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:	Lourdesville Nursing Home
Centre ID:	OSV-0000060
Centre address:	Athy Road, Kildare, Kildare.
Telephone number:	045 521 496
Email address:	lour@iol.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Seamus Brennan
Provider Nominee:	Seamus Brennan
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	11

About Dementia Care Thematic Inspections

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

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

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 to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 July 2016 12:00	05 July 2016 18:00
06 July 2016 08:30	06 July 2016 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced inspection conducted by one inspector over two days. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. In order to determine this the inspector focused on six outcomes and followed up on two outcomes from the last monitoring inspection which took place on 15 April 2014. There were 36 residents on site, one resident was in hospital, the remaining beds were vacant and some bedrooms were in the process of being improved. 26 of the 36 residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit. The action plans from the last inspection relating to premises were partially addressed with improvements to shared accommodation having taken place but storage requirements had not yet been fully addressed.

Prior to this inspection the provider had been requested to complete a self-

assessment document and review relevant polices. The judgments in the self assessment stated five outcomes were in substantial compliance, at the time of the information request a self assessment for complaints was not required. The inspector found the provider was in moderate non compliance with two outcomes, substantial compliance with one outcome and compliant with three outcomes. Improvements were required with the premises, systems in place for safeguarding residents' finances including records and policy.

The inspector found that overall the centre met the care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours were well managed by staff with good communication techniques, and interesting activities.

The staffing in place including numbers and skill mix were found to meet the needs of residents. Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times, and available in a timely manner to residents and relatives.

Premises required some review to ensure it enabled residents with dementia to locate facilities. Residents with dementia had their choices in relation to all aspects of their life and their personal choices were fully respected by staff. The management of complaints was found to be satisfactory, however, records of whether the complainant was satisfied with the outcome of the complaint were not consistently in place.

The action plans at the end of this report reflect where improvements need to be made.

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 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Residents wellbeing and welfare was found to be maintained to a good standard. Each resident's assessed needs were set out in individual care plans that identified their needs and interests. The admissions policy in place set out how resident's needs would be assessed prior to admission, on admission and then reviewed at regular intervals. A review of the resident's records showed that this was happening in practice. Care plans were created on admission and developed as the staff got to know the resident better. The inspector confirmed that care plans in place for psycho-social care provided adequate guidance to staff involved in care provision.

The person in charge confirmed that the pre-admission assessment completed would consider if the centre would be able to meet the residents' assessed needs. There were pre-admission assessments in place for all residents, and for residents admitted under Fair Deal. The common summary assessment forms (CSAR) was completed. These documents identified a detailed assessment of each resident's needs and an assessment of their cognitive abilities was completed. In addition, the person in charge completed an assessment of residents' cognitive abilities and dependency. This involved visiting the resident at home or in the acute setting. Residents and relatives confirmed to inspectors their involvement with the pre-admission process and the care plan development and review. The residents preferences relating to single or shared rooms was also found to be noted by the person in charge.

Residents could retain their own general practitioner (GP) if this was feasible, but arrangements were in place for medical practitioner services. Records also confirmed that where medical treatment was needed it was provided in a timely manner. Records reviewed by inspectors showed that residents had timely access to GP services, and referrals had been made to other services as required, for example, dietitian, speech and language therapist, optician and dentist.

The person in charge completed the detailed assessment for the residents, and completed the detail of how to support the residents in relation to their identified needs. For example; communication, nutrition, daily living skills, mobility and pain

management. A detailed life history document was implemented by staff and involved resident, relatives and activities staff. Memory and familiar items in residents' room along with items of reference for each resident were in place to assist with settling in. The records reviewed was reflected important personal information and events in each residents' lives.

Records also showed that where there were known risks related to a residents care they were set out in the care planning documentation on admission. The documentation reviewed relating to nursing assessments completed. For example, records reviewed had up to date risk assessments in place for the use of bed rails. Adequate behavioural support care plans were in place to inform and guide staff prior to the use of any form of restrictive practice. One resident was identified as becoming agitated and may have some exit seeking behaviours. The inspector found this was well managed and the care plan reflected the re-direction techniques which were in place to guide staff.

