<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Lir Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000711</td>
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<tr>
<td>Centre address:</td>
<td>Tournafulla, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>069 81188</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Tournafulla1@hotmail.com">Tournafulla1@hotmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Margaret Costello McGeehan</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Costello McGeehan</td>
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<tr>
<td>Lead inspector:</td>
<td>Julie Hennessy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>11</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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.
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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>01 October 2014 08:00</td>
<td>01 October 2014 15:30</td>
</tr>
<tr>
<td>02 October 2014 08:30</td>
<td>02 October 2014 12:30</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Outcome 06: Absence of the Person in charge</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Outcome 10: Notification of Incidents</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report sets out the findings of an announced inspection of Lir Nursing Home following an application by the provider to renew the registration of the centre.

A monitoring inspection in February 2014 carried out by the inspector also informed this inspection.

The inspector met with residents, relatives, staff and the provider, who was also the person in charge of the centre. The terms provider and person in charge are used interchangeably in this report.
The inspector observed practices, the physical environment and reviewed documentation such as records, risk assessments, policies, procedures and training files.

The inspector found the provider had completed significant work since the previous monitoring inspection, particularly in relation to risk management and auditing. The actions from the previous monitoring inspection had been satisfactorily completed.

The inspector found evidence of good practice across all outcomes. The premises were homely, clean, warm and décor was maintained to a good standard. The centre provided a pleasant and calm environment for residents. Residents' healthcare needs were fully met. Staff interacted with residents in a kind and warm manner. It was evident that staff knew the residents very well. Activities were provided in accordance with the residents' individual needs and personal preferences. Residents told the inspector that they felt happy and safe and were enabled to exercise choice over their daily lives.

A hazard involving an unsecured upstairs window was identified by the inspector and appropriate action was taken by the provider during the inspection. Other non-compliances were identified relating to documentation, medication management, staff training and the production of an annual report, which are discussed in the body of this report. A number of non-compliances were addressed during the inspection; those that require action are included in the Action Plan at the end of this report.
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:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a written Statement of Purpose that accurately described the ethos of the centre and service that was provided for residents. The Statement of Purpose contained all of the information required by Schedule 1 of the Health Act 2007 and was kept under review; the copy in the centre was dated 18/8/2014.

The inspector spoke with staff and found that they were familiar with the Statement of Purpose, which was clearly implemented in practice and a copy was made available to residents.

**Judgment:**
Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The quality and safety of care to residents and experience of residents of the service were monitored and developed on an ongoing basis. There was a clearly defined management structure in place that identified the lines of authority and accountability in
The provider had completed significant work since the previous inspection in terms of introducing a system to monitor and improve the quality and safety of care and the quality of life of residents in the centre. A wide range of clinical data was being collected and analysed. Audits tools had been introduced and a number of audits had taken place in the preceding months, including in relation to documentation, health and safety and end of life care. The inspector found that the auditing system could be further developed, for example, not all of the sections of the audit forms were completed, which is necessary to use the tool to its full potential and aid continuous improvement.

The provider had not put in place a system for the annual review of the service, in consultation with residents and their families, and the production of a copy of such a review, as required by the Regulations.

Medication management audits were completed by the person in charge, which covered all aspects of the medication management cycle. These audits were enhanced by visits from the pharmacist, who periodically examined different areas of medication management.

Feedback from residents was captured in a number of ways. Residents meetings were held every two months. The inspector viewed minutes of meetings and found that they were meaningful and led to improvements. For example, minutes reflected that the provider sought residents' views on how to develop the activities offered in the centre; as a result, an activities coordinator now visited the centre twice weekly. The provider outlined how she informally seeks feedback from residents on a daily basis. The inspector spoke with residents who confirmed this took place.

There was a clearly defined management structure in place to ensure the delivery of safe effective care. Staff with whom the inspector spoke demonstrated a clear understanding of the management structure.

**Judgment:**
Non Compliant - Moderate

**Outcome 03: Information for residents**
A guide in respect of the centre is available to residents. 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:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents had an agreed written contract which included details of the services to be provided and the fees to be charged. A guide for residents in respect to the centre was available.

