Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	06 October 2020
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0030235

About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside in peaceful surroundings approx one mile outside the heritage town of Listowel. The Nursing Home is serviced by nearby restaurants/ public houses/ libraries/ heritage centre and various shops. 24-hour nursing care is available which is led by the person in charge, who is a qualified nurse. Staff participate in regular training courses to maintain and improve the level of care for residents. Lystoll Lodge Nursing Home employs 50 staff. All staff and visiting therapists have the required Garda Vetted (GV) clearance in place. Accommodation is available for both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment following a pre-admission assessment of needs. This is to ensure that the centre has all the necessary equipment, knowledge and competency to meet residents' needs. On admission all social activities/hobbies, leisure interests and local amenities available to residents, are discussed. For example, local social events such as Listowel races and Listowel writers' week can be accessed. A care plan will be developed with the resident's participation within 48 hours of admission. This will be individualised for personal care needs and will provide direction to staff members. All food is prepared freshly and cooked by the chefs who tailor meals to meet the preferences and requirements of residents.
Residents meet on a quarterly basis to discuss any improvement or changes that they would like to see in the operation of the centre. An open visiting policy operates within Lystoll Lodge Nursing Home. Complaints will be addressed and the complaints policy is set out in the statement of purpose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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
Tuesday 6 October 2020	09:45hrs to 18:15hrs	Mary O'Mahony	Lead
Tuesday 6 October 2020	09:45hrs to 18:15hrs	John Greaney	Support

What residents told us and what inspectors observed

Inspectors observed resident and staff engagement during the inspection. Feedback was generally positive. Concern was voiced at how isolating the pandemic has been for residents but they said that staff supported them through this and they had remained COVID-19 free. Residents said that they were delighted that family visits had resumed within the guidance for visitors set out by the Health Services Executive (HSE). Visitors were seen in the centre during the inspection and residents were visible delighted to seen them.

Physical distancing was respected in the dining room where residents were adequately spaced for meals. Similarly in the sitting rooms residents were seen to be seated with the required level of social distance, in line with the guidelines of the Health Protection Surveillance Centre (HPSC).

Residents were seen walking with staff along the corridors, in the garden and outside on the grounds when the weather permitted. The enthusiastic activity personnel were busy throughout the day of inspection leading residents in small group activities such as bingo, singing and quizzes. Individual engagement sessions were facilitated for those who were unable to attend the group events. Residents said that their clothes were washed and returned carefully to their wardrobes. Birthday parties and celebrations were almost daily events. Parties were enjoyed and photographs around the centre indicated that residents had a wonderful sense of enjoyment and well-being on these occasions. Residents said they had recently enjoyed a visit from the pet farm where sheep, donkeys and dogs had been brought to the grounds of the nursing home. The resulting photographs indicated great interaction and engagement from residents.

Inspectors observed kind and patient staff interactions with residents during the day. Residents confirmed that the care was very good and that they were satisfied with their accommodation. They expressed confidence in the management team and they felt that their complaints were addressed.

Capacity and capability

This unannounced inspection of Lystoll Lodge Nursing Home took place to follow up on the actions taken to address the findings of the previous inspection of 25 June 2020. The new governance and management team had been in the centre for one year at the time of this inspection and inspectors acknowledged improvements made during their tenure to date. Comprehensive systems were now in place to support and supervise staff, to manage residents' concerns and to monitor care practices. Improved compliance with regulations for the sector had led

to the renewal of the registration of the centre by the Chief Inspector, following a period of engagement with the registered provider representative (RPR) and a number of monitoring events.

On this inspection the new RPR and the new person in charge continued to develop a model of care which aimed to place residents' lives and experiences at the centre of the care process. Residents spoken with said that they felt the management team had brought about welcome change and improved staff interactions.

Following this inspection, the incremental improvements were acknowledged by inspectors. Nonetheless, some issues of concern had been notified to the Chief Inspector prior to this inspection: these had generally been addressed or were explained at the time of inspection. In addition, repeated non compliances were identified which were highlighted for attention at the feedback meeting. These are addressed in the following report under the respective regulations.

In summary:

Issues to be addressed under the capacity and capability pillar included:

- maintaining a correct roster: repeat finding
- incorrect fire evacuation maps on display: repeat finding
- continue to maintain oversight of medicine management: repeat finding
- not all complaints had the satisfaction of the complainant recorded: repeat finding
- incomplete records: repeat finding
- provision of adequate showers for 48 residents: repeat finding and a condition of registration
- an immediate action in relation to lack of Garda Siochana vetting for two staff
- room numbers to be included in each resident's contact on admission
- infection control and risk management processes
- handover methods to senior management to be reviewed
- culture change to be maintained

The registered provider representative was required to submit:

- a timely, comprehensive and achievable compliance plan based on the findings of this inspection.

In conclusion, the findings of this inspection were that the centre remained on a pathway to regulatory compliance. However, continuous oversight was required on the part of the provider of Lystoll Lodge Nursing Home to ensure full regulatory compliance with the standards and regulations of The Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations and was aware of her regulatory remit.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection staffing levels appeared adequate to meets the needs of residents.

Concerns were not raised during the inspection in relation to staffing levels at present. However, there were a number of new staff in the centre who had yet become familiar with all residents. These staff were being mentored by senior carers and the management team.