Care plans were informed by assessment information and were seen to include health and social needs, with information about residents social, emotional and spiritual needs included. Areas such as each individuals understanding of their health care needs were covered in the documentation, and end of life care wishes (where appropriate). Where residents had religious or spiritual believes this clearly was recorded in their care plan. It was set out how they would support them if their preference was to remain in the centre.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Residents confirmed to the inspector that they felt safe at the centre and well cared for. Records reviewed showed staff had completed training in the protection, including detection, prevention and responding to allegations of elder abuse and those spoken with had a good clear and concise understanding of this policy. However, the last review of the safeguarding policy did not reference or include aspects of the National Safeguarding policy (November 2014). Contact details of the local Health Service Executive social work adult adult protection team were available where referral and advice was necessary. The person in charge discussed with the inspector where she had sought advice in recent months in terms of a safeguarding issue. However, the records of the referral and advise and guidance received could not be evidenced to confirm this at the time of the inspection

None of the residents' were found to be displaying responsive behaviours at the time of this inspection. Records reviewed showed that staff had received training in this area in the past year. Staff confirmed that they viewed this as a form of communication when they observed residents with responsive behaviours. Staff gave examples of how they communicated and interacted in line with the residents' written care plans. The inspector saw that psychotropic medications were only used as a last resort to manage behaviours that challenge. There were a small number of residents with bed rails in use. The person in charge had a comprehensive assessment and information process in place prior to using any form of restraint. Alternative equipment was available such as low low beds, alarm mats and crash mattresses. The policy, practice and assessment forms reviewed reflected practice in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011).

There were systems in place to store and manage residents' finances and where the provider and person in charge were also acting as pension agent. Records of funds held on behalf of residents were individualised, were detailed and reflected monies held. The inspector noted the provider evidenced that supports in place were by request of the resident or their family member. However, there was no clear policy in place to support the provider and person in charge to undertake this role in line with best practice. One bank account was held in the name of the provider and person in charge but did not have the name of the resident included in statements viewed by the inspector. A discussion was held in terms of ensuring that best practice guidance and the standards were adhered to protect residents' rights.

This outcome was judged to be substantially compliant in the self-assessment and the inspector judged it as a moderate non-compliance.

Judgment:
Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The service was found to be operating on a consent basis with due respect to the person. Residents with dementia were consulted regularly with and actively participated in the organisation of the centre. Each staff member at the centre was engaged in ensuring that the resident enjoyed a good quality of life undertaking meaningful activity. Residents confirmed that there was always something to do, including going out of the centre, meet visitors, reading, and they also enjoyed individual time in private.

Residents' confirmed to the inspector that their privacy was fully respected, including receiving visitors in private. Residents had access to activities and pastimes on a one-to-one basis and in groups. Residents had the choice to participate or refuse to participate in activity both in-house and organised outings. Examples of activities included, arts and crafts and bingo, hand massage and shopping trips. Evidence was found that residents continued to attend community services they may have accessed prior to admission to the centre. Communication specific accredited sensory sessions also took place facilitated by staff.

The inspector were informed that resident meetings occurred in the centre and minutes of these meetings were available for review. There was evidence that all aspects of service provision were discussed with residents, and any issues raised had been addressed and evidence of feedback to residents'. Information about consent and all issues were discussed with residents and minuted. Feedback was actively sought, and all residents included in this meeting. Residents also had access to advocacy services. Contact details for the national advocacy service were available throughout the centre.

Residents privacy was respected. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private in a number of smaller private areas of the centre. All residents had been offered the choice to register to vote and a number of residents had chosen to do so in recent months. Residents were offered choice to attend Mass said in the centre on the first day of the inspection held in one of the sitting rooms. The visiting priest also visited some residents individually in their bedrooms and requested permission to do so from each resident. Residents had access to the local and daily newspapers, and maintained their local connections to the area.

Information about activities provided were displayed on an notice board. They included some activities which were directly focused on meeting the needs of dementia residents'. External musical evenings took place three times a week, and a number of residents told the inspector they always enjoyed the music. Residents' told the inspector that their days were as busy or as quiet as they wished, and there was always some activity available. A family day had been held with visiting farm group outdoors the previous weekend and some residents were observed enjoying conversation together whilst reviewing the photographs and memories of the day.

