



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Kieran's Care Home
Name of provider:	Laurel Lodge Nursing Home Ltd
Address of centre:	The Pike, Rathcabbin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	21 May 2018
Centre ID:	OSV-0005584
Fieldwork ID:	MON-0021511

About the designated centre

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

St. Kieran's nursing home is a single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 23 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining and day rooms as well as an enclosed garden area available for residents use.

The following information outlines some additional data on this centre.

Current registration end date:	03/07/2020
Number of residents on the date of inspection:	21

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
21 May 2018	10:00hrs to 17:30hrs	Mary Costelloe	Lead

Views of people who use the service

Residents spoke highly of the service and care provided. Residents commented that the staff were very kind and that they felt well cared for.

Others mentioned that they enjoyed the variety of activities taking place, in particular the weekly music and bingo sessions.

Some told the inspector that they enjoyed reading the daily newspapers which were delivered each morning. Some residents enjoyed spending time outside in the enclosed garden area and stated that they were looking forward to better weather.

Residents told the inspector that they enjoyed living in the centre. Some residents spoke of enjoying shopping trips with staff. Others mentioned attending the recent residents committee meeting, stating that they could raise any issue they wished and felt that they would be listened to.

Residents were complimentary of the quality and choice of foods on offer many stating that the food was always lovely and a choice was offered every day.

Residents were satisfied with the laundry service stating that mislaid clothing was not an issue.

Residents told the inspector how they liked their bedrooms and found them to be comfortable.

Capacity and capability

Overall, a good service was being provided to the residents. The provider and person in charge had organised systems and processes to ensure that they had appropriate oversight and governance arrangements in place to oversee the quality of care received by residents. The actions required following the last inspection had been largely addressed. Some further improvements were required to the premises which are detailed under the quality and safety section of the report.

There was an effective governance structure in place that was accountable for the delivery of the service. There were clear lines of accountability and all staff members

were aware of their responsibilities and who they were accountable to. The management team included two of the directors of Laurel Lodge Nursing Home Ltd, one of whom was the nominated person to represent the provider.

The nursing management team included the person in charge who was supported in her role by a clinical nurse manager and senior nurse. They worked full-time in the centre and knew the residents and their individual needs well. A clinical nurse manager deputised in the absence of the person in charge. The nursing management team were supported by the person nominated to represent the provider who normally visited the centre once or twice each week. All were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

The management team demonstrated a commitment in promoting a culture of quality and safety. The team continued to evaluate its compliance with relevant standards and regulations, and audits were completed to assess on-going compliance with the regulations. The results from audits were used to bring about improvements to the service provided, these were discussed at the monthly governance management meetings. Feedback from residents' committee meetings and quality improvement questionnaires were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

Safe and effective recruitment practices were in place to ensure that staff had the required skills, experience and competencies to fulfill their roles and responsibilities. The management team ensured that all staff had Garda Síochána (police) vetting in place as a primary safeguarding measure and all documents, as required by the regulations, were available.

Care and support for residents was delivered by the appropriate number and skill mix of staff and good access to allied health services. This is further evidenced under the quality and safety section of the report.

The management team had invested in the on-going training and development of staff, to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents. Training included specialist training in relation to care of the older person in areas such as dementia, management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restraint, communication, diet and nutrition, end of life care and medication management. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and skills to treat each resident with respect and dignity, and were able

to recognise the signs of abuse and or neglect, and the actions required to protect residents from harm.

The provider had re-issued and agreed new contracts of care with all residents in line with the regulations to ensure that relevant fees and service charges were clearly outlined.

The provider continued to invest resources and many improvements works had been completed to the building, new dining furniture, office equipment and a computerised nurse documentation system had been secured to ensure further effective and safe services for residents. The provider planned to continue investing resources in the centre in order to bring about further improvements. This is further evidenced under the quality and safety section of the report.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required qualifications and experience in the area of nursing the older adult.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. Staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and

that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents. The clinical nurse manager deputised in the absence of the person in charge.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There was a signed contract of care in place for all residents. Contracts outlined the fees to be charged and outlined the services to be provided.

Judgment: Compliant

Regulation 31: Notification of incidents

To date all relevant incidents had been notified as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed prominently and clearly outlined the nominated complaints officer and the appeals process. There were no open complaints at the time of inspection. Many staff had recently completed training on the management of complaints.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality and safety of care provided was to a high standard. Further safeguards were required to enhance the protection of some resident's money and further improvements were required to the premises to ensure full compliance with the regulations.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of recreational and stimulating activities was offered. There was an activities coordinator employed seven days a week.

Residents had access to a secure outdoor garden area which was easily accessible from the main day room. The residents had recently been involved in the planting of pots and containers with summer bedding plants and flowers which were arranged around the garden area.

A computerised nurse documentation system had been put in place since the last inspection. Nursing documentation was found to be completed to a high standard. Nursing assessments informed the person-centred and individualised care plans which clearly described the care required. Systems were in place to ensure that care plans were reviewed and updated on a regular basis with residents' up to date care needs. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. Medicines were regularly reviewed by the general practitioners (GP's). Good supports were available from the local pharmacist who visited the centre on a regular basis. The pharmacist carried out regular audits of medication management practices and was available to

meet with residents and also provided on-going training to staff.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Improvements were required to ensure safer systems of protecting residents money. Additional safeguards were required to ensure that pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines.

