm to 8am and always one nurse on duty from 10pm. On these shifts this nurse was responsible for administering medications to a significant number of residents as well as supervising the delivery of care and attending to residents that required nursing intervention. As a result, the inspector was concerned that this could impact on the provision of care to residents and supervision of staff.

Some staff spoken with informed the inspector that they had raised the need for an additional nurse on night duty with management and reported that they were currently short staffed. As noted under Outcome 1 the inspector found that the number of whole time equivalent nursing staff was not sufficient to provide adequate cover over the 24

hour period.

Prior to the inspection, the provider had commenced a programme to recruit additional nurses and informed the inspector that they had planned to allocate a second nurse on night duty. The inspector also noted that the person in charge had started to maintain a daily record of residents' dependency levels and had given additional guidance to nursing staff on night duty regarding staff allocation during this shift.

Judgment:

Non Compliant - Major

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:

Nan Savage
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:	Friars Lodge Nursing Home
Centre ID:	OSV-0000342
Date of inspection:	17/07/2014
Date of response:	28/08/2014

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.

Outcome 01: 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 did not comply with all the requirements of the Regulations.

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 reviewed and updated to accurately reflect the whole time equivalent nursing staff employed in the nursing home. The statement of purpose will continue to be updated throughout the recruitment process of new

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

employees.

Proposed Timescale: 20/08/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Residents' changing needs were not sufficiently captured during the care plan reviews.

Residents or their representative were not consistently involved in the development and review of the residents' care plan.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care plans within the nursing home undergo review on a monthly basis. In order to capture the changing needs of the residents the PIC has implemented a new individual care plan evaluation sheet for each of the resident's actual or potential problems. This was implemented immediately post inspection. Already this has had a positive impact in capturing the changing needs of the residents. Care plans have been re allocated to staff nurses and the PIC and the Registered provider are actively participating in the care planning process. Staff nurses who continue to be non-compliant with the care planning process will face disciplinary actions. Staff nurses will also receive one to one guidance from the PIC on the care planning process.

Proposed Timescale: 31/10/2014

Theme:

Effective care and support

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

Some fall prevention measures had not been adequately implemented to ensure all residents' needs were consistently met.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with

professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Staff have received an update on Falls Management on the 11/8/14 with a further session planned on the 1st of September 2014. Fall prevention measures are currently undergoing review as part of the care planning process to ensure that fall prevention measures that were not being adequately implemented are . The registered provider and the PIC are working a variety of shifts (including evenings , weekends and night shift) within the nursing home auditing and identifying area of improvement to ensure the health and safety of all the residents.

Proposed Timescale: 31/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspector was concerned that nursing levels during part of the evening and night shifts had not been sufficiently maintained to consistently meet the assessed needs of all residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

As shown on the day of inspection the management of Friars Lodge commenced a recruitment campaign in November 2013. The current situation is as it has always been 2 staff nurses on day shift from 08.00 until 21.00 in addition to this the PIC and the registered provider who is a registered Nurse on live register are both on the premises in a full time capacity. One staff nurse currently is employed between 21.00 and 08.00 and while the management recognise the need and suggested this need to the staff for 2 staff nurses on night duty, until such time as we are able to recruit more staff nurses, the current system has to remain. If there is a major change in the dependency levels the PIC and provider are available to cover to meet the needs of our residents. Barthel scores are updated on a daily basis and available to staff nurses in guiding them in the allocation of care staff to meet the needs of the residents. Furthermore changes to the environment including re allocation of day rooms, dining rooms and the development of two nurses stations have greatly improved the supervision of residents.

One new staff nurse has been recruited so far and commences full time employment on the 20/8/14. Furthermore 2 full time staff nurses are due to commence employment following their adaptation course in late November 2014. The management of the nursing home have also advertised both internally and externally for 2 clinical nurse managers to support the PIC in her role. The recruitment process for further staff nurses is

ongoing. In relation to our previous action of having 2 staff nurses until 22.00 the management continue where possible to meet this action.

Proposed Timescale: 30/11/2014

Theme:

Workforce

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

The inspector was concerned that nursing levels during part of the evening and night shifts had not been sufficiently maintained to adequately supervise staff.

Action Required:

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

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

As shown on the day of inspection the management of Friars Lodge commenced a recruitment campaign in November 2013. The current situation is as it has always been 2 staff nurses on day shift from 08.00 until 21.00 in addition to this the PIC and the registered provider who is a registered Nurse on live register are both on the premises in a full time capacity. One staff nurse currently is employed between 21.00 and 08.00 and while the management recognise the need and suggested this need to the staff for 2 staff nurses on night duty, until such time as we are able to recruit more staff nurses, the current system has to remain. If there is a major change in the dependency levels the PIC and provider are available to cover to meet the needs of our residents. Barthel scores are updated on a daily basis and available to staff nurses in guiding them in the allocation of care staff to meet the needs of the residents. Furthermore changes to the environment including re allocation of day rooms, dining rooms and the development of two nurses stations have greatly improved the supervision of residents.

The PIC and the registered provider are currently working late evenings, weekends and nights to monitor the supervision and to ensure the safety, health and wellbeing of our residents.

One new staff nurse has been recruited so far and commences full time employment on the 20/8/14. Furthermore 2 full time staff nurses are due to commence employment following their adaption course in late November 2014. The management of the nursing home have also advertised both internally and externally for 2 clinical nurse managers to support the PIC in her role. The recruitment process for further staff nurses is ongoing. In relation to our previous action of having 2 staff nurses until 22.00 the management continue where possible to meet this action.

Proposed Timescale: 30/11/2014