

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Innis Ree Lodge
Centre ID:	ORG-0000350
Centre address:	Ballyleague, Lanesboro, Roscommon.
Telephone number:	043 3327300
Email address:	e.burke@allenfield.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Allenfield Care Homes Limited
Provider Nominee:	Bernt Kristian Krabberøed
Person in charge:	Eileen Burke
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	0

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 judgements 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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: 03 March 2014 09:00 To: 03 March 2014 18:20

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and follow up on the action plan and provider's response to the previous inspection carried out 6 March 2013. Notifications of incidents received since the last inspection was also considered and reviewed on this inspection.

Overall, the inspector was satisfied the centre was operating in compliance with the conditions of registration and found evidence of positive outcomes for residents.

The environment was clean, warm and well decorated, and the atmosphere was calm. Residents were complimentary of staff and satisfied with care services provided. They had good access to nursing, medical and allied health care. Residents had opportunities to participate in meaningful activities, appropriate to their interests and capacities.

A comprehensive risk management policy including health and safety procedures to ensure the protection and wellbeing of residents' staff and visitors was in place. There was an adequate number and skill mix of nursing, care assistants, catering and cleaning staff rostered on the day of inspection to meet the assessed care needs of residents. There was a visible presence of staff in the day rooms and around the building during the inspection.

The action plan at the end of this report identifies areas where improvements are required to comply with the Regulations and the Authority's Standards.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose set out the services and facilities provided in the designated centre. The aims, objectives and ethos of the centre were defined. However, aspects of the statement of purpose required review to meet all the requirements of Schedule 1 of the Regulations and ensure more clarity in certain aspects. The areas requiring review are outlined below:

- the statement of purpose did not include the registration number, date of registration and expiry date
- the conditions of registration as outlined in the certificate of registration were omitted
- the name and position of the person participating in the management structure representing the provider who resides outside of the country was not detailed
- the total staffing complement did not outline the whole time equivalent for catering staff and the activity coordinator
- the statement of purpose did not specify 24 hour general nursing care is provided
- the number and sizes of all room within the building was not included
- the arrangement to attend religious services requires clarity as the oratory is not sufficient in size to accommodate all residents
- the arrangement to meet the spiritual needs of residents of various denominations was not indicated
- the role of the activity coordinator requires improved clarity for prospective residents
- the arrangement for dealing with complaints requires revision in the statement of purpose to reflect the findings of outcome 13 of this report, complaints procedures.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged. Contracts of care were agreed within the time frame required by the regulations.

The charges payable per all items not included in the overall fee were outlined. However, the individual cost per item incurred by the resident was not specified in the contract of care for example chiropody, physiotherapy or escort to attend appointments.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. She had an in-depth knowledge of their physical, personal and social care needs.

She maintained her professional development and attended mandatory training required by the regulations in fire evacuation, safe moving and handling of residents. She is a qualified trainer in adult protection.

There was an organisational structure in place to support the person in charge. The clinical nurse manager deputises in the absence of the person in charge. The arrangements and reporting systems were known to staff and were described in the statement of purpose.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was provided with a copy of the centre's policy on prevention, detection and response to elder abuse. The policy was specific to the centre and defined the various types and signs of abuse and the reporting arrangements. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy.

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place. No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority in the preceding 12 months at this centre.

The inspector viewed documentation confirming all staff were trained in adult protection. The person in charge and assistant nurse manager had completed a train the trainer course in adult protection. Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern.

Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Síochána vetting forms examined by the inspector.

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. The provider is agent to collect pensions on behalf of two residents. A petty cash system was also in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded in all instances and receipts and statement were issued. The ongoing balance was transparently managed and lodged to an account in a financial institution in the

resident's own name.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall the inspector found that systems and practices in place promoted health and safety. A comprehensive risk management policy including health and safety procedures to ensure the protection and wellbeing of residents' staff and visitors was in place. The risk management policy included an environmental and clinical identification and assessment of risk throughout the centre. Precautions to control or minimise risk were specified.

There was a pro active approach to managing risk. The person in charge undertook weekly audits to identify any potential hazards. A maintenance log was maintained to report any faults noted on a day-to-day basis such as call-bells, lighting or problems with residents furniture and were promptly attended to by a full time maintenance person.

Windows were fitted with restrictors' and the temperature of hot water was controlled to minimise the risk of scalds. There was a service maintenance contract in place, which covered breakdown and repair for all hoists, beds, air mattresses and other equipment, used by residents. A risk assessment was completed for all residents who smoke to ensure they were safe to smoke independently and care plans outlined the level of supervision or assistance required.

