

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Lisheen Nursing Home
<b>Centre ID:</b>	ORG-0000059
<b>Centre address:</b>	Stoneylane, Rathcoole, Co. Dublin.
<b>Telephone number:</b>	01 257 4500
<b>Email address:</b>	info@lisheennursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Lisheen Nursing Centre Limited
<b>Provider Nominee:</b>	Geraldine Joy
<b>Person in charge:</b>	Valerie Joy
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector(s):</b>	Noelene Dowling
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	112
<b>Number of vacancies on the date of inspection:</b>	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 judgments 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
27 May 2014 09:50	27 May 2014 18:30
28 May 2014 07:45	28 May 2014 15:30

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 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
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 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This was an announced inspection which took place over two days and was for the purpose of informing an application to renew the registration of Lisheen Nursing Home. The provider had applied for registration for 112 places. This report sets out the findings of the inspection.

Overall, inspectors found that the provider met the requirements of 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 to a high standard. There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place.

Lisheen Nursing Centre is the provider and Geraldine Joy is the provider nominee and the joint person in charge. This was a recent change to the role of the person in charge and an interview was carried out. She was found to be knowledgeable of the requirements of the Regulations.

The centre was set up in 1988 as a family business. There are two directors, Geraldine and Kevin Joy. The post of person in charge is full time and is shared between Geraldine and Valerie Joy. They are supported in their role by a clinical nurse specialist, four clinical nurse managers and a clinical nurse educator.

Inspectors found that the health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

Residents were consulted about the operation of the centre and there was an active residents' committee. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse. Recruitment practices met the requirements of the Regulations. The one action identified at the previous inspection in July 2013 was addressed.

Areas for improvement identified included:

- Documentation as required by the Regulations
- Contracts of Care

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

**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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the statement of purpose contained all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet.

**Judgement:**

Compliant

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors read a sample of completed contracts and saw that while they were completed within the time frame, they did not adequately meet the requirements of the Regulations as they did not include all details of the services to be provided and the fees to be charged. The contract stated that numerous other small scale services were also provided for a fee, but what they were was not set out in the contract.

The provider was charging some residents for the laundering of their personal clothing. See also Outcome 17. These additional charges are being levied for the laundry services which is a service governed by the overall fee and should not be subject to an additional charge.

**Judgement:**  
Non Compliant - Moderate

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The post of person in charge was full time and shared by two persons. They were both registered nurses with the required experience in the area of nursing older people and worked full-time in the centre. The nominated person on behalf of the provider was one of the persons in charge. This was a new addition at this inspection. They will be referred to as the person in charge throughout the report. They were supported in their role by a clinical nurse specialist, four clinical nurse managers and a clinical nurse educator. Both persons in charge worked in the centre daily and their roles were clearly defined.

There were appropriate deputising arrangements in place. The persons in charge meet informally on a daily basis and their roles and reporting arrangements were clearly defined. The person in charge meets with the provider and clinical nurse managers (CNM) formally at the health and safety, CNM and quality meetings.

They demonstrated a good knowledge of the Regulations, the Authority's Standards and their statutory responsibilities. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents in a very person-centred manner. All documentation requested by inspectors was readily available.

Inspectors observed that they were well known to staff, residents and relatives with many referring to them by her first name. They had both maintained their continuous professional development and had recently completed a course in leadership and all other courses mentioned in outcome 18.

**Judgement:**  
Compliant

***Outcome 04: Records and documentation to be kept at a designated centre***

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors.

The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Records were stored securely. Inspectors noted that the Residents' Guide had been made available to residents.

An up to date insurance policy was in place for the centre which included cover for resident's personal property in compliance with all the requirements of the Regulations.

**Judgement:**

Compliant

***Outcome 05: Absence of the person in charge***

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of her responsibility to notify the Chief Inspector of the absence of the person in charge.

**Judgement:**

Compliant

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that there was sufficient staff on duty to meet their needs and access to call bells.

**Judgement:**

Compliant

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the provider and person in charge had prioritised the safety of residents and had a robust system in place to manage risk. There were areas for improvement.

