<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Lakes Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000447</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Hill Road, Killaloe, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 -375547</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:adminlakes@ehg.ie">adminlakes@ehg.ie</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>Elder Nursing Homes Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pat Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>57</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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 03 March 2015 10:30
To: 03 March 2015 15:30

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

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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Summary of findings from this inspection
This report sets out the findings of a follow up unannounced inspection that took place on one day. The inspection focused on the areas where improvements were required as highlighted in the action plan of the previous inspection report of 12 and 13 January 2015.

There were 6 actions to be addressed from the previous inspection. On this inspection the inspector was satisfied that 4 actions had been addressed and the remaining two actions relating to risk management and the premises were partially addressed.

The inspector noted that improvements to governance arrangements, cleaning and infection control and documentation relating to medication management had been put in place.

The inspector was satisfied that the provider had a plan in place to address the issues relating to the premises to ensure full compliance with the Regulations.

The areas for improvement are contained in the Action Plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**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 inspector noted that improvements to governance arrangements had been put in place. The person in charge told the inspector that there were improved supports in place to assist her in maintaining oversight of all departments. Four new nurses including two senior nurses had been appointed since the last inspection. Senior nursing staff had been allocated an additional 15 hours a week to clinical supervision including reviewing/auditing of medication management and care planning, meeting with General Practitioners (GP's). Recent audits carried out on medication management and hygiene and infection control indicated high levels of compliance.

The quality and governance manager visited the centre on a weekly basis. The person in charge told the inspector that they had recently prioritised and drafted the refurbishment plan for the premises in liaison with the director of operations and the provider nominee. They advised the inspector that improvements works required had been costed and funding had been approved. This is discussed further under outcome 12 safe and suitable premises.

The area manager of the contract cleaning company now visited the centre on a weekly basis, she carried out weekly cleaning checks and monthly cleaning audits.

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

Findings:
The inspector was satisfied that the issues identified at the previous inspection had been attended to.

The nurse signature list had been updated to reflect current nursing staff. The person in charge told the inspector that all residents prescription /administration charts had been reviewed following the last inspection. The maximum dosage of PRN 'as required' medications were now prescribed. Residents weights were no longer recorded on the medication administration/prescription charts. All residents had been recently weighed and accurate records were now only recorded on the computerised nurse documentation system. Lists of residents who were prescribed nutritional supplements were no longer in use. All nutritional supplements were prescribed and being administered in accordance with the prescription. Transcribing of medications was found to be in line with the centre's medication policy.

The inspector reviewed the staff files of recently recruited nursing staff and found that files contained all of the information as required by the Regulations.

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

Findings:
The inspector was satisfied that issues identified in relation to cleaning and infection control identified during the last inspection had been addressed but still had some
concerns that the smoking room was located in an area that could not be easily supervised.

The designated smoking room was located on the first floor towards the end of a bedroom corridor. While there was a glass observation panel on the door and on the wall of the room, a fire extinguisher and fire blanket was provided, it was not located near the main areas of activity for example the communal day areas or nurses station and could not be easily supervised. The inspector noted that residents who smoked had been risk assessed and care plans were in place. Some residents used the smoking room independently of staff, while a smoking apron was provided, some residents choose not to use it. Half hourly location checks were carried out on all residents.

The inspector found the building and equipment to be visibly clean. Defective shower equipment had been disposed of and replaced with new equipment. The person in charge outlined that following the last inspection there had been an in depth review of cleaning policies and procedures involving the contract cleaning company. The company’s infection control specialist had visited the centre and had provided one weeks training for all cleaning staff. New cleaning equipment and appropriate cleaning agents were now in use.

The inspector spoke with a number of cleaning staff on duty who confirmed that training had taken place and they were clearly able to outline cleaning practices and procedures. They were knowledgeable regarding use of colour coding, cleaning chemicals and infection control procedures. They stated that they found the training beneficial and were now confident that best practices in infection control were now in place.

Cleaning staff outlined how communications systems had been improved, they stated that the cleaning supervisor now attended daily handover and received up to date information on infections which was then shared with all cleaning staff.

