Our Lady of Lourdes Care Facility, OSV-0000265, 16 May 2018

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Our Lady of Lourdes Care Facility
Name of provider:	Melbourne Health Care Limited
Address of centre:	Kilcummin Village, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	16 and 17 May 2018
Centre ID:	OSV-0000265
Fieldwork ID:	MON-0022226

About the designated centre

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

Our Lady of Lourdes nursing home provides long-term residential care and respite for residents over the age of 18. The needs of residents range from low-dependency convalescence to full-time nursing care in relation to illness and age-related conditions, such as dementia. The nursing home is set on a rural site in extensive grounds just outside Killarney, Co. Kerry. Accommodation and facilities are in keeping with the statement of purpose and much of the centre is purpose built and contemporary in design. The centre provides accommodation for up to 74 residents comprising 42 single, 13 twin and two three-bedded rooms. Most rooms provide full en-suite facilities. Bathroom and toilet facilities are otherwise accessible as appropriate throughout the centre. The ground floor provides a reception facility and communal seating area, as well as a dining area and kitchenette for use by both residents and staff. This floor also provides a small oratory, a well-equipped hair dressing facility and direct access to a secure, paved, outside area with seating. Residents on the first floor have access to several communal areas including a bright, spacious dining room. The large communal sitting area on this floor can be used for group activities and also provides direct access to an extensive open balcony area with seating and views over the local countryside. Care planning is in keeping with evidence-based practice and appropriately validated tools are used to inform the assessments of residents' needs. Residents are provided with relevant information about the provision of service at the centre and regular meetings and satisfaction surveys take place for feedback. Information on how to raise any concerns is on display for ease of reference along with contact details for independent advocacy arrangements.

The following information outlines some additional data on this centre.

Current registration end date:	20/06/2020
Number of residents on the date of inspection:	72

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
16 May 2018	11:15hrs to 17:45hrs	Mairead Harrington	Lead
17 May 2018	09:15hrs to 15:30hrs	Mairead Harrington	Lead

Views of people who use the service

The inspector met with residents in all areas of the centre on both days of the inspection. In general residents spoken with said that they were very satisfied with the provision of service and quality of life at the centre. Many commented on the very good standard of care they received with several remarking that, while staff were often very busy, they were always kind and attentive, making time to attend to any requests that might be made. Some said that while they would rather be at home, they understood that they needed to receive care and be in a safe place. Many were from the locality and commented that they had visitors and family from the area and sometimes went out to the local town or to visit their home. Visitors spoken with also said they saw great care when attending the centre and remarked that staff were friendly and very obliging. Residents spoke about the activities they participated in that included music and morning discussion sessions to review news in the local papers. Some residents said they also enjoyed outdoor activities feeding the donkey and tending to the raised herb planters now that the weather was improving. Others commented that they liked reading or watching TV and would often stay in their rooms for much of the day.

Some residents explained their circumstances and were familiar with their plan of care, describing particular equipment they had been provided with or programmes of support that were available, such as physiotherapy, for example. Others were less sure of their care arrangements but said they felt safe and well looked after. Residents who could not speak with the inspector were seen to be regularly checked for comfort needs around seating positions and drinks for example. Overall residents and visitors provided very positive feedback on their experience of care at the centre and these views were echoed in the several questionnaires that were reviewed and had been completed as part of a regular routine of satisfaction surveys by the provider.

Capacity and capability

This was a very well managed centre where management and staff understood their responsibilities and worked to provide a good quality of life for all residents in a homely environment. There had been a change to the provider representative since the last inspection and the transition of responsibility had been appropriately managed. The new appointee was a regular presence on-site and was in regular communication with the person in charge thereby ensuring appropriate oversight of the running of the centre. Governance arrangements to support oversight included regular reports to the company management board. Care was directed through the person in charge with support from an assistant director of nursing. The centre was

well resourced with appropriate levels of nursing, healthcare and administrative staff at all times in keeping with the assessed needs of residents. Systems of accountability to ensure safe and effective care included supervision by appropriately qualified staff as well as competency assessments and regular performance appraisals. Routine meetings took place across all areas of the service, including housekeeping and catering, to ensure effective communication to all staff on information relevant to the welfare of residetns around clinical governance and health and safety.

The provider had quality management systems in place to ensure that the service was safe and effective. These included regular audits in key areas of care, such as medication management, falls and infection prevention and control. A comprehensive quality review was completed annually that reflected the relevant themes and standards. This included a qualitative analysis of audits and resident feedback that indicated a high level of performance and satisfaction with the service.

