

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Talbot Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000182
<b>Centre address:</b>	Kinsealy Lane, Malahide, Co. Dublin.
<b>Telephone number:</b>	01 846 2115
<b>Email address:</b>	paulinec@talbotgroup.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Kinsealy Properties Limited
<b>Provider Nominee:</b>	Pauline Connor
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	96
<b>Number of vacancies on the date of inspection:</b>	15

## **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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 11 May 2016 12:30 To: 11 May 2016 19:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a registration inspection carried out on 16 February 2016 and to monitor progress on the actions required. This inspection also considered information received by HIQA in the form of notifications forwarded by the provider.

As part of the inspection, the inspectors met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

Overall a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner. Residents healthcare needs were met to a good standard with timely referral to and speedy review by medical and allied health professionals. Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified by previous inspections. Evidence of improved governance processes resulting in changes to culture and practice with positive outcomes for residents was found. Improved staffing levels and skill mix was also found.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of

Residents in Designated Centre's 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 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Governance systems were found to have improved on this inspection. The management team had commenced and implemented a system of regular, consistent monitoring with transfer of learning to drive improvements in the quality of care delivered. Changes to governance systems found on the last inspection were maintained and improvements to supervision and communication systems were becoming embedded in practice.

Minutes of monthly management meetings showed audits and actions taken on incident analysis, clinical practice and development. Staff training on medication management, falls management; crisis prevention intervention, dementia care and fire drills had been delivered.

The audit processes showed that improvements to resident outcomes had been achieved in areas such as; fall management; reduction in pressure ulcers; reduction of restrictive practices including use of bed rails and a recent review of the use of psychotropic medication with a resulting decrease in use of these medications on an as required basis. These findings were also replicated on inspection.

Improvements to the level and skill mix of staff to ensure the delivery of safe, suitable and sufficient care to residents' was in place on this inspection. An additional clinical nurse manager (CNM) was included on the night staffing complement to provide advice and support to staff and to co-ordinate responses to medical or other emergencies. Although the nurse; resident ratio remained unchanged at this time, evidence that this was negatively impacting on residents was not found.

On call arrangements for the senior management team were available and staff were aware of them. A CNM3 replaced a director of care on the senior team since the last

inspection.

Although turnover remained a potential risk it was found that staff replacement was timely and turnover had slowed.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Ongoing training on fire safety and evacuation processes was being delivered. It was also found that two fire drills which simulated night time staffing levels and conditions had taken place.

The assessment of the type and level of assistance, supervision and compliance of residents during an emergency evacuation had been reviewed. More detailed personal evacuation plans to guide staff on the safe evacuation of each individual resident were in the process of being completed at the time of the inspection. These plans included the level of assistance and guidance the individual required to safely exit the building in an emergency. The plans also identified whether the resident was at risk of absconsion and required supervision and/or the extent of compliance staff could expect from the resident with the evacuation process.

The policy in place to guide staff on the management of a Missing Person's incident was reviewed. The policy now included a specific procedure to manage such an incident. The procedure includes specific roles of certain staff members, who would take charge and co-ordinate management of the incident and outlines the parameters of the search staff should undertake.

An emergency bag containing resources to support a search such as; hi-visibility jackets, foil blankets, torch and water were in place and a mobile phone was on order.

**Judgment:**

Compliant

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**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):**

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

**Findings:**

Evidence of ongoing access to general practitioner and allied health professionals was found with documented visits, assessments and recommendations by occupational therapy, physiotherapy and psychology dental, optical and podiatry services.

Improvements previously found on the last inspection to the standard of care being provided to residents were maintained. Improvements to healthcare plans and assessments were found on this inspection. A healthcare plan for every identified health or social care problem was in place to maintain residents' health and well being and monitor improvements or deterioration.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place. A new system was being implemented on the last inspection and the system was fully operational with all information transferred on this inspection. Most care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need. They were frequently person centred and updated regularly as needs changed. Most reviews considered the effectiveness of the plan and referenced the involvement of relatives in their development.

Inspectors found that nursing documentation, particularly progress notes and care planning was to a good standard.

The inspector found that increased support training and guidance was being provided to the nursing team on assessing care needs and devising appropriate and specific care plans to meet those needs. Although the quality of clinical documentation continued to improve some further progress was found to be required. Assessments for the use of bed rails that showed that alternatives were trialled and all reasonable measures

considered and found not suitable prior to the use of this restraint were not in place for all residents. It was also noted that where care plans related to similar needs were in place they were not linked and some contained contradictory information. On review of other care plans where there was overlap, none of the care plans contained all of the information relevant to fully direct the management of care. But the inspector acknowledged that these were teething problems and it was evident that nursing staff were becoming more familiar with the care planning system and had made great efforts to prepare and implement a good assessment and care planning system to improve resident's level of care and ensure better health outcomes.

**Judgment:**

Substantially Compliant

***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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile.

Although the centre had re opened to admissions in April 2016 there had not been a significant increase in the number of residents in the centre. In conversations with them staff said the reduced throughput of residents had given them an opportunity to become familiar with the changes in care planning, management styles and new policies and procedures.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place.

Although agency staff continued to be used to cover gaps in the roster, it was noted that there was not a heavy reliance on agency staff on this inspection.

Actions arising from the last inspection were implemented including the addition of a clinical nurse manager on night shift, formal on call arrangements for the senior management team and maintenance of nursing numbers as per planned rotas.

Turnover had slowed and it was noted that recruitment though ongoing was keeping

pace sufficiently maintaining staffing levels.

Although one nurse manager was absent and not replaced on the day of inspection, on review of actual rotas worked for Quarter one in 2016 it was found that the level of staff replacement had improved.

Improvements to supervision of practice had improved although it was noted that the additional communication handover session at midday introduced prior to the last inspection was not continuing to take place in all areas and should be reviewed to ensure consistency of approach and maintain effective communication across grades.

**Judgment:**

Compliant

## 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:***

Nuala Rafferty  
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<sup>1</sup>

<b>Centre name:</b>	Talbot Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000182
<b>Date of inspection:</b>	11/05/2016
<b>Date of response:</b>	07/06/2016

### 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 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:**

Care plans related to similar needs were in place but were not linked and contained contradictory information; or care plans that did not contain all relevant information to fully direct the management of care.

#### **1. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

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

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:**

All residents' care plans will be reviewed, where necessary after consultation with the resident concerned and where appropriate that resident's family to ensure that similar care needs are reflected on one individualised care plan and that care plans reflect all relevant information to direct a person centred approach to the management of care.

Guidance and support will continue to be given to nursing staff on person centred care planning.

**Proposed Timescale:** 30/06/2016