### Laurel Lodge Nursing Home

**Centre ID:** OSV-0000057  
**Centre address:** Templemichael Glebe, Longford  
**Telephone number:** 043 334 8033  
**Email address:** laurelloidgetlongford@eircom.net  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Templemichael Enterprises Limited  
**Provider Nominee:** Ann Watters  
**Lead inspector:** Geraldine Jolley  
**Support inspector(s):** Paul Pearson  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 101  
**Number of vacancies on the date of inspection:** 6
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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 November 2014 10:30
To: 19 November 2014 18:30

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

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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this inspection the person in charge had completed a self-assessment in relation to both outcomes. The inspectors reviewed these documents together with the policies and procedures related to both outcomes before the inspection. The person in charge had judged that the centre was in compliance in relation to both outcomes and the inspectors’ findings during the inspection supported this judgement.

Laurel Lodge Nursing Home is a purpose-built facility that is registered to accommodate 107 residents who need care on a long or short term/respite basis and who have convalescence, rehabilitation, palliative or dementia care needs. The centre is divided into three units that have their own communal facilities, office space and general purpose areas. Hazelwood and Lissadell Lodge provide care for residents with general care needs and Glencar Lodge is dedicated to the care of people who have dementia.

The inspectors talked to residents and staff and observed aspects of the delivery of care in all three units. Documents that underpinned care practice such as assessments, care plans and training records were reviewed. The inspectors found that staff had made good efforts to ensure the processes in place in relation to both outcomes met the needs of residents and contributed positively to their quality of life. Residents that the inspectors talked to said that the food was “very varied and good quality”, “always well presented” and also said that they were offered choices if
they did not like the dishes on the menu or changed their minds about what they would like. They said that the catering staff knew their preferences and made an effort to prepare and serve food that they liked. Two residents said that care staff took care at meal times to ensure they were served what they liked such as their preferred bread and combinations of vegetables.

The inspectors found that the food and nutritional needs of residents were effectively addressed. There was timely access to medical care and to allied health professionals such as speech and language therapists and dieticians. The food provided to residents was attractively served and portions were varied to meet individual choices. Residents were supported to help themselves as far as possible. There was a focus on maintaining independence at mealtimes and where assistance was required this was noted to be provided sensitively and in a way that promoted dignity.

End-of-life care practices were described by staff and a range of good practices were found to be in place. Relatives and visitors that an inspector talked to said that staff were dedicated to ensuring the well being and comfort of their loved ones at this time and said they were able to spend as much time as they wished in the centre. Staff were praised for their kindness, the sensitivity with which they conveyed information and for their compassion. Residents said that staff talked to them about their needs and wishes regularly and two residents described how their end of life care wishes had been outlined to their satisfaction and said that they were confident that staff would carry out the actions they had described in consultation with their families.

There were good facilities available for relatives and friends including accommodation to stay overnight when needed. The majority of residents had an end of life care plan. There were some residents in the dementia unit from whom it had not been possible to elicit the required information and staff said that they discussed end of life with family members and significant others if more appropriate to ensure that care at end of life reflected individual beliefs and religions. The practices in place for end-of-life care were guided by a range of policies and procedures. Staff described the practical and emotional support they provided to visitors and family members at this time. As residents are admitted to the Lisadell unit specifically for palliative care there is a well established relationship with the local palliative care team which was described as “accessible and supportive” and assisted staff in the delivery of holistic care.

A recent outbreak of norovirus in October 2014 was appropriately reported to the Authority, public health and the local environmental health team.

The inspectors found that the centre was in compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland in relation to end of life care and food and nutrition. There were some care plans for end of life in the dementia unit that outlined general good practice to be followed at this time but not the specific wishes of residents. The inspectors were satisfied from evidence in the sample of care plans reviewed and discussion with the clinical nurse manager that more specific information was gradually being added as residents and their relatives provided this
information during the regular review process.

The inspectors were satisfied that the centre was operating in an effective and accountable manner and that the aims and objectives set out in the statement of purpose were being met in a manner that ensured residents well being.
### 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):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found that there were measures in place to protect residents from being harmed or suffering abuse. There was a policy in place on the prevention, detection and response to abuse and staff received training regularly according to training records provided to the inspectors. The person in charge provided this training and the outline of the training session was available with policy and procedure documents.

There were 2 notifications in relation to safeguarding provided in May and September 2014. One matter was not substantiated. The other was fully investigated by the provider and person in charge. Disciplinary action had resulted and staff received additional training as part of the learning from the incident as it was identified that the report of the incident was not made at the time it was observed to have occurred.

**Judgment:**
Compliant

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### 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:**
An action plan in the last report described where improvements were required to moving and handling assessments to ensure appropriate guidance was available to staff and this action was found to have been addressed. Moving and handling assessments were available for all residents and indicated the type of hoist to be used and the input required from staff to ensure safe manoeuvres.