Residents were protected by good recruitment and vetting disclosure procedures. A regular training programme for all staff focused on providing effective care appropriate to the assessed needs of residents. Incident recording and investigation processes included an assessment and review of individual circumstances with evidence of learning and revised practice taking place where appropriate.

Processes were in place to facilitate learning from the management of incidents and accidents. The management team monitored the quality of care and services delivered to residents by reviewing and trending key performance indicators on a monthly basis. Audits on areas of clinical practice were completed by clinical nurse managers, areas for improvement were identified, addressed promptly and a repeat audit was conducted. These monitoring measures ensured good quality care was consistently being delivered to residents.

The centre showed its commitment to ensuring residents were appropriately informed of their rights and entitlements by providing a comprehensive residents' guide that included information on the service and facilities. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews.

Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records maintained included information on staff appraisals, a training needs analysis and documentation to verify that staff had completed Gárda vetting as required.

There was evidence of leadership in the service with management demonstrating a high level of responsiveness to compliance with the regulations. Areas for improvement around risk management for storage and fire exits were addressed as identified at the time of inspection.

The inspector observed that staff were competent in the conduct of their duties and

demonstrated a clear understanding of their role during discussions about work processes. Staffing levels were in keeping with both the size of the centre and the layout of accommodation and facilities across the three units over two floors. The duty arrangements for clinical nurse managers and senior nurses ensured the appropriate supervision of staff at all times.

A nominated member of staff explained the systems in place to support a proactive maintenance programme and certificates to verify equipment was safe to use were in place.

The service operated compliant systems for the management of information. Copies of the standards and regulations were readily available and accessible by staff.

Processes to support the effective implementation of these measures included regular communication through staff meetings and routine handover meetings at the end of every shift to ensure that information on residents' changing needs was conveyed in a timely manner.

Regulation 15: Staffing

Staffing arrangements were consistent with the size of the centre and appropriate to the layout over two floors. The staffing profile, in relation to skills mix and competencies, was in keeping with the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training programme was in place and all staff had completed relevant mandatory training at the time of inspection. Induction and mentoring arrangements were in place for new staff. Supervision arrangements were appropriate and a qualified nurse was on duty on each floor at all times.

Judgment: Compliant

Regulation 21: Records

Effective systems were in place to ensure that records as set out in the regulations were maintained appropriately. Information governance arrangements ensured

secure record keeping with appropriate access and control as necessary.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively managed and well resourced in keeping with both the layout of the premises and the resident profile. Effective quality management systems were in place that demonstrated the service was safe and effective. The provider prepared an annual quality review that included a survey of resident satisfaction and a programme of quality improvement.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Signed contracts of care were in place that set out the terms and conditions of service and included the type, and occupancy level, of accommodation provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring at the centre is maintained; where the circumstances of such incidents require notification these take place in keeping with statutory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints system was in keeping with statutory requirements. Records included information about the nature of the complaint, investigation processes and communication with interested parties on conclusion. The complaints policy provided a summary of the procedure on making a complaint, including expected time frames, relevant contact details and the process for appeal.

Judgment: Compliant

Quality and safety

This service provided a very good standard of care that appropriately met the needs of all residents. A positive quality of life for residents was brought about through good communication and consultation with residents and families and meaningful opportunities for social engagement. Most of the centre was a modern facility that provided a very high standard of accommodation overall, though some improvements were required to ensure that the privacy and dignity of residents was fully protected in rooms accommodating more than two residents.

The inspector reviewed care planning processes that included routine assessments using standardised tools to develop information about the specific circumstances of each resident in relation to their individual needs. This information was used to develop person-centred care plans that were regularly updated, or as residents' needs might change. Care plans were individualised and staff spoken with had a well-developed knowledge and understanding of residents' backgrounds and preferences. This level of comprehensive knowledge by staff and management ensured that all residents received a quality and standard of care appropriate to their individual circumstances. The service also ensured that the care provided was supported by access to the necessary resources in relation to healthcare and nursing needs. Medical practitioners attended the centre regularly. The services of allied healthcare professionals, in relation to physiotherapy and speech and language therapy, for example were also available as necessary. Documentation in care plans was well maintained and information was easy to identify. It was clear that residents and their families were involved in care consultation and the inspector received feedback that confirmed consultation processes were effective.

The quality and safety of healthcare was demonstrated by the competency of nursing staff and their understanding of safe medicine administration to residents. Measures to ensure the safe management of medicines included regular audit processes and routine training for nursing staff. Effective arrangements were also in place with pharmacy services to ensure a safe and regular supply of medicines. Staff understood their responsibilities in relation to the care and welfare of residents and demonstrated an appropriate knowledge around areas of risk such as the management and storage of controlled drugs. The inspector reviewed documentation around prescribing and administering medicines and noted that all records were maintained in keeping with requirements.

