

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lough Erril Private Nursing Home
Centre ID:	OSV-0000357
Centre address:	Lough Erril, Mohill, Leitrim.
Telephone number:	071 963 1520
Email address:	info@lougherrilnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Lakeview Retirement Home Limited
Provider Nominee:	Noreen Casey
Lead inspector:	Mary McCann
Support inspector(s):	Shane Grogan
Type of inspection	Announced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	5

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 July 2016 12:30	07 July 2016 20:30
08 July 2016 09:00	08 July 2016 15:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (HIQA) to renew registration of this centre. Seven residents and seven relatives completed a pre-inspection questionnaire. On review of these inspectors found that residents and relatives were generally positive in their feedback and expressed satisfaction about the facilities,

services and care provided. Residents spoken with on the day who could verbalise their views were complimentary about their day to day life experiences, the meals provided and the staff team. Comments included "staff look after me very well, I am well cared for in here".

An unannounced thematic inspection reviewing nutritional care and end of life care had previously been carried out by HIQA in November 2014. The areas which required review from the previous inspection related to management of responsive behaviour and recording end of life care wishes. These actions had been addressed.

Inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. Inspectors found that overall residents' health care needs were well supported with good access to the general practitioner and allied health professionals. Staff were knowledgeable with regard to the care to be provided to residents to meet their needs and described a holistic care regime which was person centred. However, documentation to support person centred care required review. There were clinical governance processes in place and management described support structures for staff which included staff training, supervision, an induction period and on call support.

Areas for review are discussed in the body of the report and actions that require to be undertaken by the provider/person in charge are contained in the action plan at the end of the 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 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 service that is provided in the centre. The services and facilities outlined in the centre's statement of purpose, and the manner in which care is provided, reflect the different needs of 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):

No actions were required from the previous inspection.

Findings:

The person in charge and the provider described arrangements that were in place to ensure good governance in the centre. These included regular scheduled meetings between the provider and the person in charge, between the person in charge and staff members and safety and quality meetings. The provider displayed a positive attitude

towards the regulatory process and stated that any actions that were necessary post this inspection would be addressed and she was keen to ensure the delivery of safe, quality care services.

An audit program was in place and inspectors saw that a schedule of audits had been undertaken and was planned to ensure clinical indicators were regularly reviewed. A quality improvement plan was completed on some occasions based on audits completed. For example, post the nutritional audit recommendations of the dietician to include 'An extra portion of carbohydrate to be served at tea time and a greater variety in the menus was enacted. However a care plan audit had not been completed and inspectors identified issues regarding care planning which required review.

An overall report of the annual review annual review of the quality and safety of care delivered to residents has been submitted to HIQA however, no evidence was available that this had prepared in consultation with residents and their families.

Judgment:
Substantially Compliant

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:
A guide to the centre was available to residents. Each resident had an agreed written contract that included details of the services to be provided for that resident and the fees to be charged. However, a sample of the contracts reviewed showed that not all contracts were updated to include any change in the fees charged following the annual review of fees carried out in January.

Judgment:
Substantially Compliant

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found that the person in charge had a good rapport with residents and staff working in the centre. Residents spoken with knew the person in charge and felt they could approach her or any of the staff if they had any concern. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She is supported in her role by nursing, care, administration and ancillary staff. Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team. Recent training attended by the person in charge included infection prevention and control, special purpose award in gerontology, end of life care, medication management, and general principles of wound management.</p> <p>Her mandatory training in Adult protection, manual handling and fire safety was current and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA).</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors reviewed a range of documents, including residents' and staff records, the directory of residents and the centre's insurance policy. Inspectors found that generally records were securely maintained in a manner so as to ensure ease of retrieval however, some improvements were required.</p> <p>For example:, The directory of residents was noted to have minor omissions such as</p>

where a resident died in the centre the cause of death was not documented. Schedule 2 records documents held in respect of the person in charge and for each member of staff were not complete. Omissions included absence of a full employment history. Schedule 3 records were incomplete in respect of residents nursing care plans as they were not person centred, did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their significant other if appropriate.

The inspectors reviewed a sample of the Schedule 5 policies and found that they were comprehensive and provided guidance to staff. The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors.

Judgment:
Substantially Compliant

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:
Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced nurse deputised for the person in charge and administration staff were also available to support staff in the absence of the person in charge. Inspectors met the recently appointed person participating in the management of the centre. She demonstrated an awareness of her responsibilities in respect of the implementation of the Regulations and the Authority's Standards.

Judgment:
Compliant

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:

There was a policy on, and procedures in place for, the prevention, detection and management of an allegation of abuse. There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe in the centre and contributed this to the continual presence of staff and the doors being secure at night.

79% of staff had up to date training in safeguarding vulnerable adults. The person in charge explained that they were awaiting a date from the trainer to complete a further session of training which would ensure that all staff had up to date training.