There was a comprehensive health and safety statement for the centre which was updated in 2014 and it related to the health and safety of residents, staff and visitors. A risk management policy was in place which met the requirements of the Regulations. These included the risks associated with violence and aggression, self-harm and accidental injuries to residents and staff and residents going missing. It also included the procedure in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

There were two areas for improvement, Inspectors observed cleaning chemicals unattended on a corridor where residents with a cognitive impairment walked. The person in charge said she was in the process of purchasing lockable cleaning trolleys and they were due to arrive the day after the inspection.

A number of the bedrails were loose and may result in a risk to residents, this was being addressed when raised with the person in charge during the inspection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. Each unit carried out a number of fire checks daily and there were records to support this. Inspectors noted that the fire panels were in order and fire exits were unobstructed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Staff spoken to were aware of the emergency plan.

There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection.

Inspectors found that there were measures in place to control and prevent infection. Staff had received training in infection control and were knowledgeable. Audits were carried out to ensure compliance with local policies. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

**Judgement:**

Non Compliant - Moderate

***Outcome 08: Medication Management***

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

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that each resident was protected by the designated centre's policies and procedures for medication management. While there was a medication policy, however this was not as yet guiding the new practice which was being introduced. The policy did not include the management of medication errors and the practice of checking the MDA's at change of shift.

New prescription and administration documentation were fully implemented since the previous inspection. Inspectors read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked a sample of balances and found them to be correct.

Medication audits were completed to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the nurse managers and the person in charge and systems were in place to minimise the risk of future incidents. The number of medication errors had significantly reduced since the introduction of the new medication records. The pharmacist was involved in medication safety and review in the centre.

Medication fridges which had daily temperature checks were available in a locked room in each unit. There were appropriate procedures for the handling and disposal of unused and out of date medicines. All staff nurses involved in the administration of medications had undertaken medication management training.

**Judgement:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgement:**

Compliant

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were completed on several areas such as care planning, falls, medication management, infection control and health and safety issues. There was evidence of improvements being identified following these audits and interventions put in place to address them. These included a reduction in the use of restraint since the previous inspection.

Data was also collected each week on the number of key quality indicators such as the use of antipsychotics, use of restraint and the number of wounds to monitor trends and identify areas for improvement.

The provider had a facilities improvement plan in place for 2013, 2014 and 2015 and areas such as the sliding doors at reception and improvements to the kitchenettes were completed to name a few. A clinical quality improvement plan was also in place which included audits of the service. The premises was further personalised, particularly for residents with a cognitive impairment. Butterfly moments were developed for residents and these were documented and on display in residents bedrooms.

A resident satisfaction survey was carried out in May 2014 and the results, which were positive, were being analysed.

**Judgement:**

Compliant

### **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

#### **Outstanding requirement(s) from previous inspection:**

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

#### **Findings:**

Inspectors were satisfied that residents healthcare needs were met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist was available full time in the centre and provided both individual and group sessions. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Inspectors reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines.

Overall care plans contained the required information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans and they discussed this with inspectors. However, in some instances there was inconsistency in the care plans in that they did not always reflect the assessed needs of residents. This was due to the fact that the assessments were completed a significant time before the care plans were reviewed. the care plans then did not reflect the most up to date assessment information.

#### **Falls Management**

Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of bed alarms and hip protectors. There was very good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. However, inspectors noted that neurological observations had not been completed when a resident sustained an unwitnessed fall.

## **Restraint Management**

Inspectors found that there was an emphasis on reducing the use of restraint. There were improvements in the process from the previous inspection. The national evidence-based policy was in place, however, this was not localised. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bedrails. There was evidence of alternatives available. There was a system in place to monitor all residents using restraint.

## **Wound**

There were a low number of wounds in the centre. Inspector read the care plans of three residents with a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. Records showed that while some residents had recurring wounds, they had improved. An evidence-based policy was in place and was this used to guide practice. Several of the nursing staff had attended an update on best practice in wound management. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

## **Nutrition**

There were policies on nutrition and hydration which were being adhered to and supported good practices.

## **Behaviour that challenged**

Inspectors reviewed a sample of care plans and saw that there was adequate assessment and care planning in place to meet the needs of residents who had behaviour that challenged. There was a comprehensive policy developed on verbal and physical aggression which provided guidance to staff on responding to and meeting the needs of these residents. There was evidence that some residents were reviewed by a consultant in Old Age Psychiatry where necessary.

All residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. There were eight activity coordinators employed in the centre and the benefits to residents were apparent. A schedule of activities was available each day and the inspector noted that various activities were underway in a number of locations throughout the centre. The hairdresser visited daily and residents could enjoy the experience in a purpose built hair dressers salon in the centre. Residents commented they enjoyed the experience. There was evidence that residents engaged in activities such as music, SONAS (a therapeutic programme specifically for residents with dementia), exercises, quizzes and bingo. A dog was living at the centre and one resident took responsibility for her care. There were also two birds and Inspectors saw that plans were in place to get some chickens. A chicken pen was already in place which the residents expressed their interest in. Social care assessments had been completed in respect of all residents and residents had care plans to guide the social care services delivered. Pool tables were available for some of the residents if they wished to play. Life stories were completed for residents which assisted the activity therapists to identify residents' previous interests and hobbies.

## **Judgement:**

Non Compliant - Minor

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Lisheen Nursing Home is a purpose-built centre with a two-storey extension to the existing facility. The centre which originally accommodated 55 residents was extended to accommodate 112 residents in 2012. Inspectors found that the centre complied with the requirements in the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The centre was finished to a very high standard and there was evidence of best practice in dementia design being incorporated.

The main entrance at the front opens into a lobby area, which has a reception desk and the administration office. There is a large kitchen, laundry, sluice rooms, oratory, staff changing rooms, visitor toilets, family meeting rooms and administration offices in the centre. There are nine separate units Apple Blossom, Bluebell, Carnation, Daffodil, Elderberry and Fuschia are on the first floor. Gardenia, Heather and Jasmine are on the second floor. The layout of the living areas on the ground floors provides access to and from each unit internally and to the gardens and walkways externally. Apple Blossom, Bluebell and Carnation are located in the original building while the remaining units are located in the new extension. There are two bathrooms with baths in the centre if residents prefer this facility. A large passenger lift links the two floors.

Apple Blossom provides accommodation for twenty residents, all in single rooms with en suite toilet, wash-hand basin and shower. The bedrooms are linked by a corridor called "The Village" to the sitting/dining room. It accommodates the hairdressers, a post office and cottage for reminiscence purposes. There is a sitting room and dining areas with access to two courtyard gardens. There is a nurses' station, kitchenette and two assisted bathrooms adjoining the living accommodation.

Bluebell provides accommodation for fifteen residents in five twin bedrooms with en suite toilet, wash-hand basin and shower. There are five single bedrooms; four of these have an en suite with toilet and wash-hand basin. There is also a nurses' station and three assisted bathrooms close to the living accommodation.

Carnation provides accommodation for sixteen residents in six twin bedrooms; five of these bedrooms have en suite toilet, wash-hand basin and shower. There are four single bedrooms with en suite toilet, wash-hand basin and shower. The living/dining area has views and access to the garden and also provides an open light well with shrubbery and

a water feature. There is an assisted bathroom, a kitchenette and a quiet sitting area on this unit.

Daffodil provided accommodation for ten residents in ten single en suite rooms with toilet, wash-hand basin and shower. There is an open plan living/dining and kitchenette with views of the front entrance and access to the courtyard gardens. In addition, there is a nurses' station and two assisted toilets. Daffodil and Elderberry are linked by a spacious seated area with access to the internal courtyards and walkways. Five residents in Elderberry use the Daffodil dining/living room and are cared for by Elderberry/Daffodil staff and have access to all activities.

Elderberry provides accommodation for ten residents in ten single en suite rooms with toilet, wash-hand basin and shower. There is an open plan living/dining room with access and views of the courtyards, gardens and walkways. There are two assisted toilets and a nurses' station with space for pool/snooker and games. Elderberry and Fuschia are linked by a spacious seated area with access to the internal courtyards and walkways. Five residents in Elderberry use the Fuschia dining/living room and are cared for by Elderberry/Fuschia staff and have access to all activities.