There was a culture in the centre that promoted the safeguarding of residents which was supported by appropriate policies on the prevention, detection and response to abuse. Staff spoken with were clear in their understanding of the procedure for reporting concerns. Residents spoken with stated that they felt safe at all times in the centre and were confident in raising any issues with staff and management if necessary. Residents were encouraged to manage their finances independently or

with the support of families. Financial records were appropriately managed and receipts were maintained for transactions. Management and staff encouraged the independence of residents as a matter of course. Restrictive practices around personal and environmental restraints were limited to circumstances where relevant assessments had been undertaken and consultation had taken place with residents and families as appropriate. Where restraints, such as bed-rails, were required a register recording and monitoring use was in place. Care plans contained assessments and consent forms, and a restraint register was in place that reflected regular monitoring.

Residents' rights were appropriately taken into consideration through the processes of communication and consultation that were in place. Contact information for an independent advocate was displayed in the centre. Staff spoken with by the inspector understood their responsibilities as advocates for residents in the first instance. Staff were seen to encourage residents to engage in exercise and activities appropriate to their abilities and assessed needs. Residents were familiar and confident when engaging with staff. Regular resident meetings took place in each unit every month and were an opportunity to feedback on areas such as activities and meals. Resident feedback was also sought through questionnaires. The person in charge confirmed that there was open communication with residents with informal consultation daily. The centre provided facilities for residents to meet with visitors in private. Visitors spoken with by the inspector commented on the high standard of care they saw being provided by staff who were considerate and attentive. Visitors said that they were able to visit their relative freely and that staff were helpful in providing them with information.

Person-centred care was demonstrated by management and staff who ensured that residents were supported in recreation, interaction and exercise. Relatives and residents spoken with confirmed that they were provided with opportunities to access activities outside the centre, including local day services and independent access to the nearby town and facilities. Relevant information on socialisation was recorded on care plans by the nominated activities co-ordinator who was able to explain a diverse range of activities designed to meet residents' individual needs. Activities provided included dance, music, art and craft sessions. Residents spoken with confirmed that they decided how they spent their day, with some choosing to spend time privately in their room while others preferred to engage with some of the activity sessions on offer. A regular programme of activities takes place and the centre provides outdoor stimulation that includes herb gardening in raised planters, and animal interaction with the donkey and house cats.

Mealtimes were sociable and residents had a choice as to where they took their meals. The dementia focused unit on the first floor provided both a dining room and a small kitchenette; the communal sitting area on this unit was laid out in a homely and comfortable living room style. The layout on the second floor was quite open plan with a large bright dining area on one side and a large communal area for activities that opened onto an extended balcony area on the other. Many residents' rooms opened directly onto a terrace area where seating was provided. Residents were seen spending time with staff and visitors in all areas of the centre. Some were out on the open air balcony on the first floor in good weather. Others were in

communal areas around the centre, participating in activities, with visitors, reading or watching TV. Residents who wished to smoke could do so safely in a sheltered outside area. Some residents favoured staying in their room and individual rooms were highly personalised and reflected the personal preferences of residents. Residents could retain control over their personal belongings and secure storage was provided in residents' rooms for the safekeeping of personal items.

The service demonstrated a conscientious approach to management of risk to residents that included regular audits and reviews around health and safety. A designated officer had responsibility for responding to maintenance issues and there was evidence of a responsive programme of activity around improvements and repairs. Staff were seen to implement good infection control practice in relation to cleaning routines, using hand-sanitisers and personal protective equipment appropriately. There was a plan in place for emergencies and a personal emergency evacuation plan for each resident. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. Call-bells were fitted in all rooms where required.

Regulation 12: Personal possessions

Appropriate facilities were in place to ensure that residents were supported in the management of their belongings - these included an effective laundering service and suitable personal storage space for residents.

Judgment: Compliant

Regulation 13: End of life

The centre was well resourced to meet the needs of residents at end of life. The services of a palliative care team were accessible and care planning arrangements reflected appropriate consultation with residents and their families. Personal preferences and cultural needs were identified as part of the care planning process.