The person in charge told the inspector that a new bed pan washer had been ordered for the first floor sluice room and was due to be delivered and installed next week.

Judgment:
Substantially Compliant

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

**Findings:**
The inspector noted that some aspects of the physical design were still inadequate and did not comply with the Regulations and Standards. The person in charge and the quality and governance manager outlined the plans in place to address all of the issues highlighted in the previous report. They stated that works had been prioritised and funding had been approved. The inspector noted that works had commenced on some areas and some had been addressed.

The quiet room/oratory had been provided with additional seating to facilitate residents who wished to receive visitors in private.

While additional mechanical ventilation had been provided to the smoking room, ventilation was still inadequate. There was no window or natural ventilation provided. The person in charge and quality and governance manager stated that they would further reconsider the location of the existing smoking room.

The internal repairs and redecoration of the building had commenced. Repairs had been carried out to tiling in some shower rooms, painting of bedrooms and panelling to walls of the corridors had commenced.

The inspector was advised that:

- a contractor has been engaged to remove/ replace the rendering and repaint the external walls of the building. The contractor had been on site, works have been costed, funding had been agreed and that he was due to carry out the works during the summer months weather depending.

- new fire exit doors have been ordered and were due to be fitted within the next three weeks. The defective flooring to the corridor areas was due to be replaced in conjunction with the external fire doors being fitted.

- new screening curtains and additional furniture for shared bedrooms was planned for completion in the next three weeks.

- two shower rooms originally allocated to staff had been identified and will be upgraded and adapted for residents use by the end of June 2015.

**Judgment:**
Non Compliant - Moderate
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:

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

<table>
<thead>
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<tbody>
<tr>
<td>Centre ID:</td>
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</tr>
<tr>
<td>Date of inspection:</td>
<td>03/03/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10/04/2015</td>
</tr>
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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 08: 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:
While there was a glass observation panel on the door and on the wall of the smoking room, a fire extinguisher and fire blanket was provided, it was not located near the main areas of activity for example the communal day areas or nurses station and could not be easily supervised. The inspector noted that residents who smoked had been risk assessed and care plans were in place.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
Individual risk assessments and care plans are in place for all residents who smoke. Supervision of the designated smoking room has been increased so that the area is under close supervision whenever a resident wishes to use the room, even if that resident has been deemed as low risk or is independent in self-care including smoking. Smoking aprons have been provided to all residents who smoke and there is a spare smoking apron in the smoking room.

**Proposed Timescale:** 10/04/2015

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**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:**
There were inadequate numbers of baths and showers for residents' use.

There was no window or natural ventilation provided to the designated smoking room.

The rendering and paintwork to the external walls of the building was in disrepair.

Many of the fire exit doors were ill fitting and draughty.

Flooring to many areas were worn and defective, wall paper was torn on some corridor areas, paintwork to timber was chipped, paintwork was stained to some walls and ceilings.

There was inadequate furniture and screening curtains in some shared bedrooms.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
There is a shower room on the first floor that is currently unsuitable for resident use. This will be adapted and made accessible to residents by September 30 2015.

Although there is no ventilation to the smoking room, there is an air exchange system and ventilation system in place to maximise the fresh air in the room.
<table>
<thead>
<tr>
<th>Proposed Timescale: 30/09/2015</th>
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</table>

There is a plan in place and funding has been agreed to address the rendering and paintwork to the exterior of the building when weather conditions have improved. The planned completion date for this work is September 30 2015.

The fire exit doors have been replaced with new doors.

The damaged flooring has been repaired and replaced.

There is a programme of decorative upgrade ongoing which includes painting of timber work, walls, and ceilings. This work is well under way and will be completed by 30 June 2015.

Wood panelling has been applied to lower walls in corridors and communal areas and this has greatly improved the appearance of the centre. This work has been completed.

New furniture has been ordered for 2 rooms that were sparsely furnished.

Dividing curtains have been addressed in shared rooms to ensure privacy and dignity of both occupants and allowing access to the bathroom.