Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Lough Erril Private Nursing Home
Name of provider:	Lakeview Retirement Home Limited
Address of centre:	Lough Erril, Mohill, Leitrim
Type of inspection:	Announced
Date of inspection:	03 July 2019
Centre ID:	OSV-0000357
Fieldwork ID:	MON-0022796

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Lough Erril Private Nursing Home is a purpose built facility located near Mohil, Co Leitrim. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is over two levels. All resident accommodation is on the ground floor. There are five double rooms and 35 single bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
03 July 2019	10:30hrs to 19:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Feedback, both verbal on the day of inspection and through nine residents' questionnaires, was positive about the care received by residents. Residents told the inspector that they felt they were well cared for by staff who knew their individual needs, likes and dislikes. When asked about daily life in the centre one resident stated that she had "fell into heaven".

The inspector spoke with six residents. Residents said that they enjoyed a good quality of life and that staff were kind and caring to them. Residents described how they spent their day and said they were encouraged to be independent, to make choices for themselves and to be as mobile and active as possible. During discussions with the residents on the day of inspection the feedback on the food was not always positive and residents told the inspector that they would like a more varied menu. The inspector noted that the menu had been discussed at the resident meetings and as a result the menu was under review by the chef. Residents were happy with the portion sizes.

The inspector also spoke with resident relatives. Overall the feedback was positive. A common theme from conversation with residents and relatives was that staff are very caring. All persons spoken with knew the person in charge and informed the inspector that they would not hesitate to make a complaint.

Capacity and capability

The governance and management in this centre was well organised. This was an announced inspection following the receipt of an application to renew the registration of the centre. The management team work cohesively to ensure that the service delivered is safe and of high quality. The management team had systems in place to ensure that they have oversight and governance to oversee the quality of care received by residents. The information requested by the inspector was made available in a timely manner and presented in an easily understood format. The person in charge is supported in her role by a business manager. The responsibilities and the lines of authority of both managers were clearly defined. The structure was understood by staff who knew who to report any concerns to.

There was good oversight of all aspects of the service that included complaints management, incidents, falls, restraint use, staff training and medicines management. The inspector found that audits completed were analysed and when required had an improvement plan put in place. For example, a monthly falls audit was completed by the person in charge. Any actions or learning identified

was communicated to staff at staff meetings. The two action plans from the last inspection had been progressed and completed.

The management placed a high value on the training of staff. Training records evidence full compliance with mandatory training. Additional training in dementia care, infection prevention and control and cardiopulmonary resuscitation (CPR) is also provided. Annual staff appraisals for all staff had been completed in 2018. There was a comprehensive induction and assessment of ability completed with all new staff.

The inspector spoke with multiple staff from every department. Staff turnover was low. This meant that the residents were having their care needs attended too by the same staff on a daily basis. This had a positive outcome for residents. The inspector summarised from the staff conversations had that person centred care is a priority. Throughout the day staff and resident engagement was observed to be patient and kind. The staff confirmed that the management team have a presence within the centre and are readily available for support. The person in charge and business manager work full time hours.

The inspector found that a review of fire management and precautions was required. The management of fire safety and the systems is discussed further under the quality and safety section of this report.

Registration Regulation 4: Application for registration or renewal of registration

The information required to assess the application for renewal of registration was provided.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitable qualified and experienced nurse. The person in charge has been working within the centre since 2009. She had a strong presence within the centre and was known to the residents and families. She held authority, accountability and responsibility for the provision of the service.

During the inspection she clearly demonstrated that she had sufficient knowledge of the regulations and standards of the care and welfare of residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a registered nurse on duty 24 hours a day. There were adequate staff, with a good skill mix, on duty. The current staffing levels were appropriate for the identified care needs of current residents. Incidents of staff absenteeism were covered by team members.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and records reviewed evidenced that all staff had received training in safeguarding and safety, manual handling and fire safety. The inspector found that training in other areas such as infection prevention and control, dementia care, cardio pulmonary resuscitation (CPR), and medication management was also in place. Staff were supported and facilitated to attend training.

Staff were appropriately supervised.The management team had completed staff appraisals for all staff in 2018. The documentation in place evidenced that performance was monitored. In addition, areas for improvement and development were discussed. Staff informed the inspector that they were well supported by the management team.