The inspector reviewed a sample of residents’ files and found that each resident had a written contract that was agreed within a month of admission. The contracts clearly set out the services and the fees to be charged for services provided in the centre. Each resident’s contract addressed the care and welfare of the resident in the centre.

The residents' guide contained all of the information required by the Regulations, including a summary of the procedure regarding complaints.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the service provided.

The person in charge was full-time and was also the provider. She was a registered nurse in mental health nursing with extensive experience in care of the older person. The person in charge understood her responsibilities under the legislation and demonstrated her commitment to her own professional development and education. For example, she kept herself up to date with respect to relevant topics, including behaviours that challenge, dementia care and was enrolled in a venepuncture course. The person in charge had identified areas that she would like to further develop, including in relation to auditing and end of life care and was currently exploring a management course relevant to her role. The person in charge had developed links with directors of nursing in other nursing homes to share learning.

The person in charge was supported in her role by other nurses. There were appropriate deputising arrangements in place. Suitably qualified and experienced staff nurses worked in the centre at night and at weekends.

**Judgment:**
Compliant
Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Complete records were maintained in the centre and overall, records were accurate and up to date. Records were kept in a secure manner and information requested was provided. The centre was adequately insured for any accidents to residents, staff or visitors.

The inspector reviewed a sample of staff files and found that they contained all of the information as required under Schedule 2 of the Regulations.

The centre had established a directory of residents, although all of the information specified in paragraph (3) of Schedule 3 was not included in the directory. For example, the full contact details of each resident’s next of kin and general practitioner were not always included, nor was the resident’s gender or marital status.

The inspector found that although there were very few accidents and incidents in the centre; the full details of any incident that occurred in the centre were not being captured in the accident/incident log, as required. The inspector reviewed one accident and found that the time of the accident and the names and contact details of any witnesses were not recorded.

Other records as required under Schedule 4 of the Regulations were maintained, including an accurate staffing roster, a directory of visitors, a record of complaints, fire safety records and records of other inspections. However, although practices relating to the use of bedrails were safe; improvements were required to the documentation. The inspector viewed the risk assessment of the resident with bedrails in the centre and found that consent was not documented, nor were the alternatives considered to the use of bedrails documented. This specific documentation issue was also raised at the previous inspection and is further discussed under Outcome 7: Safeguarding and Safety.

Whilst all policies required under Schedule 5 of the Regulations were in place, some improvements were required. The risk management policy did not address all of the
risks specified in the Regulations. The end of life policy was not specific enough to direct care, in that it did not outline how residents’ wishes were captured and reflected.

**Judgment:**
Non Compliant - Minor

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**Outcome 06: 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:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Suitable arrangements were in place for the absence of the person in charge with a qualified and experienced nurse deputising in the absence of the PIC. Weekend and out of hours cover was provided by the nurse on duty, with the provider available for additional support if necessary.

**Judgment:**
Compliant

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**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were measures in place to protect residents from being harmed or suffering abuse in the centre. Residents were provided with support that promoted a positive approach to behaviours that challenge. A restraint-free environment was promoted. There were relevant policies in place including in relation to: the prevention, detection and response to abuse; behaviour that challenges; restrictive practices; and residents’ personal property and possessions.
All staff had received training on the protection of vulnerable adults. The inspector spoke with staff and found that they were knowledgeable about the signs of abuse, what constitutes abuse and what to do in the event of abuse.

The inspector spoke with residents who confirmed that they felt safe in the centre and were very complimentary of how well they are treated by staff. Relatives confirmed that they were happy with the care that their loved ones received in the centre and said that all staff treated their loved ones with kindness and respect.

The provider informed the inspector that there were no known allegations of abuse at the time of inspection.

The inspector found that there were measures in place to protect residents from financial abuse. Clear systems for any transactions were in place including checks and signatures by two people. The provider confirmed that she was not acting as the agent for any resident at the time of inspection.

There was only one resident with bedrails in the centre. The inspector found that although practices were safe and in line with national policy; improvements were required to the documentation. A risk assessment had been completed in relation to the use of bedrails. However, additional information was required because the alternatives that had been considered were not documented, nor was the consent for the use of bedrails by the resident. The inspector spoke with the resident who confirmed that alternatives had been discussed with him and that he had requested the bedrails. The gap in documentation was previously addressed under Outcome 5: Documentation to be kept at a designated centre.

