



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

Issued by the Chief Inspector

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare Road, Kildare Town, Kildare
Type of inspection:	Announced
Date of inspection:	24 July 2024
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0041632

About the designated centre

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

Lourdesville Nursing home is located in the vicinity of Kildare town and close to many areas of interest, including the Curragh, Curragh racecourse, Japanese Gardens, the National Stud and accessible shopping. The centre was originally operated as a private maternity unit and has been developed and extended over the years. The centre now operates from the ground floor only. Bedroom accommodation consists of single, twin and three bedded rooms. Communal accommodation includes a large dining, day rooms, conservatory, quiet room, small dining room, activities room and smoking room. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front, with ample parking to the front of the centre. The centre can accommodate a maximum 42 residents, male and female residents over the age of 18, of varying dependencies, for long and short-term stays. 24-hour nursing care is provided to cater for various needs, including dementia and people with chronic mental health needs, rehabilitation, palliative care, respite, convalescence and post-operative care. The registered provider is a sole trader and employs approximately 31 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 24 July 2024	09:00hrs to 17:50hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in Lourdesville Nursing Home received care that supported them to enjoy a good quality of life. Feedback from residents was that this was a nice place to live where they felt safe and supported by a staff team that were attentive to their needs. The inspector met with many residents during the inspection and spoke with seven residents in more detail. Staff were observed to deliver care and support to residents in a caring and respectful manner. There was a friendly, relaxed atmosphere throughout the centre and it was evident that staff knew residents well. Residents told the inspector "This is home, I am so happy here", and residents spoke about the staff saying "they cannot do enough for you", " they are really lovely people, who will do anything you ask of them".

This was an announced inspection that took place over the course of one day. There were 38 residents living in the centre on the day of the inspection.

Lourdesville Nursing Home is situated in Co.Kildare. It is a two storey building with only the ground floor registered as a designated centre for older people. The centre can accommodate 42 residents in twenty-six single bedrooms, five twin bedrooms and two triple bedrooms. Some of the bedrooms are en-suite with shower, toilet and wash hand basin. All of the other bedrooms have wash hand basins. Communal facilities comprise a day room, two conservatory areas, a dining room, a small coffee dock, a quiet room and an activities room. The activities room was well stocked and was observed in use by residents with relaxing music playing in the background, residents also attended flower arranging here in the afternoon. Residents were observed in the conservatories, dining room and day rooms throughout the day. There is a secure outdoor area that is accessible from one of the corridors. This area had suitable garden furniture and large potted plants. This area was not in use on the day of the inspection due to inclement weather, however, the doors to the area were unlocked and it was readily accessible to residents. There were also further seating areas at the front and surrounding the centre for residents and visitors to enjoy.

The inspector observed the majority of residents sitting in various communal areas throughout the day and some residents were observed relaxing in their bedrooms as was their preference. Residents' bedrooms were nicely decorated and homely with personalised items on display. Residents had access to TV in their bedrooms, the inspector observed residents in some double rooms were not able to view the shared TV when privacy curtains were pulled. The premises was generally clean and well- maintained and some areas were being painted on the day of inspection. During a walk around of the premises the inspector observed a flower bush that was overgrown and was externally blocking the exit from one of the fire doors, this was responded to immediately by the provider and was removed before the end of the inspection. Further fire management safety concerns are discussed under the relevant regulation.

The inspector observed that at mealtime in the centre's dining rooms and lounge, residents sat together in small groups at the dining tables. There was an appropriate number of staff members available to assist residents during mealtimes, and they were observed to be respectful and discreet while assisting residents. Residents were provided with a choice for all their meals and all were complimentary of the food, which looked wholesome and nutritious. There were snacks and drinks offered throughout the day.