All new staff had completed an induction programme.

Judgment: Compliant

Regulation 19: Directory of residents

The centre maintains a Directory of residents. Schedule 3 information required had been entered into the register.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed staff files and found compliance with Schedule 2 regulation

requirements.

A review of the storage and accessibility of named resident information required a review. For example: there was resident personal information stored at reception that was not secured.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The systems in place to ensure that the service is appropriate and consistently monitored were reviewed. Overall, findings were positive. The 2018 annual review of the quality and safety of care had been completed. Further development is required to ensure that the annual review is completed in consultation with residents and their families.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract of care. Further review of resident contracts was required. Residents in shared bedrooms did not have this detailed in their contract of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was dated May 2019. Further review of the detail is required to ensure that the Statement of purpose is accurate and contains all of the information set out in Schedule 1. For example, a more detailed description of the bedrooms and sanitary facilities for resident use.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents felt able to make a complaint if necessary and the procedure for doing so was prominently posted at the main entrance. The person in charge maintained a complaints register which detailed the subject of the complaint, investigation and all communication made with the complainant. An appeal process was available. There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies and procedures required by regulations were available within the centre, and had been reviewed within the last three years. These documents were accessible to staff.

Further review was required to ensure that the policies were reflective of current practice. For example, the policy on record management made no reference to the management of electronic files.

Judgment: Substantially compliant

Quality and safety

The centre has arrangements in place to manage risk and protect residents. The systems in place for the management of regulation 28 fire precautions required review. On a walkabout of the premises the inspector found that a number of the fire compartment doors did not seal when closed and so this was a high risk in the event of a fire. This was discussed with the management team during the feedback meeting. The day following the inspection the provider was issued with an urgent compliance plan.

The centre is purpose built. Corridors are wide and have a spacious feel. Residents move freely around the centre. The main sitting room, lounge room and dining room are down to the right at the entrance to the centre. These rooms were a hub of

activity throughout the day. In addition, there is a separate oratory and a visitors room available for resident use. The inspector also observed residents using the enclosed courtyard to get some fresh air. Residents confirmed that their bedrooms are cleaned daily. The design and layout of the premises meets with the current resident needs.

The design and delivery of the service maintains and supports physical and psychological wellbeing for residents, while achieving best health and social care outcomes. Residents' rights to privacy and dignity was respected. Staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. There were measures in place to safeguard residents from abuse. A policy was available to inform management of any suspicions, allegations or incidents of abuse. Residents told the inspector that they felt safe in the centre. The inspector followed up on a notification of an allegation of abuse that had been sent to the chief inspector. The management team had completed a full investigation and all reasonable measures had been taken to protect residents form further incidents.

Residents' assessed needs were addressed by person-centred care plans that reflected their individual preferences and care choices. The documentation in place was easily understood. The inspector found good evidence of consultation between the clinical team and relatives. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. A personalised care plan was then developed. Each care plan reviewed had the life history of the resident documented. Resident and family members spoken with was knowledgeable about what a care plan was and confirmed that the nursing team consulted with them on all changes to their plan.

Residents' healthcare needs were met through timely access to treatment and therapies. Residents had access to a general practitioner and allied healthcare professionals. There was good evidence within the files that advice from allied healthcare professionals was acted upon in a timely manner. For example, a resident that had been identified as having weight loss had detailed and comprehensive notes in place. There had been involvement from the multidisciplinary team including a speech and language therapist and a dietitian. The residents weight was monitored and records of all diet taken was recorded daily. The documentation in place evidenced that the residents weight had stabilised.

The centre had residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. A positive approach was taken to support these residents' care needs. Each resident had a person-centred behaviour support care plan in place that identified their support needs and informed prevention management strategies. Compassionate, sensitive and supportive care from staff positively impacted on their wellbeing and quality of life in the centre.

Residents availed of a varied activity programme. Activities developed for people with cognitive impairments formed part of this programme, and this had a positive

impact on those who participated. Residents' links with the community were maintained where possible, and this was supported by access to local media, national daily newspapers and telephone services. There had been a number of outings organised that were enjoyed by the residents who attended. Resident meetings were held monthly. There was high numbers of residents in attendance. The inspector was told by one resident that the monthly meetings had turned into a social event that she enjoyed.