There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing. Procedures to guide staff actions in the event of violence, aggression and self harm were included in the policy. However, the risk management policy required updating to include the arrangements to ensure learning for all staff to minimise the risk of repeat occurrences.

Service records showed that the fire alarm system, emergency lighting and fire equipment was regularly checked and serviced. The inspector read the records which showed that daily inspections of fire exits and the fire panel were undertaken. A new form was devised since the last visit to record daily fire safety checks to ensure exits were unobstructed, the fire panel was fully functional and evacuation signs were in place. The inspector read the training records which confirmed that all staff had

attended training annually. This was evidenced by a review of certificates of fire safety attendance. Each resident's evacuation needs were assessed in the event of a fire. While fire drills were undertaken they were not documented to ensure evaluation and learning from fire drills completed. Not all staff had participated in a minimum of two fire drill practices within the past 12 months to include simulated evacuation techniques to reinforce their knowledge from annual training. Some staff only worked night shifts and simulated fire drills were not undertaken to reflect a night time situation when staffing levels are reduced.

The inspector viewed evidence staff were trained in the safe moving and handling of residents. A moving and handling assessment was available for each resident in case files reviewed. Each residents moving and handling needs were outlined in a carer information sheet available to all staff on each unit. The records specified the type of hoist required for use by residents to assist staff in helping them safely mobilise. However, details of the sling type and size were not outlined.

There were arrangements in place for recording and investigating untoward incidents and accidents. The layout for recording details of all accidents was revised since the last inspection and ensured improved clarity in the information collected and reviewed. Incident and near miss events were reviewed by the person in charge. The inspector noted that falls and near misses were well described and that neurological observations and vital signs were checked and recorded. Falls were investigated and preventative strategies to minimise the risk of re-occurrence were in place. A post fall assessment was completed with residents in the aftermath of each fall to investigate or eliminate underlying contributory factors e.g.; environmental issues, changes in medication or possible infection.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear, legible and distinguished between PRN (as needed), regular and short term medication. The maximum amount for PRN medication was indicated on all prescription sheets viewed by the inspector.

Medication was being crushed for two residents prior to administration due to swallowing difficulty by the residents. While there was consent for crushing signed by the gp on a separate sheet, the drugs were not prescribed on the medication charts for administration in a crushed form individually.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed time-frames. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses. The inspector checked a selection of the balances and found them to be correct.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge.

The person in charge continued to review the quality and safety of care and quality of life of residents living in the centre. A system of audits for 2014 was planned.

The inspector found that this information was used to improve the service. Improvement plans to ensure enhanced outcomes for residents were developed in relation to clinical data collected. The falls audit identified those with a repeat risk of falling. The number and times of falls were identified. Residents who had repeat falls were identified and

individual strategies implemented to minimise the risk of a repeat occurrence to include medication review to determine underlying factors. One resident was referred to the gerontologist.

Residents were informed about the results of surveys undertaken during residents meetings. The activity coordinator had an active role in consulting with residents and residents told the inspector that they were encouraged to relay their views resulting in changes.

The findings from audits and quality improvement strategies were collated into a report with copies made available to the residents or their representative for their information as required by the regulations.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre was fully occupied and accommodated 58 residents for extended care when inspected. The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Care staff documented their interventions. There was a record of each resident's health condition and treatment given completed at a minimum twice daily. Care staff documented their interventions.

A comprehensive assessment was undertaken on admission of a new resident. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, tissue viability and cognitive functioning. Assessments were regularly reviewed and were used to develop care plans that were person-centred, individualised and described the current care to be given. There was documentary evidence that residents or their representative were involved in the development and review of the resident's care plan

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care. In the sample of care plans reviewed there was evidence care plans were updated at the required three monthly intervals or in a timely manner in response to a change in a resident's health condition. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards. There was evidence of referral to allied services such as speech and language and occupational therapy.

The policy on restraint was based on the national policy on promoting a restraint free environment. Aspects of physical restraint management, in the use of bedrails have improved since the last inspection. A restraint register is maintained to record the times the restraint measure is applied and released. Signed consent was obtained by the resident or their representative and the GP was involved in the decision process. The risk assessment documentation was revised to outline alternatives trialed prior to the use of restraints.