Inspectors noted on reviewing the complaints log that the facts of one of the complaints constituted an allegation of verbal abuse. While this had been investigated and the complainant was happy with the outcome of the complaint, there was poor evidence available of procedures enacted to ensure that the staff member was supervised while working with residents. She had completed refresher safeguarding training.

The inspectors discussed the needs of the current residents with staff. Staff confirmed that they had attended training in behaviours that challenge. Where required behaviour monitoring log and behaviour management which provided direction to staff as to how to manage responsive behaviour.

Restraints in use included bedrails. A risk assessment was completed prior to the use of the bedrails to ensure it was safe to use. There was evidence of a proactive approach to minimising bed-rail use with adequate monitoring and review. Most were in use at the request of the resident and/or as an enabler. Alternatives to the use of the restraint measure were documented.

Management of a sample of resident finances were reviewed as part of this inspection. The process was transparent. Arrangements were in place to ensure residents had access to their money at all times.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was found to be promoted and protected. There were adequate precautions against the risk of fire in place. An up to date safety statement was available. Fire equipment was serviced in line with the requirements of regulation. There was evidence of regular fire drills. Fire doors and exits were unobstructed in the resident areas on the days of inspection. However, not all staff had undertaken training in fire safety and evacuation procedures. Further training was arranged for the 1 August 2016 to ensure all staff would be trained.

A review of staff training records showed that a substantial number of staff did not have up to date manual handling training. 51% of staff had up to date manual handling training at the time of inspection. Training was scheduled for the 25 and 28 July 2016 which would ensure that all staff had up to date training in this area.

The health and safety of residents, visitors and staff were promoted and protected. Risk management policies to inform practices in relation to residents at risk of self-harm, violence and aggression, abuse and unexplained absence were in place. Each resident of risk of leaving the centre unaccompanied had a missing person profile completed as a control to mitigate associated risk. Entrance and exit to the centre was controlled. While a record of each accident and incident was recorded, the forms were not always complete and there was poor evidence available of review of these by the person in charge.

The centre was visibly clean.. Staff had attended training in infection control including hand hygiene. An infection control policy included procedures for management of communicable infection and infection outbreak to guide and inform staff. The centre had reported and outbreak of an infectious illness in April 2016. This was managed as per recommendations from the public health services and the specialist public health clinical nurse specialist had attended the centre and completed an audit of infection control best practice compliance. Recommendations made had been enacted. For example provision of larger bins in the bedrooms.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Policies and procedures were available to guide staff on all aspects of medication management. Inspectors found that medication management practices were generally safe. One of the inspectors observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. However, dates of opening of oral solutions were not recorded on the bottles. Pharmacy services delivered the medication to the centre. Medication was reviewed at three monthly intervals and a record was available of any changes made.

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of PRN (as required) medications to be administered over any 24 hour period. Where medication was discontinued this was signed dated and signed by a medical practitioner.

Judgment:

Substantially Compliant

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 designated centre was maintained by the provider/person in charge. Where required any notification that was required to be submitted by the provider or person in charge had been submitted to HIQA.

Judgment:

Compliant

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):

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

Findings:

A pre-admission assessment was completed to ensure the centre could meet the needs of prospective residents. Regular reviews of residents overall health was found on admission, readmission following return from acute hospital care and as required according to changing needs of residents.

On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. Assessments were linked to the care plans. Where an event occurred, for example, a fall, requiring manual handling reassessment, a reassessment was not always carried out. Where reassessment was completed, the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented. Where a resident was seen by a specialist service the advice of the specialist was not always incorporated into the care plan. There was poor evidence available of consultation regarding the care plans with the resident and their significant other. Care plans were generic in nature and not person centred. One resident who had epilepsy did not have an epilepsy management care plan in place.

Where residents were deemed to be at risk of developing wounds, preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. There was one resident with a wound at the time of this inspection. A procedure was in place in place for measuring the wound to ensure that there was a baseline obtained for comparative purposes to monitor whether the wound was progressing or regressing. Photographs were available of this wound. Residents with wounds were referred to the dietician and to a tissue viability specialist however the wound care plans reviewed did not contain sufficient information to guide evidence based care and failed to include the type and frequency of the dressing recommended by tissue viability services.

A narrative record was recorded for residents each day. These records described the clinical aspect of care provided but poorly documented psychological well being.

A review of residents' medical notes showed that GP's visited the centre regularly. The provider representative is a medical practitioner and she attends the centre daily. Out-of-hours cover was also available. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

There was evidence of access to specialist and allied health care services to meet the

care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, dietician, physiotherapy and speech and language were also available.