Regulation 11: Visits

All visitors are requested to sign in at reception on entering and leaving the centre. There were no restrictions on visits and family members said that staff were welcoming and approachable at all times.

Judgment: Compliant

Regulation 12: Personal possessions

There was sufficient storage space for residents' belongings. Residents spoken with were satisfied with the laundry services provided.

Judgment: Compliant

Regulation 17: Premises

The centre is purpose built and registered to accommodate 45 residents on ground level. It had 35 single and five twin bedrooms. The layout and design of the premises met residents individual and collective needs. The centre was in a good state of repair externally and internally. The centre did not have a dementia specific unit and residents with dementia integrated with the other residents in the centre.

The centre was found to be well maintained, warm, comfortable and visually clean throughout. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

The centre had multiple communal sitting rooms for resident. There was a member of staff in both sitting rooms at all times to attend to any resident requests. The communal sitting rooms had a variety of comfortable furnishings and were domestic

in nature. The provision of side tables was beneficial to residents in sitting rooms to support them with magazines, papers, snacks and drinks.

Handrails were available in circulation areas throughout the building, and grab rails were present in toilets and bathrooms. The furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control devices, hoists and mobility aids were seen in use by residents that promoted their independence. The inspector found that the privacy and dignity of residents was promoted in each bedroom by its layout. Many rooms were personalised with photos, memorabilia and artifacts. Each bedroom had access to a locked press for personal belongings.

Residents had access to safe outdoor garden areas with seating, safe paving and flower beds.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a varied and nutritious diet. The inspector was informed that the menu is currently under review following consultation with resident feedback. The chef is meeting with residents to ascertain what food choice they would like added to the menu choice. Residents' special dietary requirements were complied with. Fresh drinking water, snacks and other refreshments were available.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available for review. It contained all of the information required under the regulations.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector tracked the file of a resident who had been admitted to an acute setting from the centre. The electronic system in place generates a comprehensive transfer letter that contains all relevant information about the resident to the acute

hospital. On return to the centre, the resident was reassessed by the registered nurse and the care plan had been updated.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register was kept under review by the person in charge. The person in charge ensured that operational risks were documented. Resident individual risk assessments were also conducted.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean. The procedures in place for managing the prevention and control of infection were in line with National Standards. Staff were knowledgeable on the cloth color coded system in place. All areas of the centre including residents bedrooms were cleaned daily. There were hand hygiene alcohol dispensers strategically placed along all corridors.

Judgment: Compliant

Regulation 28: Fire precautions

Daily checks on exits were carried out throughout the premises. Fire drills were completed and night time conditions had been simulated. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed emergency evacuation plan in place to guide staff.

The management of fire safety in the centre required further action. This was evidenced by:

- The communal dining room door was kept open with a fire door wedge.
- The fire alarm was checked weekly by staff. The inspector released multiple fire compartment doors and observed that the doors did not seal. The inspector was able to see through the gap between the fire doors. This meant that in the event of a fire the smoke would not be contained in the compartment.

Findings were discussed with the management team and an urgent compliance plan was issued the following day.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices. Medicines controlled under misuse of drugs legislation were stored securely and the balances were checked twice every 24 hours. Medicines management in the centre was audited. Residents' medicines were prescribed and regularly reviewed by their doctor.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment completed on admission and care plans were developed based on assessed needs. There was evidence that residents or their representative were involved in reviews of care plans. The inspector found evidence that reviews were consistently carried out every four months as per regulatory requirements.The care plans in place were person centered and guided care.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met through timely access to treatment and therapies. Residents have access to a general practitioner (GP) and allied healthcare professionals. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The management team is promoting a restraint-free environment. There was no use

of chemical restraint within the centre. There were systems in place to assess if a restrictive practice, such as bedrails, was appropriate to support a resident.

Judgment: Compliant

Regulation 8: Protection

There were system in place to support the identification, reporting and investigation of allegations or suspicions of abuse. All staff had received training in the prevention, detection and response to abuse. All staff had a Garda vetting disclosure on file.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were aware of their rights, including, civil, political and religious rights. These rights were respected by staff, and residents were supported to exercise their choices as much as possible. Advocacy services were available to assist residents where required. At the time of inspection there was one resident using the advocacy service.

