



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Our Lady of Consolation Nursing Home
Name of provider:	Our Lady of Consolation Nursing Home Limited
Address of centre:	Arden Road, Tullamore, Offaly
Type of inspection:	Unannounced
Date of inspection:	05 September 2018
Centre ID:	OSV-0000079
Fieldwork ID:	MON-0022147

About the designated centre

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

The centre is a single-storey building that caters for a maximum of 25 residents. It primarily for the accommodation of dependent older persons aged 18years or over. The centre caters for both male and female residents who require general care for long-term, respite and convalescence care.

The centre has 11 single and seven twin bedrooms, each with a wash-hand basin facility. The bedrooms are located along two corridors that include three bath/shower rooms and five independent toilets. The inspector visited a number of bedrooms and found that they very bright and well maintained with a functioning call-bell system in place. The screening in shared bedrooms was satisfactory.

The kitchen, dining and sitting room areas are centrally located. While there is a laundry room within the premises, the laundry service is currently outsourced.

There are two appropriately equipped sluice rooms. Call bells are provided in all bedrooms and communal areas. Toilets and shower rooms are wheelchair accessible.

There are extensive well-maintained grounds to the rear and front of the building.

The centre is situated in a busy town and is serviced by nearby restaurants, pubs, libraries, pharmacies, GP surgeries as well as the local general hospital.

The following information outlines some additional data on this centre.

Current registration end date:	28/06/2020
Number of residents on the date of inspection:	25

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
05 September 2018	09:00hrs to 13:00hrs	Sheila Doyle	Lead

Views of people who use the service

The inspector spoke with most residents during the inspection. Residents said they felt safe and well cared for. Many said they get the best of everything. All residents spoken with reported satisfaction with the food and said choices were offered at meal times.

Residents said that they knew how to make a complaint and felt it would be addressed.

All residents spoke highly of the staff describing them as kind and caring. Some residents told the inspector that they were looking forward to having the extension completed as they would be able to sit in the day room and look out.

Capacity and capability

This was an unannounced follow-up inspection to review progress with actions identified from the previous inspection in May 2018. Ongoing improvements were noted in the service being provided to the residents but some improvements are still required.

There was a clearly defined management structure, and governance and management arrangements were in place. The annual review for 2017 had been completed which was identified as a non-compliance at the previous inspection.

Auditing and quality improvement initiatives meant that the provider had a more effective system in place to provide a greater oversight of the service provided. However, some non-compliances from the previous inspection had not been addressed.

Staff files were still incomplete. This was identified as a non-compliance at previous inspections but has not been addressed. Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

Other issues are discussed under the Quality and Safety dimension.

HIQA will continue to monitor the centre to ensure that the provider maintains their focus on improvements to ensure compliance with the regulations and the standards.

Regulation 21: Records

There was a recruitment policy in place. The inspector reviewed a sample of staff files and found that some were not complete. For example, two of four files reviewed did not contain a satisfactory history of gaps in employment, as required by the regulations. This had also been identified as a non-compliance at previous inspections.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure and governance and management arrangements were in place. Audits had been completed on several areas. The annual review had been completed since the previous inspection. However, additional oversight of the service is required to ensure all non-compliances are addressed in the agreed timescales.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A complaint's policy was in place. Detailed logs were maintained of complaints received. These included the level of satisfaction of the complainant with the outcome. A copy of the complaints procedure was now on display in a prominent position, as required by the regulations. This was identified as a non-compliance at the previous inspection.

Judgment: Compliant

Quality and safety

Improvements in the quality and safety of the care and support for residents was noted. The inspector found that many of the non-compliances identified at previous inspections had now been addressed. Some non-compliances remained and while acknowledging progress, HIQA will continue to monitor the centre.

Major improvements were required to the premises to ensure that the design and

layout of the centre was suitable for its stated purpose and could meet residents' individual and collective needs in a comfortable and homely way. Condition 8 of the current registration sets out that the planned improvements need to be completed by January 2019.