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 centre is located approximately 3 miles from the town of Mohill, South Leitrim. The building is bungalow style and all residents are accommodated on the ground floor. The centre consists of 35 single rooms and five twin rooms. Screening was available in the twin rooms to protect the privacy and dignity of residents sharing.

Car parking is available to the front of the building. 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. Resident's rooms contained personal items and there was adequate storage available for personal property.

However, there were a number of hoists stored inappropriately in ensuite bathrooms and not in a designated storage area.

Judgment:

Substantially Compliant

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 person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. The complaints policy was displayed prominently in the centre as per the requirements of the regulations. The person in charge, or deputy in her absence, is the nominated person in the designated centre to deal with complaints.

The policy detailed timelines to be adhered to, the requirement to carry out a thorough investigation and to inform the complainant of the outcome of the investigation. An independent appeals process was also detailed so that if the complainant was not satisfied with the outcome of their complaint they could utilise this procedure.

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):

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

Findings:

Policies and procedures to guide care and practice at end of life were available. 35 single rooms are available. Facilities were available for relatives to stay over in the centre with residents at end of life. Some staff had attended training on end of life care. The person in charge and other staff described good support and guidance from the local palliative care team.

Arrangements were in place with local clergy to provide regular services in the centre. An oratory was also available for use when desired or required. Mass was celebrated regularly in the centre and cultural practices were facilitated that included visits by ministers to residents.

At the time of the last inspection the end of life care assessments were blank, incomplete or stated 'unable to express' and there was no evidence that alternative means of gathering this information was considered. On this occasion inspectors found that end of life care plans were in place. These reflected the residents' physical, emotional, psychological and spiritual needs.

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:

Residents' food likes and dislikes were recorded. There was a choice for all residents to include those on pureed diet. One resident required monitoring of their nutritional and hydration needs at the time of this inspection and this was being completed.

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:

Some residents had a formal diagnosis of dementia and others had an element of cognitive impairment while others had physical medical conditions associated with aging. Inspectors observed good interactions between staff and residents. Staff were observed to protect the privacy and dignity by knocking on bedroom doors before entering. During the day, residents were able to move around the centre freely.

Residents were consulted with and participated in the organization of the centre. A review of the record of resident's meetings showed that regular meetings took place in the centre. Residents told the inspectors they felt consulted with and enabled to make

choices daily regarding their personal and individual decisions including choice of clothes, activity and meals. Activities included bingo, card playing and reading the local or national newspaper. Residents were seen using the outdoor facilities and taking the opportunity to sit in the sun. The centre operated a flexible visiting policy and facilities were available for residents to meet visitors in private. Inspectors observed relatives and visitors freely coming and going. Residents spoken with were generally complimentary of the service provided.

Privacy and dignity was promoted through the availability of single and twin bedrooms, the majority of which had toilet facilities or assisted shower and toilet facilities nearby.

Residents could practice their religious beliefs. Access to assistive devices and equipment was provided to promote independence.

Judgment:
Compliant

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:
Each room had adequate space for storage of personal property which included a lockable locker, a wardrobe and chest of drawers. There was a list of resident's personal property available. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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)

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix in place to meet the assessed needs of residents on the days of inspection. There was an actual and planned staff rota but the times that staff worked were not clearly indicated on the roster. This was addressed immediately by the person in charge.

There were 40 residents in the centre during the inspection, 23 had maximum dependency care needs, nine residents were assessed as highly dependent, four had medium dependency care needs and four residents were assessed as low dependency care needs. Residents had a wide range of physical and psychological healthcare issues. There was evidence that resident dependencies levels and needs were regularly assessed, collectively reviewed and considered using a recognised assessment tool. A weekly staffing needs analysis was carried out using a dedicated tool.

Two nurses and seven to eight care staff were on duty from 08:00 until 22:00hrs. Catering and ancillary staff were on duty until 20:00hrs. On night duty there was one nurse and two care assistants. Staff were available to assist residents and residents were supervised at all times.

While a staff training programme was on-going, a review of the staff training record provided to inspectors showed that all staff did not have up-to-date mandatory training.

Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, behaviour that challenges and nutritional care.

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 McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lough Erril Private Nursing Home
Centre ID:	OSV-0000357
Date of inspection:	07/07/2016
Date of response:	26/09/2016

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:

A care plan audit had not been completed.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

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

- An audit of the care plans has been completed.
- The Person in Charge has highlighted the findings from the care plan audit to all staff and will continue to do same at monthly staff meetings.

Proposed Timescale:

Fully Actioned

Proposed Timescale: 24/08/2016

Theme:

Governance, Leadership and Management

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

An overall report of the annual review of the quality and safety of care delivered to residents has been submitted to HIQA however, no evidence was available that this was prepared in consultation with residents.

2. Action Required:

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

- The Annual Review of the Quality and Safety of care report will include details of consultation with residents.
- The Person in Charge will ensure that the Annual Review of the quality and safety of care (including consultation with residents) will be completed between the months of January to May of each year.