Residents were facilitated to maintain their privacy and undertake any personal activities in private. Staff were observed knocking on doors and awaiting a reply before entering. Twin bedrooms had appropriate screening in place.

Residents were supported to engage in activities that aligned with their interests and capabilities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lough Erril Private Nursing Home OSV-0000357

Inspection ID: MON-0022796

Date of inspection: 03/07/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
A review and update of the Creation of, Access to, Retention of and Destruction of Records Policy will be undertaken.
All staff will be updated about the changes to the Policy.
A weekly check will be undertaken by the Person in Charge to ensure all records are stored as per our Policy.
An annual audit will be undertaken by office staff to ensure records are kept and stored for the period outlined above only.

The Policy will include the following:

• That records set out in Schedule 2, 3 and 4 (Health Act, 2007, Care and Welfare of Residents in Designated Centres for Older People, Regulation 2013) are kept in the nursing home and are made available to the Chief Inspector.
• That records are kept as outline in Schedule 2 (Health Act, 2007, Care and Welfare of Residents in Designated Centres for Older People, Regulation 2013) and are retained for a period of not less than 7 years after the staff member has been employed in the nursing home.
• That records kept in accordance with parts (6), (9), (11) and (12) of Schedule 4(Health Act, 2007, Care and Welfare of Residents in Designated Centres for Older People, Regulation 2013) will be retained for a period of not less than 4 years from the date of their making.
• That records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, (Health Act, 2007, Care and Welfare of Residents in Designated Centres for Older People, Regulation 2013) shall be retained for a period of not less than 7 years from the date of their making.
• Records specified in Schedule 2 will be kept safe and accessible by storing these records in a locked filing cabinet in the locked administration office.
• Records specified in Schedule 3 will be kept safe and accessible by storing these

records in a locked filing cabinet in the locked nurse's office.
• Records specified in Part 4, 7, 8 of Schedule 4 will be kept safe and accessible in the locked administration office.
• Records specified in Part 5,6, 9,10, 11 and 12 of Schedule 4 will be kept safe and accessible in the administration office.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The annual review of the quality and safety of care delivered for residents will be reviewed to include consultation with residents and their families.
A copy of the Annual Review will be included in the Residents Guide in the visitor's room.
The annual review will be made available, if requested, to the Chief Inspector.

Fire safety Monitoring

The Registered Provider submitted an urgent compliance plan which detailed the following:
a) An urgent inspection by an External Provider (commenced 04/07/19) was sourced to inspect and address the gaps on all fire doors and compartment doors.
b) Risk register was updated to include this risk and immediate measures to control the risk and reduce the spread of fire were put in place.
These measures included:
• All night staff were to carry their mobile phones on duty in order to speed up the contact with emergency services and staff in the event of fire.
• All staff have been informed that a full evacuation will take place in the event of fire.
• Only essential low risk maintenance activity will be carried out during this period.
• All staff are retrained in the correct procedure on how to check the fire doors weekly, and how to report any defects in the closure of any fire doors.
• Meetings were held with staff and residents to inform them of the issues with the doors and the changes to the fire safety policy.

A policy on fire safety and management is available for staff to access in the nursing home.

The policy includes the following points:
• Adequate precautions are always taken to reduce the risk of fire occurring. A list has been formed on possible fire hazards for example: oxygen is stored in a secure store room, away from flammable items such as oil/chemical, a system of good maintenance of all equipment within the nursing home, a designated smoking area is provided.
• All means of escape including emergency lighting are checked daily by staff
• Fire fighting equipment is installed strategically around the nursing home. A weekly

check is carried out by nursing staff to ensure that all firefighting equipment is in place and are suitable for use.
• A weekly check is carried out by nursing staff to ensure that the fire compartment doors and fire doors close properly ensuring that there are no gaps when the doors close.
• Only suitable bedding and furnishing that is fire retardant is sourced for the nursing home.
• Arrangements are in place to ensure that all fire equipment is tested and certified by an external company to be in good working order.
• Training is provided for all staff (at induction and annually thereafter) in fire prevention and emergency procedures building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedure to be followed should the clothes of a resident catch fire.
• Fire drills are carried out quarterly and include the attendance of the residents.
•
The fire policy also includes details on the
• Detecting, containing and extinguishing fires.
• Giving warning of fires.
• Calling the fire service and
Evacuating, where necessary in the event of fire, of all persons in the nursing home and safe placement of all residents.