Improvements noted from the previous inspection included greater choice at mealtimes and stricter food safety controls.

Residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Comprehensive documentation relating to restrictive practices was now in place.

However, improvement was required to ensure evidence based care was consistently provided as pressure relieving devices were incorrectly set.

Regulation 17: Premises

Major improvements were required to the premises to ensure that the design and layout of the centre was suitable for its stated purpose and could meet residents' individual and collective needs in a comfortable and homely way. The inspector found that a planning application had been made and the registered provider representative gave assurances that the proposed extension will be completed within the agreed timescale.

As described at previous inspections, the height of the skylight windows in the current sitting room does not enable residents to see outside when seated or in a standing position. This is the main day room where residents congregate or participate in activities. Space is very limited in this area. Many residents spend most of the day in this room. It is also used by approximately 50% of residents to dine in, while the dining room catered for up to seven residents during this inspection.

It was also agreed at previous inspections that improvement was needed to the skylights including fitting with double glazed units to minimise draughts within the centre. Equally, gaps between the closed doors to the main entrance also caused a notable draught resulting in heat loss, and a draught when seated in the front hall. These are now to be addressed as part of the refurbishment. Additional toilet and shower room facilities will also be provided.

Although a separate toilet was set aside for catering staff, this was inaccessible as residents' chairs were placed in front of the entrance door which was in the sitting room. This remained the same at this inspection.

The centre was clean and reasonably well-maintained and had been refurbished in parts. The person in charge told the inspector that they are fitting new windows in

parts of the building in the coming weeks.

Judgment: Not compliant

Regulation 18: Food and nutrition

It was previously noted that choice was not always available to residents, in particular residents who required their meals in a modified consistency. This had been addressed. A minimum of two choices were now available at each meal. The inspector saw that residents were offered a range of options, with the new chef speaking individually to each residents and asking their preference. Residents told the inspector that they were happy with the choices available. The chef told the inspector of plans afoot to introduce pictorial menus to assist residents. She also outlined possible changes to the menus in line with residents' wishes.

It was identified at the previous inspection that improvement was required to ensure that high-risk foods had sufficient food safety measures in place during transportation, and receipt in the kitchen. This had been addressed and safety procedures were in place.

Space limitations in the dining room is discussed further under premises.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide had been developed. Minor amendments were required following the previous inspection and this had been completed.

Judgment: Compliant

Regulation 6: Health care

This regulation was not being monitored at this inspection. However, the inspector noted that, on reviewing three pressure relieving mattresses, none were correctly set for the individual residents. The person in charge had introduced a specific checking system for this, but the settings were still incorrect. The person in charge undertook to complete a review of all appliances to ensure that they were set correctly.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 6: Health care	Not compliant

Compliance Plan for Our Lady of Consolation Nursing Home OSV-0000079

Inspection ID: MON-0022147

Date of inspection: 05/09/2018

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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Reviewed all the staff files, staffs with employment gap modified their profile and a satisfactory explanation is given to their employment gap now. </p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The staff files will be checked at the time of recruitment and satisfactory explanation will be sought for any employment gap. </p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We are awaiting a decision on planning application for the extension of the existing Nursing Home. The decision to be ready by 8th of October 2018. We intent to complete the proposed extension by 31st of January 2018. </p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The nurses who were monitoring pressure relieving systems informed of the grievous error and advised to physically check the settings of the mattress before documenting it as correct.</p> <p>The person in charge will review the same on weekly basis to identify any errors. </p>	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Red	31 January 2019
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 in Schedule 6.	Not Compliant	Red	31 January 2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Not Compliant	Yellow	01 October 2018

	designated centre and are available for inspection by the Chief Inspector.			
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.	Substantially Compliant	Yellow	12 September 2018
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.	Not Compliant	Orange	05 September 2018