Staff had not received training in relation to behaviour that challenges, as required by the Regulations. This will be further addressed under Outcome 18: Suitable Staffing. The inspector spoke with staff and found that they were however aware of how to support individual residents and manage behaviours that challenge.

Judgment:
Compliant

Outcome 08: 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(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that the provider had put arrangements in place to protect the
health and safety of residents, staff and visitors. Non-compliances relating to an unidentified hazard, the location of the emergency plan and the storage of the evacuation chair were addressed during the inspection. The risk management policy required further development to include all of the risks specified in the Regulations.

The provider had completed significant work since the previous inspection in the area of health and safety. A new system had been introduced that ensured that hazard inspections took place within the centre to identify new or changing hazards or potential sources of harm to residents, staff or visitors. Risk assessments had been updated or completed since the previous inspection.

However, the inspector found that there was room for further improvement; for example, a hazard had not been identified relating to an upstairs bedroom window. The provider immediately addressed this hazard and completed a risk assessment during the course of the inspection and fitted a window restrictor to the window as one of the control measures. This will be further addressed in the context of training under Outcome 18: Suitable Staffing.

The inspector observed that there were a range of measures in place to prevent accidents in the centre. For example, handrails were provided in circulation areas, grab rails were provided in bath shower and toilet areas and there was suitable flooring that was in good condition. Staff had received training in relation to safe moving and handling of residents.

The inspector reviewed the accident/incident log and found that although there were very few accidents or incidents in the centre; the recording of accidents and incidents could be improved as some details were not captured in the log. This was previously addressed under Outcome 5: Documentation to be kept at a designated centre.

There was an evacuation plan in place; however, it was not prominently displayed. The provider took steps to address this during the course of the inspection.

The inspector observed that the evacuation chair had been moved to an outside locked room, where it was not readily available in the event of an emergency. The evacuation chair was returned to the centre and the provider outlined measures that would ensure that it would remain in the centre in the future.

The provider had ensured that adequate arrangements were in place to prevent against the risk of fire:

Suitable fire equipment was provided. Servicing records were in date, including fire alarms serviced on a quarterly basis and fire safety equipment on an annual basis. There was written confirmation from a competent person that all the requirements of the statutory authority was complied with. Fire drills had been carried out by an external fire consultant. The inspector spoke with staff and found that they were clear about what to do in the event of a fire.

Improvements to the recording of fire drills had been made since the previous inspection and the outcome of any practice drills and any actions arising from such drills
Satisfactory procedures were in place for the prevention and control of infection, including policies, cleaning schedules, risk assessments and appropriate faculties and equipment. The inspector spoke with staff who displayed a good appreciation of the principles of infection prevention and control. Staff members with laundry duties were knowledgeable about the management of potentially infection laundry.

**Judgment:**
Compliant

### Outcome 09: Medication Management

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Overall, the processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Non-compliances relating to the storage of medicinal products that required refrigeration and the storage of used or out-of-date medicinal products were addressed during the inspection.

Written policies were in place relating to the ordering, prescribing, storing and administration of medications to residents. Medications were ordered on a monthly basis and checked on receipt from the pharmacy.

The inspector found on both this inspection and the previous inspection that nurses adhered to appropriate medication management practices when administering medications to residents.

The inspector found that medicinal products requiring refrigeration were stored inappropriately in the domestic fridge. This was not in line with best practice due to the temperature differences between domestic and medication fridges and the difficulties with accurately monitoring the temperature of a domestic fridge. A separate dedicated fridge, capable of being locked, was available in the centre and the person in charge recommenced using it during the inspection.

Appropriate procedures were not in place for the handling and disposal of unused and out-of-date medicines to ensure that any such medicines would be stored separately to other medications, as required. The person in charge satisfactorily addressed this finding during the inspection.
A policy and assessment template was available for any residents who chose to be responsible for their own medication following an appropriate assessment. There were no residents self-administering medication at the time of inspection.

There were no residents in receipt of controlled drugs or crushed medications at the time of inspection. Nurses did not transcribe medications.

Monthly audits were completed for reviewing and monitoring safe medication management practices and these were supplemented by checks by the pharmacist. There was evidence of learning from such audits with areas for development identified.

