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

## Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Loughshinny Residential Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Bartra Opco No. 1 Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Blackland, Ballykea, Loughshinny, Skerries, Co. Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15 January 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0006616</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027287</td>
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</tbody>
</table>
About the designated centre

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

Loughshinny Residential Home is a designated centre registered to provide 24 hour health and social care for up to 123 male and female residents usually over the age of 65. It provides long-term residential care, convalescence and respite care to people with all dependency levels and varied needs associated with ageing and physical frailty as well as palliative, dementia care and intellectual disability care. The philosophy of care as described in the statement of purpose is to provide a person-centred, caring and safe alternative for older people and to enable each resident to maintain their independence and thrive while enjoying a more fulfilled and engaged life.

The designated centre is a modern two storey purpose-built nursing home on the edge of the village of Loughshinny in North County Dublin. Accommodation is provided in 123 single bedrooms, each with its own en-suite facilities and decorated to a high specification standard. There are a wide range of communal areas including dining rooms, sun rooms and lounges available to residents as well as an Oratory and a hairdresser facility. There are several enclosed, safe, wheelchair accessible gardens available for residents to use during the day. There is ample parking available for visitors.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 31 |

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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:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 15 January 2020</td>
<td>09:00hrs to 16:30hrs</td>
<td>Manuela Cristea</td>
<td>Lead</td>
</tr>
</tbody>
</table>
### What residents told us and what inspectors observed

The inspector met with a large number of residents, visitors and relatives on this inspection who all confirmed that this was a good centre to live in. They were unanimous in their views that staff were plentiful, attentive to their needs and treating them with respect and kindness at all times. Some of the newly admitted residents and their relatives also commented positively on the efforts made by staff to ensure their transition to the centre was smooth and stress-free.

Residents were satisfied with the activities available to them on a daily basis, the control they had over their lives and the overall quality of care they received in the centre. They said that they felt safe living there and were able to identify a person who they would complain to, if they needed to.

Many residents stated that they felt really happy and well-looked after in the centre. The feedback from residents was also overwhelmingly positive in respect to care staff, food, services and facilities available to them.

### Capacity and capability

This was the first inspection of the centre since its registration and the overall findings show that this was a well-run centre. Good leadership, governance and management arrangements were in place which contributed to residents experiencing a good service as evidenced by the overall good level of regulatory compliance found on this inspection.

The inspector found that the service delivered to residents was in line with centre’s stated objectives as described in the statement of purpose. There were adequate resources allocated to the delivery of service in terms of equipment, facilities, catering arrangements and staff deployment. The views of residents were sought regularly and used to plan the way service was delivered.

There were clear lines of accountability and authority in the centre. Policies and procedures were in place to guide practice and service provision.

The person in charge facilitated the inspection process. She was well supported by the registered provider representative (RPR) who was available throughout the day and attended the feedback meeting. At governance level, the group operations manager was also actively involved in the management of the centre and available to support the person in charge.
The inspector saw minutes of the monthly senior management meetings which showed good oversight and robust service management. The meetings had a preset agenda and included a broad spectrum of topics such as human resources, finances and budgets, premises, quality, safety, operational and clinical risks. In addition there were quarterly health and safety meetings with representatives from all departments, which included fire safety issues, maintenance issues, risk register, housekeeping, food safety and infection control.

From a quality and clinical management perspective, the person in charge was leading the team supported by two assistant directors of nursing and a clinical nurse manager (CNM). Various quality indicators were collected and a rolling programme of audits ensured that there was good oversight of the quality of the service delivered. Where issues were identified they were discussed at the monthly clinical governance meetings and comprehensive action plans were created and followed up to ensure prompt and appropriate response.

There was sufficient staff to meet the needs of the 31 residents present in the centre at the time of inspection. All staff had been vetted prior to commencing employment and had completed the mandatory training. In addition, the registered provider ensured that where specialised skills were required, staff were provided with relevant training to ensure each residents’ needs were met to a high standard.