Activities were led by care assistants on the day of inspection. An activity coordinator is employed 16 hours each week and under takes individual and group based activities with residents to include a Sonas program. There is a live music session two afternoons each week. Residents were facilitated to practice their religious beliefs. Mass was celebrated weekly and an oratory was available to residents. The hairdresser visits the centre weekly and residents confirmed to the inspector they enjoyed this time. Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. Many residents were observed reading the national newspapers throughout the morning time of the inspection.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The building is designed to meet the needs of dependent older people. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There was a good standard of décor throughout and very high levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

The building is organised in four unit areas known as 'West Wing', 'South West Wing', 'Middle Wing' and the Sliabh Ban Unit. Each unit is self contained and has a sitting and dining area with a kitchenette where residents may have their meals if they do not wish to use the large dining room. The Sliabh Ban unit has access to a secure garden area. There are 54 single bedrooms and two twin bedrooms all with en suite shower and toilet facilities. Rooms are large with adequate storage space and each is equipped with a fridge, washing machine and tea making facilities. All bedrooms have good natural light and en suites were suitably ventilated.

Staff facilities were provided with lockers for the storage of personal belongings. Separate toilets and showering facilities were provided for care and kitchen staff in the interest of infection control. A separate cleaning room and sluice room was available and access was restricted in the interest of safety to residents and visitors. There was sufficient storage space for equipment used by residents and corridors and communal rooms were clear of any obstructions.

The variation in floor surfaces between the kitchen areas and sitting areas in some units was identified as a hazard on the last inspection as the edges of the floor covering were damaged or may pose a trip hazard. While remedial work had not been completed the person in charge confirmed finances were allocated to upgrade the floor covering in each unit.

A safe enclosed landscaped garden was available to residents.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that complaints were listened to and there was a policy and procedure in place to ensure complaints were monitored and responded to in a timely manner.

The inspector reviewed the complaints log revised since the last inspection which contained the facility to record all relevant information about the complaints, investigation made and the complainant's satisfaction with the outcome. All complaints were recorded in the complaints log ensuring they are separate and distinct from a resident's individual care plan. No complaints were being investigated at the time of inspection. The complaints log had the facility to record the complainants' satisfaction with the outcome achieved.

The inspector reviewed the complaints policy and procedure. This was displayed inside the main entrance close to the nurses' station. A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the regulations. It advised complainants to contact the advocate whose role is primarily to assist residents in making their complaint or to raise the issue on their behalf.

The independent appeals procedures also referred residents/complainants to agencies which do not assist to resolve issues of concern on behalf of residents.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in the centre. The inspector viewed a selection of end of life care plans. Resident's personal choices and spiritual wishes were documented in files reviewed.

At the time of inspection there was one resident receiving end-of-life care and was pain free and stable. The local palliative care team provided support and advice. This was evidenced by a review of the medical notes where instruction was provided for staff.

The end of life plans included discussions in relation to life sustaining treatments. The centre's policy was all residents were for resuscitation unless documented otherwise. A multi-disciplinary approach was undertaken to include the resident, their representative and nursing team. Each resident's resuscitation status was frequently reviewed. However, the documentation reviewed did not include or outline the clinical judgement of the general practitioner in the consensus decision.

Religious and spiritual practices were facilitated in accordance with the wishes of the resident. Family and friends were supported to be with the resident when they were dying and facilitated to stay overnight and refreshments were provided when necessary.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents received a nutritious and varied diet that offered choice. Residents' dietary requirements were met to a high standard. The chef discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff received this information from the nursing staff and from speaking directly to residents. The chef was knowledgeable regarding the dietary needs, preferences and nutritional value of food and providing appropriate meals for residents with specific conditions such as diabetes and those with swallowing difficulties.

Residents' weights and body mass index (BMI) were monitored monthly and those identified at risk had their weight reviewed on a more frequent basis generally weekly. The inspector reviewed assessments completed by the speech and language therapist and dietician. Care plans were updated following reviews and changes communicated to staff appropriately. There were two residents on a calorie reduced diet plan. There was a plan of care in place to guide staff and detailed the resident's family involvement and outlined guidance for the family to support the resident. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector reviewed the food intake records and fluid balance charts for residents identified at risk of dehydration or with a poor diet. Fluid charts were well maintained and totalled to ensure a daily fluid goal was achieved. Food intake recording required

review as they lacked consistent detail or clarity on residents' portion intake amounts.

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider employs 61 staff in total which includes a whole-time equivalent of 12 registered nurses and 33 care assistants. In addition, there are catering, cleaning and activity coordinator employed. The inspector viewed the staff duty rota for a four week period. The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty.

There was an adequate number and skill mix of nursing, care assistants, catering and cleaning staff rostered on the day of inspection to meet the assessed care needs of residents. Call bells were answered promptly and there was a visible presence of staff in the day rooms and around the building during the inspection.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. A sample of five staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on caring for residents with dementia and with behaviours that challenge. Staff had completed training on best practice in promoting a restraint free environment and nutrition and hydration.