**Judgment:**
Compliant

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**Outcome 10: 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(s):**
No actions were required from the previous inspection.

**Findings:**
A record of all incidents occurring in the centre was maintained. Any notifiable incidents were notified to the Chief Inspector within three days.

There had not been any notifiable incidents within the previous six months. However, a ‘nil’ return had not been made under Section 65 of the Health Act 2007, as required.

**Judgment:**
Non Compliant - Minor

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

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents’ healthcare needs were met and they had access to appropriate medical and allied healthcare services. The residents' health and social status was closely monitored. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a GP of their own choice and there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that residents had timely access to a GP. Residents had been referred to other medical and nursing professionals, for example, to the diabetic clinic and to an endocrinologist. Blood tests and appointments were organised when required.

The person in charge told the inspector that residents had access to a range of allied health care services including occupational therapy, chiropody and physiotherapy and that nutritionist services were provided as required from the local community hospital and also from private companies that called to the centre periodically. The inspector reviewed residents' care plans from medical, nursing and allied health services and found that input had been reflected in care plans and informed practice.

Results of tests and report findings and recommendations were maintained in the residents’ notes.

Each resident had a comprehensive assessment of needs. Each resident had risk assessments completed as necessary using validated tools, for example, in relation to their mental test score, risk of falls, risk of pressure sore development and their urinary continence. Where risks were identified, a care plan was developed. Care plans were reviewed at a minimum every four months by both nurses and the residents' GP.

Each resident had a vital signs sheet that monitored their vital signs, such as blood pressure, temperature and pulse. Blood sugar levels were monitored for residents with diabetes. A daily nursing report was maintained. A daily sheet was maintained for each person that included a record for each resident including information such as their level of pain, skin integrity, nutritional intake, pattern of elimination and personal care delivered. This method of recording was very effective as it allowed for close monitoring of the resident's activities of daily living and early identification of any changes.

There were no residents with pressure ulcers or wounds at the time of inspection. Where residents refused treatment, this was respected and documented in the residents’ files.

Overall, the inspector found that resident’s files were person-centred and reflected the needs, capacities and wishes of the residents. However, improvements were required to the care planning documentation. For example, the nursing goal was not always clearly defined. Interventions that had been updated following an appointment were documented in the residents’ file, but not in the care plan. Overall, interventions tended to reflect the status of the resident and not direct the care to be given to that resident. Also, residents' involvement in care plans were not clearly documented. The inspector
spoke with staff who were able to clearly articulate the care to be given to each resident; the inspector concluded that this was a documentation and not a practice issue. The person in charge had already identified some difficulties with the care planning documentation and was exploring ways to address this gap.

The person in charge outlined efforts that had been made to encourage residents to participate in more activities, in accordance with their preferences and interests. An activity coordinator had commenced recently and was visiting the centre twice weekly and involved residents in activities such as singing, music and painting. Other activities also took place, including bingo. Reminiscence therapy was held several times a month. Two staff had completed a Sonas course (for residents with a cognitive impairment). The inspector spoke with residents who confirmed that they were happy with the range and type of activities and a number of residents expressed how they enjoyed pursuing their own interests. One resident explained how she enjoyed going out for a daily walk and into the village to visit friends. The person in charge took residents out for a drive should they wish to do so.

**Judgment:**
Non Compliant - Moderate

**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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The location, design and layout of the centre was in line with the statement of purpose, was suitable for its stated purpose, met the residents' needs and there was appropriate equipment for use, which was properly maintained.

The premise was located in a rural village. There was a small outdoor space that was pleasant and contained seating. Residents confirmed that they enjoyed using the outdoor space.

The centre was homely, comfortable and clean and décor was maintained to a good standard. Although most residents shared a room, there was a room provided for residents to receive visitors in private, should they so wish.

Accommodation comprised one single bedroom and five twin-bedded bedrooms. There
were a sufficient number of toilets, bathrooms and showers in the centre. Each bedroom accommodated a bed, a bedside locker, a wardrobe, a chair and any equipment or furniture as required by any resident. There was suitable storage for residents' belongings. Residents could avail of a lockable locker and/or small safe for personal items or possessions.

