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:	Thomond Lodge Nursing Home
Centre ID:	OSV-0000109
Centre address:	Ballymahon, Longford.
Telephone number:	090 643 8350
Email address:	info@thomondlodge.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Thomond Care Services Limited
Provider Nominee:	Sean Kelly
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	1

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:	To:
27 October 2015 09:00	27 October 2015 15:00

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced triggered inspection undertaken in response to unsolicited information received by the Authority with regard to wound care. On review of the area detailed in the unsolicited information, the inspector found that wound care assessment and treatment required review. Comprehensive recording of the clinical picture of the wound and accurate clear consistent guidelines as to the procedures that were necessary to ensure the risk to the resident is at the lowest level possible were not in place.The evidence found on inspection that supported the inspectors' judgements was relayed to the person in charge and the clinical nurse manager at the end of the inspection.

Residents told the inspector that they "liked living in the centre and were well looked after", they confirmed that "staff treated them well and their nutritional needs were well met". The inspector spoke with a number of residents to ascertain whether they had any pressure ulcers. Two residents had pressure ulcers at the time of inspection.

Areas which continued to require consideration included: Wound assessment and management, access to specialist tissue viability services, submission of notification of incidents to the Authority and deficits in documentation. Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Nursing staff had not completed the wound assessment records consistently or completely. Records were not maintained sufficiently to give a clinical picture of the condition or of previous treatment of residents by nursing and medical staff. There were gaps of up to 6 weeks where the only entry with regard to the provision of care was by way of cross referencing care plans with letters and no supporting narrative note with regard to the medical/nursing care provided to residents.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:

One grade 2 pressure ulcer had not been reported to the Authority. There was evidence available in the care file that this was first noted by staff on the 19 October 2015.

Another pressure ulcer was graded at grade one, but on discussion with staff and from a review of the records available this grading required review. The inspector requested that both residents be referred for specialist advice and, depending on their advice, this wound may be required to be reported to the Authority.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The inspector found that wound prevention and management was not in line with evidence-based practice. There were poor arrangements in place to manage and monitor wounds. While there was an acknowledgement by the Person in Charge and the Clinical Nurse Manager that wound prevention and treatment was multi-factorial and included regular review and specific person-centred care plans, the evidence available did not support that this was consistently occurring. Wound assessment charts were in place but these were poorly completed and did not give an accurate clinical picture for comparative purposes to monitor whether the wound was progressing or regressing. While the Person in Charge and Clinical Nurse Manager told the inspector that it was their policy to photograph wounds, there was no photographs available for the inspector to review. This presented a difficulty in monitoring wounds for any changes. There was no documentary evidence that residents were reviewed by tissue viability specialist services even though staff informed the inspector that they had access to these services.

Repositioning charts and monitoring charts for fluid and nutritional intake were available. Measures were in place to identify the risk of pressure ulcers, dependency assessments and skin integrity charts were available for residents. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers. Evidence was available that these were serviced annually, however there was no procedure in place to regularly check the correct

functioning of these aids or to ensure settings were correctly set.

Care plans were not linked together to ensure that factors that contribute to pressure ulcer development and treatment form part of the care package to residents to include nutritional intake and monitoring, repositioning, seeking specialist advice and good recording of assessed health needs with regular review and specific person-centred care plans.

Pain assessment charts were in place and evidence was recorded in the narrative notes that prescribed analgesia was administered to promote comfort if the assessment recommended this, prior to completing a dressing of a pressure ulcer.

Judgment:
Non Compliant - Major

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. 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 in the sitting room.

The person in charge had attended a three day wound management course in 2013, however, wound care observed at the time of inspection was not in line with contemporary evidence-based practice. No other staff had attended a wound management course recently.

Judgment:
Non Compliant - Moderate

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

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

Provider's response to inspection report[1]

Centre name:	Thomond Lodge Nursing Home
Centre ID:	OSV-0000109
Date of inspection:	27/10/2015
Date of response:	04/12/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Nursing staff had not completed the wound assessment records consistently or completely.

Records were not maintained sufficiently to give a clinical picture of the condition or of previous treatment of residents by nursing and medical staff.

There were gaps of up to 6 weeks where the only entry with regard to the provision of

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

care was by way of cross referencing care plans with a letter and no supporting narrative note with regard to the medical/nursing care provided to residents.

1. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
The system we have in place to give a picture of the resident on a daily basis is recorded on the "Care Flow Chart". This is recorded morning and night time. The flow chart is only used for recording routine activities and narrative notes must be recorded for anything outside of these parameters. This is how to use the flow chart. Use the specific number in each section for the relevant task to say that you have implemented and revaluated the care plan and there is no change to the care. More than one number can be used. Use the abbreviation N/A if a condition is not applicable to an individual. Narrative notes must be used if there is any cause for concern or change in condition of the resident. Insert narrative note when a narrative note is written use the specific number relating to the specific goal/identification/problem. Then write your report in the narrative for that specific problem and review the care plan if needed. Insert NI when there is no interaction. The following headings are used in the care plan : Communication/Pain, Mobility/Safety, Personal Care Given, Skin Integrity Maintained, Nutrition, Continence, Sleep and Rest, Activities.

However a failing on our behalf would be in relation to a very well resident who would appear to have no entry in their narrative notes as in conjunction with our Care Flow Chart as these are not required if there are no concerns or change in care. Following on from our nurses meeting and going through this report, it was agreed that a narrative note be made weekly on every resident regardless of lack of concerns or changes in care.

Proposed Timescale: 04/12/2015

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A grade 2 pressure ulcer had not been reported to the Authority.

2. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

We will ensure that all notifications shall be returned to the Authority within the required timeframe.

Proposed Timescale: 04/12/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence that residents were reviewed by tissue viability specialist services even though staff informed the inspector that they had access to these services.

3. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
All nurses will contact tissue viability nurse in cases of grade 2 and above pressure ulcers, in conjunction with our updated policy and risk assessment pack and same shall be documented in resident's notes.

Proposed Timescale: 04/12/2015

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Wound prevention and management was not in line with evidence-based practice with poor arrangements in place to manage and monitor wounds.

Wound assessment charts were poorly completed and did not give an accurate clinical picture for comparative purposes to monitor whether the wound was progressing or regressing.

While it was policy to photograph wounds there was no photographs available for review.

4. Action Required:
Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

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

All nurses will contact tissue viability nurse in cases of grade 2 and above pressure ulcers, in conjunction with our updated policy and risk assessment care package in line with wound management and prevention ,incorporating wound management chart, nutritional care plan (updating the MUST score), Record type of repositioning equipment, mattress, cushion etc. Updating manual handling care plan. Repositioning chart frequency (2 hourly turns). Pain assessment and management. Incontinence management. Photographs

Whilst wound management charts are in place we have compiled a more transparent, user friendly wound management chart.
Our practice now clearly states that the following procedure must be completed.
1. One wound assessment form per wound to show progression improvement or deterioration.
2. Re-assessment of the wound progression should be undertaken at every dressing change and documented on the wound assessment chart at a minimum standard of weekly or more frequently depending on wound presentation using clinical judgement.
3. Wound must be swabbed if any sign of infection present.
4. Swab results must be followed up on the wound assessment form.
5. Antimicrobial dressing must be reviewed and revaluated after 2 – 4 weeks of use.
6. The tissue viability service must be contacted for specialist advice before further antimicrobial dressings are used.
7. Pain must be assessed and revaluated at each dressing change.
8. All wounds must be photographed on day 1 and weekly thereafter or as clinical needs indicates.
9. Nutritional status to be reassessed at least monthly or earlier depending on clinical need and MUST score.
Following MUST screening an appropriate individual care plan must be commenced and placed in the resident's notes to indentify and treat risk of malnutrition.

We have a camera which is now held specifically for recording wounds and as per our policy wounds are to be photographed on day 1 and weekly thereafter unless deterioration noted or clinical needs indicates.

The following to be contacted: Residents own GP, Dietician,Tissue Viability nurse, OT for appropriate pressure relief, Physio.

All residents have their own GP chosen by them or their families.

Proposed Timescale: 04/12/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no procedure in place to regularly check the correct functioning of pressure relieving aids or to ensure settings were correctly set.

5. 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:
A new check list for pressure relieving aids has been implemented with checks being carried out by the persons putting residents to bed and between the hours of 2 and 4 am. The check list includes the plug, to ensure power supply and visible check to ensure mattress is inflated and ensure that settings are correctly set. This is to be signed by person carrying out checks.

Proposed Timescale: 04/12/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Wound care observed on inspection was not in line with contemporary evidence-based practice.

6. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
All nurses have been made aware that there is best up to date practice information available with regard to wounds and dressing in house and must be referenced. All nurses have been informed that they must attend a wound management course over the next twelve months.

Proposed Timescale: 31/12/2016