There were clear processes in place to support and supervise staff in their work. Communication with staff occurred regularly on a formal and informal basis. The inspector saw minutes from regular staff meetings and staff reported good morale and confirmed that they could raise issues readily with management and felt their views would be taken seriously.

Overall the levels of complaints was low, which echoed the positive feedback provided by the residents and relatives who spoke with the inspector. While there was evidence that the complaints were appropriately responded to, some improvement was required in relation to recording of the complaints, in order to ensure they provided consistent and comprehensive details in line with local policy and regulatory requirements.

From a review of the admission tracker records and the directory of residents the inspector was assured that the registered provider had complied with the schedule of admissions, as included in the designated centres’ statement of purpose.

**Regulation 14: Persons in charge**

The person in charge worked full-time in the centre and overall met the requirements of the regulation. She was a registered nurse and had the required management qualifications and experience of nursing older persons.
Throughout the inspection she demonstrated good knowledge of the regulation and commitment to ensure a quality and safe service was provided to the residents.

Judgment: Compliant

**Regulation 15: Staffing**

The numbers and skill-mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. There was at least one registered nurse on duty at all times. Staff, residents and relatives were satisfied with the number and skill-mix of staff available to support them.

A sample of staff files were reviewed and were found to include the information required by Schedule 2 of the regulations, including an Garda Síochana (police) vetting disclosures. All nursing staff had evidence of current professional registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

**Regulation 16: Training and staff development**

There was a programme of mandatory and relevant training ongoing for all staff. Records indicated that all staff had completed the mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse.

There was good oversight with performance management development systems in place. Staff induction, probation and supervision formed part of the recruitment process. Staff told the inspector that they felt supported by the management and were looking forward to their appraisals and performance reviews, which were scheduled for the end of the month.

Staff were aware of the reporting structures in the centre and reported that their views were valued and taken into account by management.

Judgment: Compliant

**Regulation 19: Directory of residents**

The centre maintained an up to date directory of residents. It was available in electronic format and overall, it was well-maintained and contained all the required
details on admissions, transfers, discharges and deaths of residents as required by Schedule 3 of the regulations. The inspector identified a few minor gaps in relation to next of kin’s addresses. These omissions were immediately addressed by the provider on the day of inspection.

Judgment: Compliant

**Regulation 23: Governance and management**

The centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

There was a clearly defined management structure that identified the lines of authority and accountability, specifies roles and responsibilities for all areas of care provision. There was a robust governance structure in place which ensured good oversight of both clinical and operational aspects related to the centre.

Good management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

At the time of inspection the annual review was in the process of being completed by the person in charge. Statistical data on how the service performed in 2019 had been gathered and was available. The inspector saw evidence that residents’ satisfaction levels with various aspects of the service had been collected and analysed in order to improve services provided. Residents and relatives who spoke with the inspector stated that they were happy with the service and the level of consultation with them.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

Residents had an agreed written contract which included details of the services to be provided, the fees to be charged and the room occupancy.

Judgment: Compliant

**Regulation 30: Volunteers**

There was one volunteer working and present in the centre at the time of inspection. They were appropriately supervised and had the required an Garda
Síochana vetting in place. The inspector saw evidence that their roles and responsibilities had been discussed prior to commencing their placement. The inspector was satisfied that a written description of their role and responsibilities was also provided to the volunteer on the day, in line with regulatory requirements.

Judgment: Compliant

**Regulation 31: Notification of incidents**

The person in charge ensured that all notifiable incidents were brought to the attention of the Chief Inspector of Social Services in a timely manner.

Where a serious incident occurred, effective governance arrangements ensured that the provider could maintain the safety and welfare of the residents.

Judgment: Compliant

**Regulation 34: Complaints procedure**

The complaints procedure identified each persons nominated to investigate the complaints, to oversee the process and also outlined the appeals process. The complaints procedure was widely advertised and residents and relatives were familiar with the process.