Adequate privacy was ensured; shared rooms provided screening that ensured privacy for personal care. All rooms allowed for adequate movement of residents and staff, free movement of a hoist or other assistive equipment and free access to both sides of the bed. There was a functioning call bell system in place throughout the centre.

There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. Adequate arrangements were in place for the management of laundry and this was done on-site, with the exception of kitchen linen, which was laundered off-site.

There was suitable assistive equipment provided, including electric beds, walking frames, pressure relieving air-cushions and mattresses. Servicing records were all up to date. Staff had received training or instruction in relation to how to use equipment correctly. There was adequate storage space and equipment was stored safely.

**Judgment:**
Compliant

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**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(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that a system was in place for the management of complaints.

The inspector reviewed the complaints book and found that any complaint recorded the required details, including the action taken, the outcome and whether the complainant was satisfied. The inspector spoke with residents who confirmed that they would be comfortable with raising any complaints with the person in charge or the nurse on duty. In addition, a dedicated person was allocated to speak individually with each resident on a monthly basis to check whether residents had any complaints.
The inspector viewed the complaints procedure and found that it was comprehensive and user friendly. The complaints procedure was prominently displayed in the front hall and in the bedrooms. A nominated complaints officer and an independent appeals person were in place and contact details were displayed.

**Judgment:**
Compliant

**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(s):**
No actions were required from the previous inspection.

**Findings:**
Residents in the centre received care at the end of their lives that met their physical, emotional, spiritual and psychological needs. However, improvements were required to ensure that residents end-of-life wishes and preferences were captured.

There was a policy on the management of end-of-life care which was within date. The policy required development to specify the arrangements in place to elicit residents' end-of-life wishes and preferences.

The person in charge outlined how the end-of-life wishes and preferences of many residents were known to staff, were communicated via families or were known to the residents’ solicitor or executor of a will. However, arrangements were not in place to afford all residents an opportunity to consider and communicate their end-of-life wishes and preferences.

There was access to palliative care services if required from a hospice team. Residents had access to timely GP services around the time of death. Residents’ medical and nursing needs were fully met around end-of-life including in relation to pain relief, comfort, skin integrity and hydration.

Although most residents were in shared rooms, the person in charge outlined how privacy was afforded to residents and their families towards end-of-life. For example, the single room was kept available where possible. Family were consulted regarding the removal arrangements and the person in charge outlined how the undertaker would facilitate the remains of the deceased person to be moved to the funeral home at any time of their choosing. The inspector spoke with staff and found that they demonstrated respect for remains of the deceased person.

Family and friends were facilitated to be with their loved ones towards the end of their
lives. Facilities for family and friends to stay overnight were available, including use of the visitors room. Tea and coffee-making facilities and snacks were readily available for use at any time.

The inspector viewed a book that was maintained for any resident who had passed. The book was very personal and contained a tribute to each resident; each tribute contained information such as where the person was from, their family, their interests, strengths, hobbies and who they were remembered by.

Judgment:
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(s):
This was the centre’s first inspection by the Authority.

Findings:
A policy was in place for monitoring and documentation of nutritional intake and processes were in place for monitoring nutrition and hydration as necessary.

The inspector found that residents were offered a varied nutritious diet. The inspector spoke with the cook who was knowledgeable about residents' special dietary needs, likes and dislikes. On the day of inspection, residents were offered choice in relation to what they ate, where they took their meals and mealtimes. The inspector observed residents dining at different times. Residents chose to eat in the dining, living room or in their bedrooms. The quality, choice and presentation of the meals were of a high standard and a number of the residents told the inspector that the food was always very good.

Residents had access to fresh drinking water throughout the day and bowls of fruit were placed in the sitting room and dining room. Residents told the inspector that they had access to snacks and drinks whenever they needed them.

The inspector observed the dining experience and noted it to be pleasant with a relaxed and unhurried atmosphere. Staff and residents engaged in conversation over meals. Any assistance was offered by staff in a discreet way.

Judgment:
Compliant
Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were consulted about how the centre was organised; the privacy and dignity of residents was respected; residents were facilitated to exercise their rights and residents' communication needs were met.