There was a policy providing staff with information on how to communicate with residents with dementia. The observations by the inspector and interviews with residents and staff confirmed that this policy was reflected in practice. The Inspector observed communication between staff and residents on both floors of the centre, and residents confirmed that when they requested assistance their needs were met in a timely manner. Communication was open and respectful. Residents requests were being listened to and their choice were respected by staff. Staff demonstrated their skills and had meaningful engagement with residents'.

This outcome was judged to be compliant in the self-assessment, the inspector judged it as substantially compliant.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a complaints policy in place which met the regulatory requirements. A copy was on display in the centre. Residents' told the inspector that they would complain to the person in charge or any of the staff. A review of the two complaints recorded since the last inspection, and all other verbal issues raised were recorded showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant was not consistently recorded. Some aspects of the complaint process were not fully evidenced by the records maintained the documentation required review. For example, referrals and recommendations from third parties were not recorded. A small number of issues were raised about the care of residents clothing and premises were dealt with and recorded.

There was an appeals process but none of the complaints outcomes on file had been appealed. One complaint the inspector reviewed had been dealt with with the involvement of an independent advocate.

This outcome was judged to be compliant in the self-assessment and the inspector judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There was appropriate staff numbers and skill mix to meet the assessed needs and dependency of residents and for the size and layout of the centre. On arrival at the

centre at Midday on the first day of the inspection, two registered nurses and seven care assistants were on duty. Additional staff including kitchen, household and administration staff were also on duty. The person in charge confirmed that two registered nurses were on duty each day from 8am to 11pm, and then one nurse and two carers worked over night.

Records reflecting registration details of staff nurses for 2016 were available for review. Staff had up-to-date mandatory training in place. Staff had received education and training to enable them to meet the needs of residents with dementia and could give examples to the inspector relating to practice improvement as a result of training. Staff had also received a range of training on how to managing responsive behaviours and communication. This was evident in the approach and how the staff interacted with residents with dementia.

There were practices which showed that staff practices were based on person centred practices. For example, care staff demonstrated open communication and offered choice frequently during the observations. Staff were observed not to be hurried and were patient in terms of all interactions and with personal care and mealtimes.

There was an actual and planned staff roster which reflected staff on duty. The person in charge worked from 3 - 11pm most days. The deputy manager had retired since the time of the last inspection, and the Authority had been notified of a change.

This outcome was judged to be compliant in the self-assessment, the inspector judged it as compliant.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The location, design and layout of the centre was found to be suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises took account of the residents' needs and was in largely line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector reviewed improvements and the action plan response relating to the reduction in multiple occupancy accommodation since the last inspection. The inspector saw that two bedrooms had reduced from four

to three beds. Another four bedded room had been converted into two new single en-suite bedrooms. Additional improvements/re-furbishments to the premises were also found to be in progress at the time of the inspection. A discussion was held with the provider about the environmental review and a revised statement of purpose was sought from the provider to review Schedule 6 requirements.

The centre was clean tidy, warm and mainly laid out on the ground floor, with some first floor accommodation accessed by a passenger lift and staircase. However, hygiene standards were not found to be satisfactory or consistent at the centre. For example, visible dust and debris was present on the floor in the communal sitting room and the floor of one bedroom on the first floor was not visibly clean. The provider agreed to address these matters on the first day of the inspection and on further review the inspector found improvements in this area.

Residents' bedrooms contained all the furniture they required including adequate storage facilities for residents' belongings. Residents were encouraged to personalise their bedrooms and the inspector saw that most residents did so. The communal areas were decorated in a homely manner with soft furnishings, however, the communal spaces were found to contain some items inappropriately stored including medical equipment awaiting repair or collection, hydraulic hoists stored in communal spaces and bathroom, and a large number of wheelchairs in the sun-room. The person in charge confirmed that a family day had taken place over the previous weekend and additional wheelchairs had been used to ensure residents could access this outdoor event at the centre. However, as storage was previously found to be a non-compliance the provider was required to address this matter.

