



# 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
Address of centre:	Arden Road, Tullamore, Offaly
Type of inspection:	Unannounced
Date of inspection:	23 October 2018
Centre ID:	OSV-0000079
Fieldwork ID:	MON-0025394

## 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.**

Number of residents on the date of inspection:	25
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## 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
23 October 2018	13:30hrs to 16:00hrs	Sheila Doyle	Lead

## Views of people who use the service

The inspector chatted briefly with most residents. Many said they were enjoying the music while another said she liked watching the dancing although not able to do it herself.

Some residents said that they understood the difficulties with the hot water supply although some said they missed being able to have a shower. They were grateful to staff for the extra effort made to bring them hot water for washing. One congratulated staff on making sure she had her hair washed as this was important to her.

## Capacity and capability

This inspection was carried out following the receipt of information to the Office of the Chief Inspector. The inspector also reviewed progress on the non-compliances identified at the last inspection.

Information had been received relating to the hours that some staff were required to work. It was also claimed that there was no hot water in the premises. This is discussed under the quality and safety section.

Following a review of the rosters for the previous three month period, the inspector saw that on occasions staff were required to work additional hours. It was also noted that the total hours worked remained within the requirements of The Organisation of Working Time Act 1997.

Staff who spoke with the inspector confirmed that they were sometimes asked to work additional hours, usually to cover unplanned or sick leave. Staff confirmed that they did not feel compelled to work additional hours and could decline if they so wished.

The inspector saw that active recruitment was underway to provide additional personnel to cover absences, with interviews planned for the day after the inspection. There was one staff member on sick leave at the time of inspection.

The person in charge had not submitted a notification to the Office of the Chief Inspector, regarding the lack of hot water as required by the regulations.

## Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

## Regulation 31: Notification of incidents

The Office of the Chief Inspector had not received a notification regarding the lack of hot water.

Judgment: Substantially compliant

## Quality and safety

Due to unforeseen circumstances, there was no hot water available in the centre for the last four weeks. The inspector was satisfied that efforts had been taken to rectify the problem. Never the less, although facilitated to have washes by using boiled water, no resident had been able to have a shower in that period of time.

Improvement was also required as, in an effort to find the cause of the problem, digging had taken place at the side of the building to expose the underground pipe work. A risk assessment had not been completed and this area had not been cordoned off to ensure that residents were safeguarded if they choose to access this area.

As identified previously, 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. This was previously identified and an accepted timescale was in place for completion.

Ongoing monitoring by the Office of the Chief inspector will continue.

## Regulation 17: Premises

Action was required as a matter of urgency, to ensure that the residents had access

to a safe hot water supply.

Major improvements were also 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 planning permission was now granted 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.

Other non-compliances previously described included improvements to the skylights by 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.

No windows had yet been replaced although the inspector was told at the inspection in September 2018, that that was to commence in the weeks following the last inspection.

Judgment: Not compliant

### Regulation 26: Risk management

A risk assessment had not been carried out regarding the identified hazard in the back garden. Adequate controls were not in place.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant



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

Inspection ID: MON-0025394

Date of inspection: 23/10/2018

## 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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The regulation states to notify the Chief Inspector any fire, loss of power, heating, water or any incident of unplanned evacuation of the designated Centre.</p> <p>As the Nursing Home had water supply (but not hot water supply) the PIC. Did not send the notification to the Chief Inspector.</p> <p>Notification is sent since, in future the PIC will check with the authorities when in doubt about the notifications.</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 for the Fire Safety Certificate to begin the planned extension.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The area in the Garden where work has been carried out to identify leakage from the pipes are safe guarded by six foot high, security fencing on the 29th of October 2018.</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	31/01/2019
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	31/01/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5	Not Compliant	Orange	29/10/2018

	includes hazard identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	29/10/2018
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	19/11/2018