The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents had individualised toiletries. Residents in shared bedrooms confirmed that their privacy was maintained.

There were no restrictions on visits except when requested by the resident or when the timing of the visit presented a risk. The inspector spoke with relatives who confirmed that they were welcome at any time.

Feedback was sought from residents via residents meetings, which took place every two to three months. Feedback was also sought from residents on a one-to-one basis. The inspector noted that minutes from the residents’ meetings reflected that some residents had requested more activities and that an activities coordinator had since started in the centre.

Residents were facilitated to receive visitors in private in the separate visitors room.

The inspector reviewed residents’ files and spoke with staff who were aware of residents’ communication needs.

The inspector heard staff addressing residents by their preferred names and speaking in a clear and courteous manner. Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents. The inspector spoke with residents and relatives who praised the staff stating that they were kind and treated residents with respect.

Residents’ religious and political rights were facilitated. The person in charge told inspectors that residents were facilitated to vote and explained that residents had been
facilitated to vote either in nominated election centres or in-house.

Links were maintained with the community. The inspector spoke with a number of residents who confirmed that they went out with family. Daily newspapers were available. Residents had access to radio and television and each resident had their own DVD. Some of the residents were observed reading. Residents had access to a telephone to take calls in private.

Celebrations took place at times like Christmas, St. Patrick’s Day, Easter and for residents’ birthdays.

The inspector noted that residents’ autonomy and independence was promoted. Staff were observed encouraging and assisting residents to mobilise and walk to the dining room, their bedrooms and bathrooms. Residents and relatives spoken with confirmed that staff allow residents sufficient time to mobilise at their own pace.

**Judgment:**
Compliant

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### 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(s):**
No actions were required from the previous inspection.

**Findings:**
There were appropriate arrangements in place for the management of residents' clothing, personal property and possessions.

There was a policy on the management of residents' property and valuables that was in date.

Residents were facilitated to retain control over their own possessions and clothing, should they wish to do so and each cupboard contained a lockable safe.

Adequate personal storage space including a wardrobe and chest of drawers and bedside locker was provided in each residents’ bedroom. An additional lockable locker was provided if required.

Residents' laundry was managed in the centre. There was a laundry room with space for sorting, drying and ironing clothes. Care was taken of residents' personal clothing and residents told the inspector that their clothing did not go missing.
Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were sufficient staff with the right skills and experience to meet the assessed needs of residents, staff had access to education and training to meet the needs of residents and there were appropriate recruitment, vetting and supervision systems in place. Mandatory training in relation to behaviours that challenge was outstanding.

The inspector found that, at the time of inspection, there were sufficient staff numbers with the right skills and experience to meet the assessed needs of residents. The person in charge explained how staffing levels were determined by the dependency level and needs of the residents. During the previous monitoring inspection, the inspector found that staffing levels had been increased to meet the needs of individual residents. The person in charge maintained an up-to-date record of the dependency level of each resident. The inspector spoke with residents who confirmed that staff responded quickly to them at different times of the day and night.

There was an actual and planned staff rota and the planned rota matched the staff on duty on the inspection days. The rota demonstrated that there was a nurse on duty at all times.

There was a training programme in place for staff. All staff members had received mandatory training relating to fire safety, elder abuse, and moving and handling of residents, which was within date. However, staff required training in relation to the management of behaviours that challenge, as required by the Regulations. Also, although staff were aware of policies and procedures in place; not all staff displayed an awareness or understanding of the Regulations or Standards.

The person in charge identified training needs in the centre, including in relation to the
areas of risk assessment, end of life care and auditing. Staff were supported to complete additional training and education relevant to their role, including infection control, food safety, first aid and palliative care. All care staff had either completed or were in the process of completing the FETAC Level 5 or equivalent care assistant course.

**Judgment:**
Non Compliant - Moderate

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### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Julie Hennessy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Lir Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000711</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>01/10/2014</td>
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<tr>
<td>Date of response:</td>
<td>26/11/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not put in place a system for the annual review of the service, in consultation with residents and their families, and the production of a copy of such a review, which would be made available to residents and the Chief Inspector.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
An entire review of the service for 2014 will be completed by December 31 2014. Residents and their families will be invited to attend meetings as to their experience in the Nursing Home and any changes or improvements to be made will be formally documented which will also include audits of all aspects of care. A copy of all reviews, changes and improvements will be made available to all staff, residents and their families and HIQA.