There was an outbreak of norovirus reported to the Authority in October 2014. All three units had been impacted and fifty residents showed symptoms of infection for a short period. Staff who contacted the virus were off work for the required safety period and staff were not allowed to move between units to avoid risk of transmission. The appropriate notifications were provided to the Authority, public health and the local environmental health department. Daily contact with public health staff was maintained throughout the outbreak. Recommendations from the latter had been put in place in relation to water safety and daily testing was now in place to assess salt and chlorine levels. The inspectors noted that this continues to be monitored in accordance with requirements outlined by the environmental health department.

An incident that involved a resident falling from a hoist was investigated. The resident fell into the supportive chair that he was being transferred to and was subsequently sent to hospital where no injury was detected. The company that supplied the equipment was contacted and information provided to the person in charge regarding replacement parts. All other hoists were tested and serviced in July 2014 as a precautionary measure following this incident.

The fire safety equipment was regularly serviced and fire exits were noted to be appropriately identified and free of obstructions.

**Judgment:**
Compliant

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**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:**
Person-centred care and support

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

**Findings:**
There was appropriate communal sitting and dining space provided in each unit. The
premises was designed and laid out in a way that ensured it was easily negotiated by residents. There was good directional signage in place and circulation areas offered adequate space and handrails to support residents who needed to use mobility aids. Toilet and bathroom facilities were adequately equipped with handrails and grab-rails and were conveniently located near communal rooms. Residents had access to a call bell system that was serviced and maintained and staff were seen to respond promptly to the call system.

There was garden space that was secure, safe for residents to use and attractively cultivated. The centre provides a comfortable environment that supports the provision of care. All areas were attractively decorated and residents said they could choose to use the communal areas or to spend time in their rooms each day.

The provider had an ongoing maintenance/refurbishment plan in place.

The Hazlewood unit accommodates 36 residents in three double rooms and 30 single rooms. Twenty four rooms have en suite facilities and there are two further assisted bathrooms for residents use. There is access to two courtyard gardens and the unit has three sitting areas and a large dining room.

Glencar Lodge is dedicated to the care of people with dementia. It can accommodate 38 residents in 32 single and three double rooms. Seventeen rooms, including the three shared rooms, have en suite facilities. There are five toilets, two showers and an assisted bathroom to meet the needs of the remaining 18 residents who do not have en suite facilities. There is a large dining room and a separate sitting area for residents. The environment in the dementia unit had been decorated and organised to promote the independence of residents and to assist their cognitive abilities. The inspectors found that signage, reminiscence material and furnishings had been provided which enhanced the environment, made it more home like and provided stimulation for residents. An old fashioned kitchen/sitting area with a fire place, old style furniture and fixtures was very popular with residents and visitors and the objects on display were used by staff and visitors to prompt memory and conversation.

The Lisadell unit is organized over two floors. There is lift and stair access to the upper floor. There is sitting and dining space on both floors. Accommodation is organised in three double rooms and 27 single rooms and with the exception of two rooms all have en suite facilities. There are two assisted baths and showers in addition to the en suite facilities.

**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.

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

No actions were required from the previous inspection.

**Findings:**

Staff could describe the way end of life care was addressed in all units and the information provided to inspectors confirmed that end of life care met good practice standards. Residents were supported to remain in the centre if that was their wish and of the 63 residents that had died in the last two years 50 had died in the centre and 13 in an acute hospital. Relatives and visitors in the centre during the inspection described the staff as caring, helpful and approachable. Two relatives said they found the staff very knowledgeable and were very grateful for the information provided to them about their relatives changing needs. They valued the way their relatives were supported with pain relief and said that staff ensured they were not in distress and were constantly in and out observing changes.

The inspectors reviewed care record in each unit to determine compliance with Regulation 14 - End of Life Care. There was evidence that end of life care was a topic included in all care plans compiled. Residents were encouraged to discuss end of life wishes and preferences. Care plans in all units reflected the views of residents and the way they expected their end of life needs to be addressed. The information provided included details of burial arrangements, spiritual care and religious practices to be followed. Family contributions were included. There were some care plans in the dementia unit that described good practices to be observed rather than the expressed wishes of residents. A discussion with the clinical nurse manager conveyed that this was a work in progress and could be a difficult issue to discuss in this context as sometimes relatives were unsure of the pathway of the illness and needed time and education from staff to develop a better understanding of the illness. Staff also needed to approach residents at times when their cognitive ability was at its best to obtain the best quality information on which to base care plans which also took time.

The staff teams described how privacy and dignity was addressed for the resident and family members at this time. Comfort, the management of pain and the support and ensuring that loved ones could be with residents were regarded as key aspects of end of life care. However the information was not adequately documented and residents’ care plans did not capture their wishes and end of life preferences to adequately guide or inform end of life care. Records conveyed that in some cases relatives would make arrangements. Overall, there was little detail on resident’s expressed wishes such as the continuation of treatment or if they had a preference to return home. This was a significant issue in this centre as several residents had been admitted from outside the
area and their significant family/neighbourhood contacts lived some distance away.

The self assessment returned to the Authority indicated that overnight facilities were available for relatives who wished to remain with a dying resident. The inspectors found that a well equipped suite was available in the Lisadell unit for this purpose and relatives confirmed that they were encouraged to use these facilities when staying for prolonged periods.