Activities were observed taking place throughout the day and residents spoken with were happy with the level of activities and the variety on offer. A pictorial board listing activities for the week was on display in the corridor. Staff knew residents' preferences and were seen attending to them throughout the day. Many residents discussed the live music that took place in the centre and commented on how much they enjoyed it. There were pictures of residents enjoying days out in the activities room which was also decorated with art work and crafts showcasing residents' work.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the registered provider was working to provide a safe and well-monitored service for residents. Improvements had been made in staffing levels and oversight and the provider had implemented all items from the compliance plan arising from the inspection in January 2023. The provider sustained good levels of care and oversight of service across all regulations reviewed, with some further improvement required in respect of storage of residents' records, premises and fire precautions which is discussed further in the report.

This was an announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Seamus Brennan is the owner and the registered provider for Lourdesville Nursing Home and was available throughout the day and met with the inspector.

The person in charge was responsible for the local day-to-day operations in the centre and was supported in the role by two clinical nurse managers, a team of nurses, health care assistants, administrative staff, household, catering and activities staff. On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. Communal areas were

appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents.

A sample of four staff records reviewed by the inspector identified that the requirements of Schedule 2 of the regulations were met. Each staff had completed An Garda Síochána (police) vetting prior to joining the service, and registered nurses held an active registration with the Nursing and Midwifery Board of Ireland (NMBI). However, not all records to be kept in the designated centre in respect of each resident were retained in the designated centre for a period of not less than seven years. This resulted in Schedule 3 records not being readily available for inspection.

Governance and management structures were in place and these included regular staff meetings, management meetings and housekeeping meetings. Residents meetings also took place with good attendance from residents. There was an audit schedule in place for areas such as falls analysis, food and hydration, care plans. The registered provider had completed an annual review for 2023 however, this did not include input from residents and their families.

The inspector reviewed staff training records and saw there were arrangements in place for staff to access a variety of training. The staff training matrix indicated that most staff were up-to-date with their training and where gaps were noted there was a training plan in place. Staff also had access to supplementary training relevant to their roles.

A directory of residents in the designated centre was maintained by the registered provider and was made available for the inspector to review. The directory of residents detailed all the information regarding each resident as required by the regulations. Documentation on any incidents which were notifiable under regulations had been submitted to the Chief Inspector within the required time frame.

Regulation 14: Persons in charge

The person in charge held a full-time role based in the centre and was well known to the residents. They were a qualified nurse with the required nursing and management experience and qualifications. They demonstrated a knowledge of their legal remit to the Regulations and were found to be responsive throughout the inspection process.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements.

Judgment: Compliant

Regulation 21: Records

Records to be kept in the designated centre in respect of each resident were in place for the current residents. However, records for the residents who had ceased to reside in the centre were not maintained within the centre for a period of 7 years. This resulted in Schedule 3 records not being readily available for inspection as the archive room was outside of the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although there were management systems in place to monitor the effectiveness and suitability of care being delivered to residents, these required strengthening in some areas to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

- The annual review of the quality and safety of care delivered to residents in the designated centre for 2023 was not prepared in consultation with residents and their families or nominated representative.

- Management systems in place did not identify the requirement for all records, including the file archive to be maintained within the designated centre.
- Further oversight of fire safety precautions was required to ensure there were adequate management systems in place against the risk of fire. For example, the inspector observed that overgrown vegetation was obstructing a final exit door on the day of inspection. At the request of the inspector, this was promptly responded to and was removed shortly after.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. All accidents and incidents, as specified by the regulations, were notified within the required timescales, including quarterly incident reports as required.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre were supported to live a good quality of life from staff who knew them well and were attentive to their needs and preferences. There was a person-centred approach to care, and residents' well-being and safety was promoted.

The premises was of suitable size to support the numbers and needs of residents and there was evidence of ongoing maintenance taking place and areas of the centre were being painted on the day of inspection. The provider had also completed work to one of the bathrooms to include showering facilities as outlined in the previous compliance plan. Further attention was required to the flooring in the staff area.

Some fire safety concerns relating to the containment of fire were identified on the day and these are outlined further under Regulation 28: Fire precautions.

Residents' bedrooms were nicely decorated and there was space allocated for their belongings. Linen was outsourced to an external company and residents spoken with were satisfied their clothing was returned to them promptly.

A sample of residents' care plans were reviewed. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as optician, dietitian, chiropody and speech and language, as required. Residents were facilitated to access the services of the national screening programme as required.