**Proposed Timescale:** 31/12/2014

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**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some of the Schedule 5 policies required improvement. For example; the risk management policy did not include the measures and actions in place to control the risks as specified in Regulation 26(c) and; the end-of-life policy was not specific enough to direct care, in that it did not outline how residents’ wishes were captured and reflected.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The risk management policy will be reviewed and revised by 1/2/2015 to include the arrangements in place to control the risks specified in Regulation 26(c).

The end-of-life policy will be reviewed and revised by 1/2/2015 to include the arrangements that have been put in place since the inspection. The revised policy will outline how residents’ wishes about their end of life care and any end of life arrangements are captured and met.

**Proposed Timescale:** 01/02/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of residents did not include all of the information specified in paragraph (3) of Schedule 3. For example, the full contact details of the resident’s next of kin and general practitioner were not always included, nor were the resident’s gender or marital status.

**Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

**Please state the actions you have taken or are planning to take:**
All relevant information is now in place.

**Proposed Timescale:** 01/11/2014

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The full details of any accident or incident that occurred in the centre was not being captured in the accident/incident log, including for example, the time of the accident and the names and contact details of any witnesses.

Documentation relating to the use of bedrails was incomplete; for example, consent was not documented, nor were the alternatives considered to the use of bedrails documented.

**Action Required:**
Under Regulation 21(4) you are required to: Retain the records set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4 for a period of not less than 4 years from the date of their making.

**Please state the actions you have taken or are planning to take:**
Specific accident and incidents report sheets detailing all relevant information are now in place.

The risk assessment regarding bed rails is now fully in place. Alternatives have been discussed with the resident involves and residents written consent has now been documented.

**Proposed Timescale:** 01/11/2014

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A ‘nil’ return had not been made under Section 65 of the Health Act 2007, as required.

Action Required:
Under Regulation 31(4) you are required to: Where no report is required under regulation 31(1) or 31(3), report this to the Chief Inspector at the end of each 6 month period.

Please state the actions you have taken or are planning to take:
A ‘Nil’ return has since been admitted to the Authority and all reporting will be completed going forward in accordance with the regulations.

Proposed Timescale: 01/11/2014

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:
Improvements were required to the care planning documentation. For example, the nursing goal was not always clearly defined. Interventions that had been updated following an appointment were documented in the residents' file, but not in the care plan. Overall, interventions tended to reflect the status of the resident and not direct the care to be given to that resident.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
A new care plan system is now being put in place at the moment and all residents care plans are being revised and updated and this should be completed by 31/03/2015

Proposed Timescale: 31/03/2015

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' involvement in their care plans were not clearly documented.

Action Required:
Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

Please state the actions you have taken or are planning to take:
All care plans will be discussed with and shown to each residents and their families before implementation.

Proposed Timescale: 31/03/2015

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Arrangements were not in place to elicit residents' end-of-life wishes and preferences.

Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
A meeting had been held with the next of kin of each resident to discuss the subject of the end of life with each individual. Only three residents were willing to discuss their arrangements and wishes pertaining to their death and this has now been documented and this information is to kept privately in their files in a sealed envelope.

Proposed Timescale: 01/11/2014

<table>
<thead>
<tr>
<th>Outcome 18: Suitable Staffing</th>
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<td><strong>Theme:</strong> Workforce</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all mandatory training was up to date; staff required training in relation to the management of behaviours that challenge.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.
Please state the actions you have taken or are planning to take:
A suitable instructor has been contacted to appropriately train staff in challenging behaviour and she will make herself available as soon as possible and due to her workload she may not be available till February but in the meantime reading material on challenging behaviour is being made available to staff.

**Proposed Timescale:** 28/02/2015

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff displayed an awareness or understanding of the Regulations or Standards.

**Action Required:**
Under Regulation 16(1)(c) you are required to: Ensure that staff are informed of the Act and any regulations made under it.

Please state the actions you have taken or are planning to take:
A complete and new copy of all Regulations and Standards for older people in care settings is now available at all times for staff.

**Proposed Timescale:** 01/11/2014