Fuschia provides accommodation for twelve residents in ten single en suite rooms with toilet, wash-hand basin and shower and one twin bedroom with a toilet, wash-hand basin and shower next door. The living, dining area is open plan and has views of the external courtyard gardens and walkways with a nurses' station and kitchenette. There are two additional assisted toilets next to the living/dining area. A small seated area connects Fuchsia to Bluebell and provides access to the courtyard gardens and walkways.

Gardenia is on the first floor and provides accommodation for ten residents in ten single bedrooms en suite toilet, wash-hand basin and shower. There is an open plan living, dining and kitchenette area and a nurses' station with views of the courtyard gardens. Five residents in Heather use the Gardenia living/dining room and are cared for by Gardenia/Heather staff and have access to all activities.

Heather provides accommodation for ten residents in ten single en suite bedrooms with toilet, wash-hand basin and shower. The living/dining area is open plan. Five residents in Heather use the Jasmine living/dining room and are cared for by Heather/Jasmine staff and have access to all activities.

Jasmine provides accommodation for ten residents in ten single rooms with toilet, wash-hand basin and shower. The living dining room, kitchenette and nurses station are open plan and provide views of the garden courtyards. Two assisted toilets are situated close to the communal area. There is also an overnight guest room/ additional single room available to facilitate a family member if required or to move a resident in a twin room if required. Many of the residents were observed sitting in the day rooms watching the comings and goings, chatting to each other or participating in an activity.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. Inspectors found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and

their relatives. The laundry complied with the requirements in the Authority's Standards.

Throughout the centre, there were open plan communal areas with comfortable seating, dressers, ornaments, book shelves, television and items of memorabilia for each unit.

There was a kitchenette adjoining each communal space which was accessible to residents and staff. These areas were bright, comfortable and inviting. The provider had made every effort to ensure that the new units were decorated in an appropriate manner and were comfortable to create a homely environment for residents.

Inspectors identified that when the doors to the units were open, the need for signage increased, there were plans already in place to address this.

There were handrails and safe floor covering throughout the centre. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as hoists and found they were up to date.

Inspectors visited some residents' bedrooms and found that most were personalised with their possessions with an identifying marker on the door to aid orientation. All bedrooms had television with satellite channels.

There were secure garden areas for residents to access unaccompanied with a seating area and planting. Some residents were seen sitting outside getting some fresh air. There were sluice rooms with mechanical sluicing facilities available throughout the centre to ensure that best practice in infection control could be adhered to if there was an outbreak of infectious disease.

Inspectors found that laundry equipment and commodes were stored in a communal bathroom, which could lead to a risk of cross infection or pose a safety risk to residents.

**Judgement:**

Non Compliant - Minor

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Complaints were well managed. The complaint's policy was in place and inspectors noted that it met the requirements of the Regulations. The complaints procedure was on display at the entrance the centre. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge. A complaints log was maintained and inspectors found that it contained details of the complaints and the outcome of the complaint, however the complainants' level of satisfaction with the outcome was not always documented. While the person in charge said this was in place, the documentation was not available on the day of the inspection. The complaints register was reviewed and audited regularly by the provider and the person in charge. Residents and relatives were aware of the name of provider and person in charge and spoke about how they were so approachable.

**Judgement:**

Non Compliant - Minor

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents. However there were some gaps in the documentation. This is discussed in the care planning section in Outcome 11.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. This policy could be further enhanced to include decision making. Staff members were knowledgeable about this policy. The self assessment for the thematic inspection was submitted prior to the inspection and reviewed by inspectors. The person in charge had not identified any area for improvement in the self assessment; however she informed inspectors that the new care plans were being implemented and reviewed to ensure they met the needs of residents.

While many of the care plans referenced the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. However, this was not consistently documented. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The decisions concerning future health care needs had been discussed with the GP and documented as required. The majority of residents resided in single rooms. There were twin rooms and person in charge stated that a single room was always facilitated for end-of-life care.

Overnight facilities were provided for visiting family members who wished to stay with their loved one. The person in charge stated that the centre received support from the

local palliative care team when required. The service was accessible upon referral by the GP and inspectors saw that there was prompt access to the service when required including out of hours. Staff members were knowledgeable about how to initiate contact with the service.