The centre had an end of life policy and a range of procedures to guide practice. Staff were familiar with and could describe when end of life care became care of the dying and the procedures in place to support a dignified and peaceful death. This included a procedure for the practical care of the body after death and the arrangements to support relatives with administration such as the registration of the death. Staff said that they supported each other during times when end of life care was in progress and discussed aspects of care at hand overs and during staff meetings. Training on aspects of end of life care had been undertaken by the majority of staff since 2011. The topics covered included person centred care, advance directives, loss, ethics and the management and clinical decisions around do not resuscitate wishes.

A good working relationship had been established with the local palliative care team and their contributions to care were evident in two care records examined. One resident was in receipt of end of life care at the time of the inspection. The pain management plan was noted to be reviewed regularly and altered to ensure effective pain relief and comfort for the resident. Daily progress notes completed by nurses described the contacts and decisions made in conjunction with members of the palliative care team to ensure optimal comfort and symptom management. One general practitioner visits the centre daily and additional advice is provided through visits and telephone contact with staff from the palliative care team. Nurse said that this support was essential to guide their practice particularly when several complex medical problems prevailed.

Residents’ spiritual needs were met. Records conveyed that staff knew and supported residents to fulfil their religious commitments. The centre had an attractive oratory that was accessible, appropriately furnished and quiet for people who wished to spend time in prayer and reflection. Local clergy were available to visit residents and ensure their spiritual needs were met. Two residents confirmed that they could have communion and attend mass regularly.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The inspectors found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place which was centre specific. The policy provided detailed guidance to staff and is supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes. Staff were familiar and knowledgeable about the policies in place and knew where policy documents were located in each unit when they needed to refer to them.

Residents told the inspectors that the food provided was “tasty and well presented”, “difficult to fault” and also said “there is a choice available at each meal and if I don’t want to have a big meal staff will give me something lighter”. There was a planned menu that was served on a four week rotation however the chef said that food was cooked on the premises and there were variations so that produce in season could be included. The inspector reviewed the menu and discussed the options available to residents. There were two choices of cooked meal at midday and in the evening. Nutritious snack options were available between meals to ensure sufficient and adequate calorie intake particularly where residents were on fortified diets. These included home baked cakes and scones which the chef said were very popular with residents at afternoon tea and supper times. Fresh fruit was served daily in a variety of ways. The fortification of food was noted to include yoghurt’s, milk puddings and extra butter. Staff had access to the kitchen areas to prepare snacks for residents during the night. Liquids, including water, juices and soft drinks were readily available in communal areas and by residents’ beds. Staff were noted to prompt residents who needed assistance to take drinks throughout the day.

The inspectors observed how the mid day and tea time meals were served. Dishes were served hot and food was attractively presented. Meals were adapted to meet residents’ choices for example portions sizes reflected what residents said they preferred and choices were offered by staff at each meal. The menu choices were clearly displayed. Residents’ food likes and dislikes were recorded and kept in the kitchen. The chef said that he is told about all new admissions and sees them to discuss the menu and their particular food preferences or special diets. The inspectors noted that food that was pureed or in a soft consistency was attractively presented and reflected the choices on the menu. The instructions for foods and liquids that had to be served in a particular consistency to address swallowing problems were outlined in care plans and catering and care staff were aware of the residents that had particular requirements. Staff interviewed could describe the different types of meals that were served and the textures that had to be adhered to for safe swallowing.

There were spacious dining rooms in each unit. All were noted to be appropriately
furnished and provided attractive surroundings for residents to have their meals. Tables were varied in size and design and accommodated small groups which supported social interaction. The majority of residents used the dining rooms for meals and where residents chose to remain in their rooms they were served by staff and appropriately assisted. The inspector saw that there were several staff available to assist in all dining areas at mealtimes. Staff sat with residents who required help with meals, chatted with them as they provided assistance and encouraged them to do as much as they could for themselves. Plenty of time was devoted to meal times so residents could eat at leisure. There were several staff available to serve meals and to assist residents at meal times so that no one had to wait for assistance.

Records reviewed showed that residents’ nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements including monthly weights and more frequent monitoring was put in place if fluctuations upwards or downwards were noted. All residents who were vulnerable to weight loss had been assessed and had a nutritional care plan in place. There were four residents who had lost weight earlier in the year but were now stable. The addition of nutritional supplements and fortified foods was outlined in care plans. The responses to treatment were described in the regular evaluations/reviews of care plans. Access to appropriate allied health professionals was available and there were extensive records that outlined the advice and guidance to be followed which the inspectors found were being adhered to by staff. Residents have access to Health Service Executive community professionals such as occupational and speech and language therapists. Assessment of pressure area wounds or tissue viability problems were undertaken by a specialist nurse employed privately by the centre. Physiotherapy support was also provided through a private arrangement.

The inspectors found that staff had made significant efforts to ensure the processes in place to manage residents’ nutrition needs were appropriate. Mid meal snacks were available and served with liquids and beverages mid morning, mid afternoon and in the evening. There was a commitment to ensuring that there were no excessive gaps between meals that would present risk to some residents particularly people with diabetes.

**Judgment:** Compliant
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:

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