Staff continued to promote a restraint- free environment, guided by national policy. There was a small number of bedrails in use for some residents following consultation, consent and risk assessment.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Nursing staff spoken with were clear that they needed to consider the reasons why people's behaviour changed. Most staff had recently completed training in dementia care and management of responsive behaviour. Nursing management closely monitored the use of prescribed psychotropic medications to ensure that there was no over reliance on same. Residents had access to support and advice from the community psychiatric team who visited the centre regularly. This ensured there was an integrated multidisciplinary approach to managing residents' behavioural and psychological symptoms.

Residents were offered a daily menu with a choice of main meal that reflected their dietary preferences and requirements. The menu varied daily and took into account feedback from residents. Meals were unhurried social occasions and staff took the opportunity to engage, interact and chat with residents.

The management team had continued to invest in the building and facilities. Many improvements had been completed since the previous inspection to ensure that the design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. A new visitors' bedroom with en suite shower facilities had been provided should relatives wish to stay over night. New comfortable dining chairs had been provided for all residents. There was an ongoing programme of redecoration taking place, one bedroom had recently been repainted and new soft furnishings provided. The staff facilities including toilet, changing room and kitchenette had recently been renovated and upgraded. The provider planned to redecorate all bedrooms on a phased basis, upgrade the kitchen facilities and equipment, and provide additional storage for equipment.

Bedroom accommodation meets residents' needs for comfort and privacy. All residents are accommodated in either single or twin bedrooms. Adequate personal storage space was provided for residents to store their clothing and belongings. Residents were encouraged to personalise their rooms and many had

photographs and other personal belongings in their bedrooms.

Systems were in place to promote safety and effectively manage risks. There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. Issues relating to fire safety from the last inspection had been addressed, all staff had received up-to-date fire safety training and there was evidence of regular fire drills taking place.

High standards of hand hygiene were promoted among residents, staff and visitors. Hand sanitiser dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free.

Residents' rights were protected and promoted. Residents were treated a dignified manner and in a way that maximised their choice and independence. Residents had access to advocacy services and information regarding their rights. Residents' committee meetings continued to take place on a regular basis. There was evidence that issues raised by residents were followed up by the management staff.

Residents continued to maintain links with the local community. There was regular weekly visits from local musicians and school students. Some residents went on shopping trips with staff and a day trip was being planned to a local area of interest following consultation with residents and families.

Regulation 12: Personal possessions

Adequate storage space was provided for residents to store their clothing and personal belongings.

Judgment: Compliant

Regulation 17: Premises

There was inadequate bath and showering facilities provided for residents. There were two showers and no bath available to 23 residents. There was inadequate storage space for equipment, items such as laundry trolleys, hoists and commodes were stored in shower areas. There was no separate cleaners room which posed an infection control risk. There was no separate visitors space available to residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutrition needs were met, with meals and meal times observed to be an enjoyable experience. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. Some residents required assistance with their meals and this was provided by staff in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

There were adequate arrangements in place to manage risk and protect residents from risk of harm. Staff spoken with and training records reviewed confirmed that staff had received up-to-date training in relation to fire safety, manual handling and infection control. Systems were in place to ensure that the risk register was regularly updated.

Judgment: Compliant

Regulation 27: Infection control

Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building appeared clean and odour free.

Judgment: Compliant

Regulation 28: Fire precautions

Records indicated that all fire fighting equipment had been serviced in January 2018 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in April 2018. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. There was no recent service certificate for the emergency lighting system.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected through medication management and practices that were in line with national standards. This was also evidenced by audits carried out by the pharmacist which found good levels of compliance in relation to receipt, storage, administration and return of medications. All nursing staff had recently completed medicines management training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive up-to-date nursing assessments were completed including in nutrition, falls, dependency, manual handling, bedrail use, continence and skin integrity. An informative holistic plan of care was documented for each resident. Care plans were found to be informative, individualised and guided staff in the specific care needs of residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a choice of general practitioner (GP) and a range of other allied health services. There was evidence of timely referral to healthcare services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy on managing responsive behaviours which outlined guidance and directions to staff how to respond to and strategies for dealing with behaviours that challenge. Staff had attended training in relation to dementia care and the management of challenging behaviour. Staff spoken with could outline strategies for dealing with residents responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

Additional safeguards to protect residents' finances were required by ensuring that guidelines issued by the Department of Social Protection were adhered to.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The rights of residents were protected and promoted. Residents were treated in a dignified manner and in a way that maximised their choice and independence. Residents' varying religious and political rights were catered for. Residents had access to information and news, daily newspapers, notice boards, radio and television.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
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 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Kieran's Care Home OSV-0005584

Inspection ID: MON-0021511

Date of inspection: 21/05/2018

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	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The issues regarding a new bath, separate cleaners room, and storage space for cleaning facilities are a combined work in progress, with the intention of ensuring that all are complied with in a timely fashion. Options within the current building structure, and possible provision of further space, is actively being pursued by the Provider in order to satisfy the conditions outlined. Presently, any family member wishing to visit a resident in private can either do so by using the residents' bedroom, or the main office. A permanent separate visitor space is being pursued.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The recent service for the emergency lighting system was carried out on 20 th May 2018, but certification had not been issued by the date of the HIQA inspection, which was only the day after. Certification was issued in June 2018, and is held on file	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Additional safeguards to protect residents' finances have been adhered to, by setting up a separate interest bearing deposit account for collection of pension monies paid directly in respect of a resident	

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.	Not Compliant	Orange	31/12/2018
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	22/06/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	22/06/2018