The number of complaints in the centre was low and there were no open complaints at the time of inspection. The complaints records were maintained independent from residents’ care plans. Complaints made were recorded, investigated promptly and records showed that where a resolution was reached the outcome was documented.

While the inspector was assured that overall the complaints were appropriately managed and promptly addressed by the person in charge, some improvement was still required in ensuring the records maintained were comprehensive, contained full details of any investigation carried out and were managed in accordance with local policy.

Judgment: Substantially compliant

**Regulation 4: Written policies and procedures**
All of the policies and procedures required by the regulations were available within the centre, and had been reviewed in accordance with regulatory requirements. These documents were accessible to staff.

Judgment: Compliant

### Quality and safety

Overall, care was found to be delivered to a high standard and there was evidence that residents enjoyed a good quality of life. The centre was clean, bright, welcoming and a relaxed atmosphere was evident throughout.

The care provided was person-centred where each resident was well-known to staff and the care was tailored to suit their individual social, nursing, medical and spiritual needs.

The centre was using electronic records. The inspector found that residents’ individual care plans were initiated on admission to the centre based on comprehensive assessment and a suite of other risk assessments, including skin integrity, risk of malnutrition, falls risk and pain. Where risks were identified the care plans described prevention measures to guide staff action and avoid deterioration in health or incidents. Efforts were made to ensure care plans were person-centred. While some of them were of a very good standard and contained detailed information about residents’ needs, other care plans were quite generic and did not always reflect residents’ current condition or the person-centred ethos observed on the day. However, the inspector was satisfied that residents were well-known to staff and received care in line with their needs and preferences.

Residents’ health was promoted through ongoing regular medical review and access to additional expertise from various allied healthcare services including physiotherapy, occupational therapy, chiropody, dietetic services, speech and language therapy. Falls were trended and analysed with multidisciplinary post-falls reviews carried out to ensure adequate preventative strategies were implemented. The inspector reviewed wound care practices and found that they were informed by best available evidence and were implemented in accordance with national standards and with support from tissue viability nurse, dietitian and occupational therapists where required.

Staff were observed to engage with residents in a person-centred and respectful manner. Although there were many residents with dementia living in the centre, there were no residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) at the time of inspection. The number of restraints was low and a variety of alternatives were available to ensure residents’ safety.
Residents were provided with good quality, nutritious food according to their choice and systems were in place for consultation with residents. There was evidence that any feedback from residents was acted upon by management.

Residents reported that they felt safe in the centre and there were good measures in place to protect the residents from abuse. Call bells were available to residents and when used, they were answered promptly by staff.

Residents could exercise choice and were consulted in relation to the daily routines, planned activities, the food menu and the day-to-day running of the centre. For example pottery classes were due to commence that week as some of the residents had expressed an interest in that. Other residents commented on how much they enjoyed the outings in the community to a nearby farm and the Ardgillan castle. The centre’s activity programme was varied, which enabled residents to take part in activities and social interactions of interest to them. The daily programme included group activities in communal areas and one to one activities for the residents who needed a higher level of supervision and support.

Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents’ lives.

### Regulation 18: Food and nutrition

Residents’ nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience. All food was cooked fresh daily and the menu displayed choices available for the day. Each table was set with condiments, napkins and central flower arrangements. A fruit bowl, biscuits, light refreshments and a large selection of drinks was available at all times in the dining room.

There was sufficient staff available to support residents at mealtimes, and assistance was provided in a dignified, discreet manner.

Residents were offered choices of wholesome and nutritious meals, which were safely prepared, cooked and served. Specific requests were facilitated. Residents on specialist diets were provided with meals that suited their needs. A seasonal menu was in place which was created in consultation with the dietitian and residents’ expressed preferences.