A record of An Bord Altranais PINs (professional identification numbers) for all registered nurses was maintained.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Innis Ree Lodge
Centre ID:	ORG-0000350
Date of inspection:	03/03/2014
Date of response:	25/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The areas requiring review are outlined below:

- the statement of purpose did not include the registration number, date of registration and expiry date
- the conditions of registration as outlined in the certificate of registration were omitted
- the name and position of the person participating in the management structure representing the provider who resides outside of the country was not detailed
- the total staffing complement did not outline the whole time equivalent for catering staff and the activity coordinator
- the statement of purpose did not specify 24 hour general nursing care is provided
- the number and sizes of all room within the building was not included
- the arrangement to attend religious services requires clarity as the oratory is not sufficient in size to accommodate all residents
- the arrangement to meet the spiritual needs of residents of various denominations

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

was not indicated

- the role of the activity coordinator requires improved clarity for prospective residents
- the arrangement for dealing with complaints requires revision in the statement of purpose to reflect the findings of Outcome 13 of this report, complaints procedures.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:

We are presently revising our Statement of Purpose to include all the information outlined above.

Proposed Timescale: 14/04/2014

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The individual cost per item incurred by the resident was not specified in the contract of care for example chiropody, physiotherapy or escort to attend appointments.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:

This is now clearly detailed in our Contract of Care and all our residents and /or families have received a copy of same.

Proposed Timescale: 21/03/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy required updating to include the arrangements to ensure learning for all staff to minimise the risk of repeat occurrences.

Action Required:

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:

Policy will be updated to reflect action to be taken to minimise repeat incidents.

Proposed Timescale: 26/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Each residents moving and handling needs were outlined in a carer information sheet available to all staff on each unit. The records specified the type of hoist required to help the residents safely mobilise. However, details of the sling type and size were not outlined.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:

A new assessment tool will be implemented that assesses which equipment should be used and the type and size of sling. The tools will be posted in each resident's room so staff have all the information required on each resident's moving and handling needs.

Proposed Timescale: 16/05/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all staff had participated in a minimum of two fire drill practices within the past 12 months to include simulated evacuation techniques to reinforce their knowledge from annual training.

Some staff only worked night shifts and simulated fire drills were not undertaken to reflect a night time situation when staffing levels are reduced.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Please state the actions you have taken or are planning to take:

Pic and Asst Pic will regularly hold fire drills on all shifts throughout the year so that staff are familiar and comfortable with our procedure and all outcomes and those participating will be documented. Commenced on march 7th 2014 and will be ongoing.

Proposed Timescale: 07/03/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While fire drills were undertaken they were not documented to ensure evaluation and learning from fire drills was completed.

Action Required:

Under Regulation 32 (2) (a) you are required to: Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

Please state the actions you have taken or are planning to take:

All fire drills will be documented and will include the staff members that participated, their response and any issue that needs to be addressed going forward. Commenced March 7th 2014 and will be ongoing.

Proposed Timescale: 07/03/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Medication was being crushed for two residents prior to administration due to swallowing difficulty by the residents. While there was consent for crushing signed by the GP, the drugs were not prescribed on the medication charts for administration in a crushed form individually.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:

We are liaising with the pharmacy to source liquid or dispersible medications which the GP will then prescribe and sign off on.

Proposed Timescale: 26/05/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The variation in floor surfaces between the kitchen areas and sitting areas in some units was identified as a hazard on the last inspection as the edges of the floor covering were damaged or may pose a trip hazard.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:

The flooring has been sourced but we have to wait for warmer weather as the under floor heating will have to be turned down to facilitate fitting of the new flooring.

Proposed Timescale: 29/08/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the Regulations.

Action Required:

Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

Please state the actions you have taken or are planning to take:

The complaints policy is being reviewed regarding the appeals process if complainant is unhappy with outcome.

Proposed Timescale: 26/04/2014

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Please state the actions you have taken or are planning to take:

Our policy is being reviewed and the Administrator will now be the person to monitor that the process and procedure was adhered to.

Proposed Timescale: 26/04/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Each resident's resuscitation status was frequently reviewed. However, the documentation reviewed did not include or outline the clinical judgement of the general practitioner in the consensus decision.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

Please state the actions you have taken or are planning to take:

Although we review and document our residents' wishes regarding resuscitation status, we will also have the GP document their decision.

Proposed Timescale: 13/06/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Food intake recording required review as they lacked consistent detail or clarity on residents' portion intake amounts.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

Please state the actions you have taken or are planning to take:

We are going to develop a new tool for documenting food intake and all staff will receive training.

Proposed Timescale: 20/06/2014