Handrails were found to be mostly in place at the centre, however, the inspector found that some areas of the centre where handrails had not been put in place, on the ground floor near toilet and the first floor adjacent to the lift. Bath and shower rooms and toilets had grab rails in place, apart from one toilet which did not have a grab rail. A variety of flooring was used throughout the centre, inlcuding non-slip and wooden flooring and tiling. Some areas of the centre were ramped for accessibility.

Residents had access to equipment required to meet their needs and the inspector saw that equipment such as pressure relieving mattresses, high-low beds, low low beds and hoists had been serviced within the past year. However, one bed was found not to have a satisfactory working brake on the day of the inspection, the provider agreed to repair or provide an alternative bed on the day of the inspection.

The inspector noted that there was some areas well sign posted at the centre. However, this was not found to be consistent throughout the premises. For example, some pictorial signage assisted residents in one part of the centre near the large day room in finding their way, this was not consistently in place throughout the centre. The inspector found the introduction of additional signage may enable residents with dementia to find their way together with the introduction of different items of personal reference outside their bedroom door. Colour was used to enhance the environment for some residents located at the front of the centre, with new coloured door frames. Its' use may assist residents with dementia to maintain their independence for longer as the disease progresses.

Residents could access the garden independently from the ground floor. However, the door was found to be locked on the first day of the inspection and a staff member was required to access this area. Later during the inspection this was checked again and found to be accessible, however, no residents were observed by the inspector using this area independently. An indoor smoking room was used by a small number of residents and the inspector noted that the external ventilation system was noisy and required repair and maintenance. The provider's risk register included the requirement for a fire blanket in this room, which was not in place when looked for but was addressed by the provider during the inspection.

This outcome was judged to be substantially compliant in the self-assessment, the inspector judged it as moderate non compliance.

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Lourdesville Nursing Home
Centre ID:	OSV-0000060
Date of inspection:	05/07/2016
Date of response:	31/08/2016

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 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no policy in place to inform and guide relevant staff on supporting residents with financial management to ensure that property and finances are fully protected.

1. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

[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:
There is a policy in schedule five under “Residents Personal Property and Personal Finances and Possessions” which is being amended to include procedures on financial management.

Proposed Timescale: 30/09/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resident finances were maintained in a savings account held by the provider and person in charge, with no reference to the resident.

2. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
We are revising our current policy to include procedures to comply with 4.1 in the amended Regulations 2013 and 3.6 of the New National Standards 2016

Proposed Timescale: 30/09/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The investigation of an allegation in relation to safeguarding could not be fully evidenced to the inspector with records maintained by the person in charge.

3. Action Required:
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:
We will review our policy and procedures to ensure that they are in line with regulation (8.3) in the amended Regulations 2013 and to meet standard 3.1 of the New National Standards 2016

Proposed Timescale: 30/09/2016

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Referrals and recommendations from third parties were not consistently recorded in the complaints records.

4. Action Required:
Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

Please state the actions you have taken or are planning to take:
As of the 16th of August 2016 we will ensure a more detailed record of issues and complaints are maintained.
We will ensure the complaints procedure is followed as per our complaints policy

Proposed Timescale: 30/09/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records of the complaints were not fully maintained in terms of clearly recording the outcome.

5. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Again we will ensure a detailed record is documented of any investigation or compliant and that the outcome is reflected in the records.

Proposed Timescale: 30/09/2016

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All requirements of Schedule 6 were not met by the provider in that

Ventilation in smoking room not functioning and no accessible window in room 30,
Handrails not in place throughout the building
Grab rail not in place in toilet on ground floor
Ceiling adjacent to first floor lift requires re-decoration and/or repair
Storage for assistive equipment was inadequate

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

Please state the actions you have taken or are planning to take:
Extraction fan in the smoking room has been replaced.
Hand rails have been installed in the areas highlighted.
Grab rails have been installed in the toilet on the ground floor.
Ceiling adjacent to first floor lift has been re-decorated.
A storage area will be in place for excess equipment by 30th of September 2016

Proposed Timescale: 30/09/2016