Records showed that a number of staff had received training in end-of-life care in 2012, 2013 and 2014. Two staff members were undertaking a European Certificate in Essential Palliative Care at the time of the inspection.

An oratory was provided in the centre. Mass took place weekly. Access to other religious representatives from other faiths was available if requested. Residents and visitors were informed sensitively when there was a death in the centre. The staff informed the residents and it was announced at mass.

**Judgement:**

Non Compliant - Minor

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The self assessment for nutrition was submitted prior to the inspection and reviewed by inspectors. There were no areas for improvement identified.

Inspectors spent some time in all dining rooms during lunch times and found that the dining experience was dignified, pleasant and relaxed with a strong emphasis on providing a high quality dining experience for residents. There were some areas for improvement.

Inspectors noted that meals were well presented and all residents expressed satisfaction with their meals. Staff were seen assisting residents discreetly and respectfully as required. However a number of residents were not provided with assistive equipment to enable them to be independent with their meal. Inspectors were satisfied that residents received a nutritious and varied diet that offered choice. The menu had been reviewed by the dietician in 2014 and advice and recommendations had been taken on board such as a range of modified consistency meals. The person in charge said that she planned to introduce photographic menus to assist residents in making a choice of meal.

Residents who needed their food served in an altered consistency such as pureed had the same choice of menu options as others. However, the information pertinent to the residents dietary requirements at meal time was not consistent with the information in the resident's files as prescribed. Some of the meals were not served in a modified format as prescribed by the speech and language therapist, inspectors observed staff pouring gravy over the modified meal prior to assisting the resident. This practice altered the consistency of the meal prescribed by the speech and language therapist.

Inspectors saw residents being offered a variety of drinks throughout the day and the layout of the unit facilitated residents to be independent and make their own drinks. Inspectors met with the chef who demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented.

Inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and SALT (speech and language) review. The treatment plans for residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The majority of staff had received training in Nutrition, PEG (percutaneous endoscopic gastroscopy) feeding and the MUST (malnutrition universal screening tool).

Residents had the option of having their meal served in their bedroom, sitting room, dining room or conservatory / link area depending on the resident's preference.

Residents were offered meals at a time that suits them best or a time that they have always eaten their meals at. For Example; some resident's did not want / have their breakfast until 11 o' clock, were provided with this and therefore their dinner was delayed until later.

**Judgement:**

Non Compliant - Moderate

***Outcome 16: Residents Rights, Dignity and Consultation***

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that staff treated residents with privacy and dignity and that strong emphasis was placed on these values by the provider and person in charge.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. Inspectors observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged.

A residents' committee continued to meet two monthly, this was provided for residents and relatives to give them the opportunity to express any concerns they may have and for it to be discussed with the person in charge if they wished. The minutes showed that issues identified were responded to by the provider and person in charge. Residents also said they had opportunities to discuss issues as they arose with the provider, person in charge or any staff members. Overall the feedback at these meetings was very positive. Changes to the menu were addressed as a result of the meetings.

Relatives said if they had any query it is addressed immediately. Relatives said they were kept up to date on their family status and any changes. Many residents went out with their families and friends during the day which they said they enjoyed.

Inspectors found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to for example, bed and the time they got up.

Inspectors observed staff working from a person-centred approach, for example, there were examples of appropriate positive engagement from staff, for example, non verbal residents were spoken to in an age appropriate respectful manner. Staff had completed training in making connections to support them in this area. Staff did not wear a uniform and wore dressing gowns at night to support a home from home environment. Staff wore large name badges to allow residents to identify them. There was a policy in place on the infection control measures related to a 'no uniform' policy.

Residents voted in the recent election and candidates visited the centre.

Inspectors found that there were two shared toilets between bedrooms, one of these rooms did not have a lock provided to maintain the residents dignity, the person in charge explained her plans to address this.

**Judgement:**

Non Compliant - Minor

***Outcome 17: Residents clothing and personal property and possessions***

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge did arrange for residents to have their laundry attended to in the centre, however an extra fee was charged to some residents. However, not all residents were not provided with adequate facilities, in so far as is reasonable practicable to wash, dry and iron their own clothes if they so wished. One resident told inspectors how their clothes were washed in the bathroom of their room.