Residents’ weight was recorded regularly and appropriate referrals made for dietetic support in relation to weight management. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant
Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed to ensure the centre could meet residents’ needs. All residents’ care needs were assessed using validated assessment tools and described in their individual care plans.

The sample of care plans reviewed by inspector indicated that overall, the care provided to residents was person-centred and met their needs. There was information available on residents’ backgrounds, interests and how they liked to spend the day. While there was evidence that all care plans and risk assessments had been reviewed in the previous four months, some improvement was required to ensure all care plans were revised and updated when the condition of the resident changed and that they reflected each resident’s current condition.

From residents’ and relatives’ feedback as well as direct observation, the inspector was assured that individual needs were being met to a high standard. Residents were consulted in their care planning arrangements and reported high satisfaction with the care received.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to a general practitioner (GP) of choice and specialist services and therapies as required. A GP visited the centre three times a week with further access available to doctor on call outside hours. Arrangements were in place to meet each resident’s assessed healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Responsive behaviours associated with the care of residents with dementia were well-managed. There was a very low incidence of responsive behaviours due to staff knowing the residents really well and using good preventative strategies. Behaviour management plans were in place to guide staff on how to positively respond to such behaviours. Good practices were observed by inspector during the day. De-escalation and diversional strategies were used in the least restrictive manner.
The use of restrictive practices was low and the centre operated in line with national policy of working towards a restraint-free environment. A restraints register was available and reviewed on a regular basis.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from abuse. All staff had completed the mandatory training in safeguarding vulnerable adults and understood how to recognise instances of abusive situations. Staff spoken with were aware of the appropriate reporting systems in place and the steps to be taken if they suspected, witnessed or had abuse reported to them, as per policy. Residents who spoke with inspectors said they felt safe in the centre and that staff were respectful of their health and social care needs.

The provider did not act as a pension agent for any of the residents in the centre. Residents' property was safeguarded and they had access to a lockable press in their room for their valuables. While, the provider did not handle any petty cash at the time of inspection, there were systems were in place to ensure that, should the residents require, they could access money at any times, including the weekends.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, including, civil, political and religious rights were respected by staff throughout the centre. Advocacy services were available to residents where required. At the time of inspection, systems were being put in place to ensure residents could vote in the upcoming general elections.

Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre. Residents' choices and wishes were respected. A key to me profile had been completed for each resident which informed their meaningful engagement care plan and daily activity participation.

Residents' meetings were held regularly and the inspector saw minutes from these meetings. There was evidence that residents' views and feedback was acted on and used to improve the service. The inspector also spoke with visitors throughout the inspection, who were complimentary about the care and support provided by staff.
Residents were facilitated to maintain their privacy and undertake any personal activities in private.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compliance Plan for Loughshinny Residential Home OSV-0006616

Inspection ID: MON-0027287

Date of inspection: 15/01/2020

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>
| Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
A full review of Bartra Loughshinny Residential Homes’ complaint procedure has been completed to ensure it is in line with our complaint policy and Regulation 34. The review was carried out to ensure our documentation is comprehensive and reflects that the investigations, actions and outcomes are recorded appropriately. Additional measures have been put in place to strengthen the role of the person nominated to oversee the complaints procedure. |
| Regulation 5: Individual assessment and care plan        | Substantially Compliant  |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
The Director of Nursing and the senior clinical team have carried out an audit on all resident’s care plans. Each nurse has been assigned to a specific resident’s care plan and a Clinical Nurse Manager is overseeing the care plans to ensure they are person centered and are reflective of the current needs of each resident. Regular monitoring of the care plan will continue to ensure all care plans reflect each resident’s current condition. In addition, training has been organized for the nursing team on person centered care planning on the 5th February. |
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
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</thead>
<tbody>
<tr>
<td>Regulation 34(1)(f)</td>
<td>The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>20/02/2020</td>
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<tr>
<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/03/2020</td>
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</table>
(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.