Residents' rights and choice were promoted and respected within the centre. Residents had also been supported to vote in recent elections. Social activities observed on the day of inspection included one-to-one activities and flower arranging, residents told the inspector they looked forward to the music that took place weekly and that they were happy with the activities available to them.

Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely and their specific needs and methods of communication were known by staff.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the designated centre and there was evidence of maintenance being carried out in the centre. However, flooring in a staff area required review to ensure it was of sound construction and kept in a good state of repair. For example;

- The flooring in the staff canteen and staff changing room required review as it was observed to be sloping and felt unstable.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure they made adequate arrangements for containment of fire and to bring the centre into compliance with Regulation 28: Fire Precautions, for example;

- The electrical room had a hole in the ceiling and there were gaps around pipes in the store room thus posing a risk to the containment of smoke and fire in the event of an emergency.
- The fire door to the conservatory was not fully closing; this was attended to on the day of inspection by maintenance staff with further investigation required.
- An oil radiator was observed stored in the electrical room, this was removed before the end of the inspection.

Fire safety arrangements in the centre required review. For example;

- Sockets were observed coming off the wall in one resident's room and required immediate maintenance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessments and care plans were person-centred and contained detailed information specific to the individual needs of the residents. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals or before.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to newspapers and various media. There was access to advocacy services with contact details displayed in the centre. There was evidence of resident meetings taking place to discuss key issues relating to the service provided.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lourdesville Nursing Home OSV-0000060

Inspection ID: MON-0041632

Date of inspection: 24/07/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The secure storage room while it is not on the Footprint it is on site, approximately fifty feet away from the centre and was always available for inspection. However, to comply with HIQA requirements we have moved the seven-year records to a new destination which on the Footprint is marked "Records Storage Unit" and is alongside the main centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The management of LNH have always shown transparency through their continuous open-door policy to residents and families regarding any questions, issues or concerns they may have within the centre.</p> <ul style="list-style-type: none"> ▪ Access to the PIC or other senior staff is always available. ▪ Residents and/or a member of family sign three monthly up-date of their Care Plan. ▪ Care Plans are available to families should they wish to view. ▪ Questionnaires have been distributed to families and residents for completion where they can actively demonstrate their views on all aspects of the LNH as previously ▪ Monthly residents’ meetings take place which include residents, senior member of staff, the activities co-ordinator and a member of the admin staff. ▪ There is a complaints procedure in place and residents and families are informed. ▪ All resident have access to an advocate and this is advertised through leaflets and signage. ▪ For future reference the Annual Review will demonstrate participation of all involved. 	

• The annual review is prepared in consultation with residents, their families and next of kin through surveys and ongoing meetings during the day and night shifts We are a small Nursing Home and as such contact with all residents and families is on an ongoing daily basis.

• Our Annual Report is available in the Front Lobby for public view.

Overgrown Bush: This was removed immediately on date of Inspection.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Flooring in Staff Room area has been reviewed and necessary refurbishment carried out.

Time Frame: 6th. September 2024.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Electrical Room: Holes in Ceiling:

This was inspected by "Fire & Safety" and the necessary Fire retardant material was used to fill the holes

Fire Door to Conservatory: Fire & Safety visited and inspected this door.

Their response is as follows:- 14.08.2024 Following my recent visit, I inspected the fire door to the Conservatory/Sitting room. The door is warped by approximately 3mm and requires replacement. The process of replacement is now in motion with the current builder's holiday period, this replacement could take up to four to six weeks before it is complete. Expected date for completion 30.09.2024

Sockets: This issue was dealt within 48 hours of inspection

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	05/09/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	29/07/2024
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has	Substantially Compliant	Yellow	29/07/2024

	ceased to be employed in the designated centre concerned.			
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	29/07/2024
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, shall be retained for a period of not less than 7 years from the date of their making.	Substantially Compliant	Yellow	29/07/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	29/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/08/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to	Substantially Compliant	Yellow	29/08/2024

	in subparagraph (d) is prepared in consultation with residents and their families.			
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	30/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/07/2024