Inspectors spoke with the staff member working in the laundry and found that she was knowledgeable about the different processes for different categories of laundry.

Residents and relatives expressed satisfaction with the laundry service provided.

Adequate storage space was provided and there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place for residents' property, this was not inclusive of the process for logging and recording residents personal possessions in line with the Regulations. Inspectors noted that there was no signature of the resident if applicable recorded when residents money was withdrawn.

**Judgement:**

Non Compliant - Moderate

***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

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by person in charge and provider and described the workforce as like a family.

Inspectors found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Relatives and staff agreed that there were adequate levels of staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. Inspectors found that there were procedures in place for constant supervision of residents in communal areas.

Inspectors noted that the number of nurse managers was not consistent at the weekends as it was during the week. The nurse manager on night duty was also allocated a case load and was not always free to supervise the care. While there did not appear to be any negative outcomes to residents in this regard, the provider told the inspectors she was satisfied with the arrangements and would continue to review the supervision arrangements in place.

There was a recruitment policy in place and inspectors was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and the inspector noted that all relevant documents were present. A checking system was in place to ensure that all documents required by the Regulations were in place. However the system to verify the authenticity of the references required improvement. There was an orientation programme for new staff and staff appraisals which led to training being delivered as required.

Staff told inspectors they had received a broad range of training which included caring for the person with dementia, care planning, falls prevention, infection control, food hygiene, wound care, nutrition and medication management and there was evidence to support this. A training plan for 2014 was shown to inspectors. This included infection control, confidentiality, health and safety, personal and intimate care and continence care to name a few.

All care assistants apart from four had completed Further Education and Training Awards Council (FETAC) level five or above. Inspectors reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

There were no volunteers in the centre.

Staff told inspectors there were open informal and formal communication within the centre where they could raise issues and discuss residents needs. These forums were also used to review and improve the service. Such as the management meeting, catering, nurses and care assistant meetings.

**Judgement:**

Non Compliant - Minor

## **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 all the people who participated in the inspection.

### ***Report Compiled by:***

Linda Moore  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Action Plan**

**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	Lisheen Nursing Home
<b>Centre ID:</b>	ORG-0000059
<b>Date of inspection:</b>	27/05/2014
<b>Date of response:</b>	30/06/2014

**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 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 contracts did not include all details of the services to be provided and the fees to be charged.

**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:**

We appreciate very much that HIQA inspectors found that we met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) to a high standard. We are currently working

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

with NHI and its solicitors on the drafting of a revised contract for care to accommodate the changes necessitated by entry into force of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 which will enter into force on 1 July 2014. In this exercise, we are taking all necessary steps to ensure that the requirements of the Act are appropriately reflected in all revised contracts for care going forward.

**Proposed Timescale:** 30/09/2014

**Theme:**

Leadership, Governance and Management

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

Additional charges are being levied for the laundry services which is a service governed by the overall fee and should not be subject to an additional charge.

**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:**

We appreciate very much that HIQA inspectors found that we met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) to a high standard. We are currently working with NHI and its solicitors on the drafting of a revised contract for care to accommodate the changes necessitated by entry into force of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the recommendations made by the Authority. In this exercise, we are taking all necessary steps to ensure that the requirements of the Act are appropriately reflected in all revised contracts for care going forward.

**Proposed Timescale:** 30/09/2014

**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:**

Cleaning chemicals were unattended on corridors where residents with a cognitive impairment walked.

A number of the bedrails were loose which may result in injury.

**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:**

We appreciate that HIQA inspectors found that we met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) to a high standard and acknowledged during the inspection that no adverse events have taken place and relevant risk assessments have been completed to this regard. As confirmed during the inspection a closed trolley was on order at the time of inspection and was delivered the day after the inspection.

As discussed and provided during the inspection, bed rail audits are carried out frequently on both an informal and formal basis. This ensures that side rails are safe and do not put a resident at risk of entrapment. During the inspection this query was raised and another audit was carried out which revealed that none of the side rails in place posed an entrapment risk as all side rails in place measured in accordance with best practice guidelines. Furthermore, since the inspection, a test has been carried out on the bedrail in question. There is a natural inbuilt level of play in the bolt system used with this design of bedrail. This test confirmed that the design of the bolt system is deliberate. A small amount of movement must be present to prevent the bolt from snapping.

