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## Thomond Lodge Nursing Home, OSV-0000109, 22 August 2018

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# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Thomond Lodge Nursing Home
Name of provider:	Thomond Care Services Limited
Address of centre:	Ballymahon, Longford
Type of inspection:	Unannounced
Date of inspection:	22 August 2018
Centre ID:	OSV-0000109
Fieldwork ID:	MON-0022158

## About the designated centre

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

The designated centre provides 24- hour nursing care to 48 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is purpose built providing single ensuite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and well-being.

**The following information outlines some additional data on this centre.**

Current registration end date:	29/06/2020
Number of residents on the date of inspection:	46

## 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
22 August 2018	11:30hrs to 17:00hrs	Siobhan Kennedy	Lead
23 August 2018	09:00hrs to 16:30hrs	Siobhan Kennedy	Lead

## Views of people who use the service

Residents who communicated with the inspector were positive regarding the care provided/received and the facilities and services. In particular, residents were enthusiastic about the design and layout of the centre, their bedroom accommodation, food and mealtimes, arrangements for visitors, the choices they could make, activities and staffing. Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre. None of the residents who communicated with the inspector had any complaints or concerns about the care that they receive and no suggestions to further improve the services.

## Capacity and capability

Effective leadership and management were evident and this contributed to residents experiencing a good service.

The matters arising from the previous inspection carried out on the 1 February 2017 related to action plans not devised and implemented following audits, documentation in relation to safeguarding, end of life and care planning, laundry facilities, health and safety, infection control, medication management and provision of activities. These were satisfactorily addressed with the exception of care planning documentation, however, it was evident that progress had been made.

Governance arrangements were appropriate as the full-time person in charge had a good knowledge and many years of experience in the provision of residential care. She provided good leadership to the staff team. The nominated person to be available in the absence of the person in charge also facilitated the inspection process and was knowledgeable regarding her role and management of the centre.

The deployment of resources through informed decisions and actions facilitated the delivery of good quality, residential services, which supported and cared for residents.

There was a recruitment policy/procedure which was in compliance with employment and equality legislation. An examination of recently recruited staff showed that the information required by the regulation was available in the centre and this included appropriate vetting.

The numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and

training, appropriate to their role and responsibilities. Since the last inspection staff had participated in training in relation to moving and handling, fire safety, infection control, safeguarding, use of restraint and dementia/responsive behaviours. In discussions with the inspector staff demonstrated that they were knowledgeable and skilled for example in fire safety procedures and safeguarding. The inspector observed staff safely moving and handling residents. Staff were monitored and supervised.

Systems in place ensured that service delivery was safe and effective through on-going auditing and monitoring of performance. Samples of audits were examined and it was found that an action plan was in place to address any deficits if this was necessary. An annual review report was available and it was prepared in consultation with residents and had a quality improvement plan. Preparation was in progress by gathering data to inform the next annual review report.

The statement of purpose outlining the facilities and services corresponded to the findings on inspection.

The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations. Appropriate notifications were received by the Health Information and Quality Authority (HIQA). The Information governance arrangements ensured that record-keeping and file management systems were secure.

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative and is accountable and responsible for the provision of the service.

Judgment: Compliant

#### Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control, managing responsive behaviours and protection of residents from abuse. Staff were appropriately supervised.

Judgment: Compliant

## Regulation 21: Records

Records were maintained safely and were accessible. However, care planning documentation required further review in order to reflect in narrative form progress and/or deterioration in relation to the identified objectives of care and treatment given.

Judgment: Substantially compliant

## Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and who they are accountable.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided and the fees.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services, provided details about

management and staffing and described how residents' well being and safety was being maintained.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was familiar with the process of notifying incidents occurring in the designated centre and the different timeframes. The death of a resident had occurred in the centre on the night prior to the inspection and the person in charge informed the inspector that the appropriate notification would be completed and forwarded to HIQA.

Judgment: Compliant

### Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents were satisfied with measures put in place in response to their complaint.

Judgment: Compliant

### Quality and safety

There was a good atmosphere in the centre and residents and staff interacted well.

The health and social care needs of residents were met. A multidisciplinary care team consulted with residents regarding the development of their individual care plans which included assessment of needs and treatment plans. On admission a range of risk assessments were completed and were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores, continence needs and cognitive functioning. Residents received the care which they needed.