Proposed Timescale: 30/11/2016

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

A sample of the contracts reviewed showed that not all contracts were updated to include any change in the fees charged following the annual review.

3. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in

regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

- All resident's contracts are updated and include the change in fees charged following the annual review.

Proposed Timescale: Fully actioned

Proposed Timescale: 30/09/2016

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:

The directory of residents was noted to have minor omissions such as where a resident died in the centre the cause of death was not documented.

4. 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:

- The minor omissions from the directory of residents are now documented.

Proposed Timescale: 24/08/2016

Theme:

Governance, Leadership and Management

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

Schedule 2 records documents held in respect of the person in charge and for each member of staff were not complete. Omissions included absence of a full employment history.

Schedule 3 records were incomplete in respect of residents nursing care plans as they were not person centred, did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their significant other if appropriate.

5. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

the Chief Inspector.

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

- Schedule 2 record documents in respect of the PIC were available on day of inspection.
- All other Schedule 2 records are now updated.
- Schedule 3 records in respect of nursing care plans are being checked and audited to ensure that they comply with the requirements. The care plans are person centred, with an evaluation of interventions, a review of decisions taken place at intervals not exceeding four months, and a record of consultation with the resident and their significant other if appropriate.

Proposed Timescale: Schedule 2 is complete
Schedule 3 will be completed by 30/09/2016

Proposed Timescale: 30/09/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Not all staff had up to date training in safeguarding vulnerable adults.

6. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

- 4 sessions of Elder Abuse training have taken place so far this year (79% of staff have completed training). Unfortunately, the session that was booked for 05/07/2016 was cancelled by our training provider.
- The final elder abuse training was completed on the 13/09/2016. All staff have now up to date training in safeguarding vulnerable adults.

Proposed Timescale: 13/09/2016

Theme:

Safe care and support

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

Inspectors noted on reviewing the complaints log that the facts of one of the complaints constituted an allegation of verbal abuse. While this had been investigated and the complainant was happy with the outcome of the complaint, there was poor

evidence available of procedures enacted to ensure that the staff member was supervised while working with residents. She had completed refresher safeguarding training.

7. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The Person in Charge now ensures that this staff member is supervised by all nursing staff while working with residents. Residents Association Meetings are now led by the Person in Charge/Business Manager/Deputising CNM.

- The Person in Charge is satisfied that residents are safe guarded against all forms of abuse.
- This staff member had attended "Recognising and Responding to Elder Abuse in Residential Care Settings" on the 08/03/2016. This staff member attended Elder Abuse Training on the 13/09/2016.

Proposed Timescale: 13/09/2016

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 a record of each accident and incident was recorded, the forms were not always complete and there was poor evidence available of review of these by the person in charge.

8. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

- All staff have been informed of the importance of fully completing the accident and incident book. A review of these was done by the Person in Charge

Proposed Timescale: Fully actioned

Proposed Timescale: 24/08/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

Dates of opening of oral solutions were not recorded

9. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

- Dates of opening of oral solutions are now recorded.

Proposed Timescale: Fully actioned

Proposed Timescale: 24/08/2016

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:

Care plans were not consistently updated to ensure that any additional control measures that may be required to mitigate risk were documented.

Where a resident was seen by a specialist service the advice of the specialist was not always incorporated into the care plan.

There was poor evidence available of consultation with the resident and their significant other.

Care plans were generic in nature and not person centred.

Care plans were not in place for all identified needs.

10. 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:

- All care plans will be consistently updated to ensure that any additional control measures that may be required to mitigate risk is documented.
- When a resident is seen by a Specialist Service, the advice of the specialist will be

incorporated into the care plan.

- The resident's care plan will include a documented recording of the consultation with the resident and their significant other.
- All care plans will be person centred and individual to each resident.
- Care plans will address the identified needs of the resident.

Proposed Timescale: 10/11/2016

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 a number of hoists stored inappropriately in ensuite bathrooms and not in a designated storage area.

11. 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:

Hoists have been removed from the ensuite bathrooms and are now stored in a designated area in the Nursing Home.

Proposed Timescale: Fully actioned.

Proposed Timescale: 24/08/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

All staff did not have up-to-date mandatory training.

12. 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:

Staff always have access to appropriate training. However, we have to accept dates given to us by the training provider.

Our training plan is as follows:

- Fire Training is scheduled for 20/10/2016. This will ensure that all staff have completed Fire Training
- Moving and Handling was completed on 18/08/2016
- CPR is scheduled for 27/09/2016. This will ensure that all staff have completed CPR Training
- Medication Management was completed on the 01/09/2016.
- Elder Abuse Training has been completed on the 13/09/16.

Proposed Timescale: 20/10/2016