**Proposed Timescale:** 30/05/2014

**Outcome 11: Health and Social Care Needs****Theme:**

Effective Care and Support

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

The care plans did not guide the good practice in place and did not consistently reflect the assessed needs of residents.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

The care plan model in place in the nursing home is a bio psychosocial well-being model of care. Evidence shows that the use of language in care plans is crucial as the language used condition the behaviours of others towards the resident, particularly those living with dementia. This in turn can have negative implications on a residents' personhood.

The well-being of a resident is positively influenced by good care planning using the bio-psychosocial model. This is enhanced by using a more narrative approach to care planning and amplified by allocating the same team of staff in each unit at all times. In keeping with the current model the nursing home has amended our care planning training for all staff nurses to ensure that the good practice in place reflects the assessed needs of the residents. Since the inspection all staff nurses have attended an updated training sessions in this area.

**Proposed Timescale:** 30/06/2014

## **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:**

Inspectors found that laundry equipment and commodes were stored in a communal bathroom, which could lead to a risk cross infection or pose a safety risk to residents.

### **Action Required:**

Under Regulation 19 (3) (I) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

We appreciate that HIQA inspectors found that the centre complied with the requirements in the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and that the centre was finished to a very high standard.

We will continue to ensure that the storage of laundry trolleys and resident's commodes are in accordance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and with the HIQA Guide: Monitoring Programme for National Standards for the Prevention and Control of Healthcare Associated Infections (2012).

**Proposed Timescale:** 30/05/2014

## **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 satisfaction of the complainant was not always documented.

**Action Required:**

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

We appreciate that HIQA inspectors found that complaints were well managed, the complaint's policy was in place and that it met the requirements of the Regulations including the details and the outcomes of the complaints. Unfortunately on the day of inspection, one complaint reviewed did not have the satisfaction of the complainant documented in the correct file. Since the inspection we have amended our form to ensure that the complainants level of satisfaction is documented.

**Proposed Timescale:** 30/05/2014

**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:**

The information pertinent to the residents dietary requirements at meal time was not consistent with the information in the resident's files as prescribed. Some of the meals were not served in a modified format as prescribed by the speech and language therapist.

**Action Required:**

Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each residents individual needs.

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

We appreciate very much that HIQA inspectors acknowledged that the dining experience was dignified, pleasant and relaxed with a strong emphasis on providing a high quality dining experience for residents. Furthermore, that all of the modified diets were correctly documented in the resident's care plan's and in the kitchen however this was not reflected in all medical files inspected. As our resident's needs can change on a daily basis, suitably qualified staff make informed clinically based decisions in collaboration with the resident thus promoting resident choice and independence. To further enhance this practice we will encourage our visiting Speech and Language therapist and General Practitioner to document up to date modified diets in a resident's medical file.

**Proposed Timescale:** 30/05/2014

## **Outcome 17: Residents clothing and personal property and possessions**

### **Theme:**

Person-centred care and support

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

There were no facilities for residents to wash, dry and iron their own clothes if they so wished. Residents clothing was laundered at a fee to the resident.

### **Action Required:**

Under Regulation 13 (b) you are required to: Provide adequate facilities for residents to wash, dry and iron their own clothes if they wish to do so, and make arrangements for their clothes to be sorted and kept separately.

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

We appreciate that HIQA inspectors found that residents and relatives expressed satisfaction with the laundry service provided. Since the inspection we have communicated to all residents that facilities to wash, dry and iron their own clothes if they so wished is available to all.

**Proposed Timescale:** 22/07/2014

## **Outcome 18: Suitable Staffing**

### **Theme:**

Workforce

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

The system to verify the authenticity of the staff references required improvement.

### **Action Required:**

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

We appreciate that HIQA inspectors acknowledged that our recruitment policy was in line with the Regulations and all documents required by the Regulations were also in place. Following the recommendations of the inspectors we have put a system in place to ensure that all verification of references are fully documented.

**Proposed Timescale:** 30/05/2014