The Registered Provider ensures that there are sufficient resources to ensure the effective delivery of care in accordance with the Statement of Purpose.

The Registered Provider ensures a clearly defined management structure is in place to identify the lines of authority and accountability, this is displayed in the Nursing Home Organization Chart. The role and responsibility for all areas of care provision is outlined clearly in the job description of each Manager.

Management ensure that there are systems in place to ensure that the service is appropriate and that this is consistently under review.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
A written contract of care is agreed with each resident on admission.
The written contract of care has now been reviewed to specify the bedroom type ie single/shared bedroom.

The contract of care with the resident also includes the following:

• Services that are provided, whether the resident is availing of the Nursing Home Support Scheme or otherwise.
• The fees, if any, that may be charged for such services.
• The arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangement for the payment or refund of monies.
• Other services that the resident may choose to avail of but which is not included in the Nursing Home Support Scheme or to which the resident is not entitled under other health entitlements.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been reviewed and a more detailed description of the bedrooms and sanitary facilities for resident use has been included and forwarded to HIQA on the 12/07/19.
The Statement of Purpose is reviewed at intervals of not less than one year.

The Statement of Purpose includes the following:
• Registration details.
• The aims and objectives of the nursing home.
• The specific care needs that the nursing home is intended to meet.
• The facilities and services which are provided to meet those care needs
• The criteria used for admission to the nursing home, including the nursing home's policy for emergency admissions.
• The age-range, sex of the residents for whom it is intended that accommodation should be provided.
• A description of the rooms in the designated centre including their size and primary function.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
There is a Policy & Procedure in relation to electronic files management.
This was implemented on 01/01/2017. A reference to this policy is included in the

"Creation, Access to, Retention of and Destruction of Records.

This was available in the Nursing Home on the day of Inspection.
The policy on record management will be reviewed to include a reference to the management of electronic files.

Policies that are outlined in Schedule 5 are available in the nursing home.
These policies are available for staff to access.
The policies are reviewed at intervals not exceeding 3 years and are reviewed and updated in accordance with best practice.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Urgent Compliance plan issued 04/07/2019
• The registered provider sourced an external provider to carry out and urgent inspection of the nursing home to ensure the safety and wellbeing of the residents in relation to fire.
• The external provider inspected all corridor compartment doors and noted the issues. The solution was identified and a plan was put in place to urgently address the issues with the doors.
• The necessary corrective measures was completed and cerified by the external company. The certificate states "it is herein certified that all corridor/escape route doors at Lough Erril Private Nursing Home, Mohill, Co. Leitrim, have recently been fitted with new intumescent seals which include smoke seals. The doors have also been adjusted to close properly and that separation gaps are within specified acceptable tolerances. All these doors are now compliant with the current Building Regulations and fit for purpose".

Further action has been commenced and will be completed to ensure the following:
a) That the Fire detection and alarm system – Quarterly Certificate of Servicing/Testing will be clearly displayed beside the fire alarm panel at reception.
b) All fire doors will be closed to form a seal with the door frame at all times.
c) All compartment doors when closed will have no gaps.
d) All staff have been retrained regarding on how to check and ensure that all fire doors and compartment door close properly.
e) That all staff are made aware of the importance of ensuring these requirements listed above are met.

A comprehensive policy regarding fire safety and management is available in the nursing home.
This policy includes reference to:
• The precautions against the risk of fire.

- The provision of firefighting equipment.
- The provision of fire-retardant bedding and equipment.
- The means of escape.
- The emergency lighting.
- The review of fire precautions and fire equipment.
- Fire training for staff.
- Quarterly fire drills which include resident's attendance.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	02/09/2019
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/09/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any)	Substantially Compliant	Yellow	12/07/2019

	of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	10/07/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	10/07/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/07/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	08/08/2019