Judgment: Compliant

Regulation 17: Premises

Most of the premises was modern and had been purpose built and complied with the requirements of Schedule 6 of the regulations. The provision of accommodation and facilities was in keeping with that as set out in the statement of purpose. A bathroom facility in the older part of the building required repair where door and tile

surfaces and seals were damaged. Action in relation to the storage of equipment in a bathroom area was addressed at the time of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A comprehensive suite of policies on nutrition and hydration was in place to guide staff in their delivery of care to residents. Residents were reviewed through the monitoring of weight and the use of a specified nutritional assessment tool. Residents were offered a menu choice at mealtimes and refreshments and snacks were regularly available. Meals provided were freshly prepared, nutritious and appetising in presentation.

Judgment: Compliant

Regulation 26: Risk management

An effective risk management policy was seen to be followed in practice. An active risk register was in place for the management and monitoring of identified risks and management meetings tool place regularly to review related health and safety arrangements. Measures in place to ensure the safety of residents included risk assessments and controls around environmental hazards, such as floor surfaces, and restricted access to hazardous areas, such as sluice facilities. Where the threshold of a fire escape presented a potential trip hazard management immediately reviewed the circumstances and took action to adjust the door saddle and eliminate the risk.

Judgment: Substantially compliant

Regulation 27: Infection control

Robust infection prevention and control procedures were in place to protect residents from the risk of healthcare-associated infections. A nominated member of staff held responsibility for monitoring related compliance with the national standards. Staff underwent a regular training programme and participated in regular audit and monitoring arrangements to ensure safe and effective practice.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate precautions against the risk of fire were in place that included the regular servicing and certification of fire-fighting equipment, training for staff and appropriate practice for staff in the event of a fire, such as regular evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Relevant policies and procedures were in place to direct staff in the management of medicines. Staff followed appropriate medication management practices and medicines were administered in keeping with the directions of a prescription. Safe medication management procedures were in place for the storage and disposal of medicines as required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Effective care planning processes were in place that supported staff in meeting the needs of residents on a daily basis. Residents and their families were consulted in relation to care planning process. Care plans had been developed in keeping with individual evaluations based on standardised assessment tools and covered key areas of care in relation to the activities of daily living.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of residents was promoted through effective access to medical professionals and related healthcare services.

Judgment: Compliant

Regulation 8: Protection

The centre had well developed policies and protocols around safeguarding to ensure that residents were provided with appropriate protection in the centre. All staff had received current training in recognising and responding to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Consultation processes were well developed and residents were facilitated to make informed decisions around choices in relation to the activities of daily living. An activation programme was in place that was diverse and appropriately considered the needs of residents in relation to socialisation, recreation and integration with the community. Accommodation included two multi-occupancy rooms for up to three residents and these arrangements did not fully support choice, communication or the receipt of personal care in a manner that protected privacy and dignity.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Our Lady of Lourdes Care Facility OSV-0000265

Inspection ID: MON-0022226

Date of inspection: 16 and 17/05/2018

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises Giving consideration to Regulation 17 (2), Schedule 6 1(a), a risk assessment has been completed with regard to the following issues:- **Issue:** Bathroom door damaged **Requirement:** Door to be replaced **Action Plan:** Existing door removed and new door fitted **Progress:** 19/06/2018 **Issue:** Damaged surfaces and seals **Requirement:** Surface renewal and sealing **Action Plan:** All bathroom walls to be resurfaced and edges resealed	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Giving consideration to Regulation 26 (1)(a), Schedule 5, a risk assessment has been completed with regard to the following issue:- **Issue:** Threshold of a fire escape presented as a trip hazard. **Requirement:** Trip hazard to be reduced or preferably eliminated **Action Plan:** As per report, door saddle adjusted and trip hazard eliminated at time of inspection. **Progress:** 19/06/2018	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Giving consideration to Regulation 9 (3)(b), a risk assessment has been completed with regard to the following issue:- **Issue:** Protection of resident privacy and dignity in relation to 3 bedded rooms **Requirement:** To fully support choice, communication and personal care in a manner that protects privacy and dignity. **Action Plan:** • Board of Management recognise that 3 bedded rooms are not ideal and are working with Architects to reduce the bedroom capacities. This is in the drawing stage at present, with view to bringing these rooms into compliance with S.I.No.293/2016 section of Health Act 2007 amendment 2016 **Action Plan:** • All personal care is carried out with privacy and dignity uppermost in mind. Privacy screens surround each bed and residents have the choice to use the bathroom or remain in their room. • Residents have access to private sitting rooms, on both levels, when receiving visitors • Nurses' office is also available to accommodate a care meeting, and is wheelchair accessible. • Residents are offered choice of bedroom type pre-admission and may request a change of room at any time during their stay. **Progress:** 19/06/2018	

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(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.	Substantially Compliant	Yellow	31.8.18
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	19/06/2018
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	19/06/2018

Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2021