Staff liaised with the community services regarding admission and discharge arrangements and appropriate referrals were made to the community health care professionals. Each resident had a social care assessment undertaken. The information was used to develop an activity programme. Residents had

opportunities to be involved in meaningful activities in accordance with their interests, abilities and capacities. The group social and recreational programme was relevant and meaningful to the residents who availed of the opportunities. The inspector saw staff engaging with residents on a one-to-one basis and offering activities of their preference.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity. Staff provided this care to residents with the support of their general practitioner and the palliative care team if required. Residents had an end of life care plan in place which reflected their wishes.

There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviour. These gave clear guidance to staff. Staff had received training in dementia care and responding to response of behaviours. Behavioural charts were available to record patterns of altered behaviours if required. These were discussed and reviewed at clinical and multidisciplinary meetings. Psychotropic medications were monitored by the prescribing clinician and reviewed to ensure optimum therapeutic values.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

Residents meetings were held and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice in a range of matters. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. They had access to information about events and their health care needs. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate which was advertised.

The design and layout of the residential service was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The centre was warm, well maintained and suitably decorated. Bedroom accommodation was provided with single room accommodation and a large en suite shower, toilet and wash hand basin. They were spacious to accommodate personal equipment and devices required by existing residents and had an accessible call bell. Sitting and dining rooms were spacious with good natural lighting. There was ample communal space including a day room, a dining room a library and a recreational room with a TV and computers for residents' use. There was a small oratory, a smoking room and a hairdressing salon on site. Residents had good access to indoor and outdoor areas and to external gardens with raised flower beds and seating areas. The grounds were well maintained. Bedrooms in all four suites had views of the garden. Corridors and door entrances used by residents were wide and spacious to facilitate movement and aids used and required by residents. There were plenty of seating bays where residents congregated. Handrails and grab rails were provided

where required in circulating areas and in bathrooms.

Since the last inspection the laundry facility had been extended and this minimised the risk of infections. Responsibility for infection prevention and control was clearly defined. Staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste management.

There were arrangements in place to review accidents and incidents within the centre. A variety of fire safety measures were in place to prevent, contain and ensure the safe evacuation of residents in the event of an emergency.

Robust policies and supporting procedures were implemented that ensured residents were protected from abuse. Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents told the inspector that they felt safe in the centre.

A restraint free environment was promoted and any restraint measure was used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure and records were maintained in accordance with the regulations regarding restraint. Only three residents were using bed rails.

### Regulation 11: Visits

Suitable communal and private facilities were made available for residents to receive their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space to store and maintain their clothes and other personal possessions in their bedroom space.

Judgment: Compliant

### Regulation 13: End of life

Appropriate care and comfort which addressed the individual needs of residents was provided when residents were approaching their end of life. Suitable facilities were available for residents' family/friends so that they could be with the residents.

Judgment: Compliant

### Regulation 17: Premises

The premise was appropriate to the number and needs of the residents and was in accordance with the schedule of the regulation.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant

### Regulation 26: Risk management

The risk register detailed the measures and actions in place to control any risks identified.

Judgment: Compliant

### Regulation 27: Infection control

Staff implemented procedures for the prevention and control of healthcare associated infections.

Judgment: Compliant
Regulation 28: Fire precautions
Adequate precautions had been taken against the risk of fire.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The management of medicines was satisfactory.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Adequate arrangements were in place to assess residents' needs and treatment plans were documented in individual care plans which were formerly reviewed.
Judgment: Compliant
Regulation 6: Health care
Appropriate medical and health care was provided.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The majority of staff had participated in training to update their knowledge and skills appropriate to their role to respond to and manage behaviours that are responsive.

In communication with the inspector staff described strategies which may be used.

Judgment: Compliant

### Regulation 8: Protection

Policies and procedures were implemented to protect residents from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The privacy and dignity of residents was respected and their needs and preferences were taken into account in the delivery of services.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

Inspection ID: MON-0022158

Date of inspection: 23/08/2018

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A more comprehensive narrative note shall be included in the care plans which shall reflect any improvement or deterioration in the resident's response to treatments/medications and therapies and/or any improvement/deteriorations in their physical, mental or social needs. All referrals to any members of the multidisciplinary team shall also be documented along with the outcome of the referral.	

## 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 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	28/09/2018