A number of staff had left for various, legitimate, reasons which were explained to inspectors.

Inspectors were informed that additional cleaning staff had been put in place since the previous inspection.

In addition, a new role of assistant nurse had been developed since the previous inspection. These personnel were qualified nurses in another nation who had all the required staff records in place. While undergoing further nursing studies in Ireland and awaiting their Irish exams and personal identification numbers (PINs) they had been delegated to undertake some defined nursing duties such as wound dressings and monitoring of residents' vital signs. Job descriptions and a policy had been developed for this which clearly set out the parameters of the role. Inspectors spoke with one such member of staff who was clear as to her role as assistant to the nurse. The staff member confirmed that she worked within the parameters set out for the role. The person in charge was requested to follow up with An Bord Altranais agus Cnaimhseachais na hEireann as regards the development and implementation of this role in the context of a Irish care setting, and to ensure supervision was available to these staff members.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was ongoing. Good practice was seen as follows: inspectors found that the trainer forwarded a report of each training session to the person in charge following any training event. This meant that the effectiveness of each session was evaluated and changes made if necessary.

Nevertheless, as the training matrix was incomplete it was difficult for inspectors to decipher exactly how many staff were yet to complete training. According to the records reviewed a number of staff were seen to require the annual mandatory fire training update. In addition, a small number of staff required a refresher session in the prevent and detection of abuse. The COVID-19 restrictions had negatively impacted on the training available for staff and it was apparent to inspectors that management had made efforts to address the backlog. A training schedule for the coming months had been developed and was made available to inspectors. Training in infection control such as hand-washing techniques, wearing of PPE and the signs and symptoms of COVID-19 had been undertaken by most of the staff. However according to the training matrix a number of staff had yet to complete this training. This was significant in view of the Covid 19 pandemic. The registered provider representative (RPR) undertook to submit a completed training matrix following the inspection and to address any gaps in this training. This was submitted in a timely manner.

Staff appraisal and staff induction documentation was well maintained. Performance improvement plans were put in place when required, to support staff learning. It was apparent that issues of unsatisfactory performance were appropriately addressed.

Judgment: Substantially compliant

Regulation 21: Records

Not all records required under the regulations were available to inspectors.

- Most significantly, inspectors found that two staff had commenced working in the centre without the required Garda Siochana (Irish police) vetting (GV) clearance in place. For this reason inspectors issued an immediate action plan to the management team that any staff member without the required GV clearance was to leave the centre until the required vetting disclosure was available. This action was completed and inspectors received an assurance that no staff member, on induction or otherwise, would be allowed into the centre without this in place.
- The sample of staff files reviewed were found to be incomplete: the required two references were not in place in all files and there were inconsistencies noted in the curriculum vitae (CV) of one staff member. Not all references had been verified with the referee.
- Inspectors found that the roster for the week prior to the inspection had not been correctly maintained. One member of staff who had been working on specific days was entered as being on 'leave'.
- Two members of staff on duty on the morning of inspection were not entered on the roster for the current week.

As per previous inspection findings it was a requirement of the regulations that a

correct 'worked' roster is maintained and made available for inspection purposes.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found evidence of a good management system in Lystoll Lodge Nursing Home which ensured improvements in the quality of care being delivered for the residents. Clear lines of accountability and authority were in place. Resources were made available in line with the assessed needs of residents.

The person in charge was responsible for the quality and supervision of care and audits of practice. She was supported by the registered provider representative (RPR), two clinical nurse manager (CNMs) and a knowledgeable health-care team. Good practice was acknowledged as follows:

- At the time of "whole-centre" testing staff and residents had tested negative for COVID -9. Since that time residents and staff had remained COVID-19 free.
- A health and safety group, an infection control group and a medicine management group had been set up to evaluate and improve practice in these areas.
- Audit and supervision of staff provided oversight of practice in particular infection prevention and control practices to ensure that staff were following the most up-to-date guidance. On the day of inspection, the inspector observed that staff were adhering to infection control guidelines such as the wearing of PPE.
- The annual review of the quality and safety of care for 2019 had been completed.

Nevertheless, inspectors found that some improvements were required. For example staff meetings were infrequent and inspectors were not assured that the management handover which was being done by email was safe and effective. On the day of the inspection a delay in reading emails meant that senior staff were not made aware of all significant issues in relation to the status and well being of the current residents.

Inspectors also found that not all actions were completed in accordance with the compliance plan which had been submitted following the previous inspection.

Additionally, a new post of 'assistant nurse' had been created in the centre in June 2020. this was addressed under Regulation 15: Staffing.

In conclusion, notwithstanding the good practice described in this report, inspectors found that there were still a number of improvements which required the attention of management. Inspectors discussed these non-compliances at the feedback

meeting at the end of the inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

In the sample of residents' contracts reviewed the number of the room to be occupied by the resident was not included. This was required under a 2016 amendment to the regulations for the sector. This regulation related to the right of a resident to know what room they would be occupying for the duration of their stay in the nursing home.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the requirements set out in Schedule 1 of the Regulations. However, inspectors found that one copy of the document, on display in the hallway upstairs, was out of date by a couple of years. This was addressed immediately.

Judgment: Compliant

Regulation 31: Notification of incidents

The required notifications were submitted, as required by the regulations. For example, a sudden death of a resident or an allegation of any abusive interaction.

Judgment: Compliant

Regulation 34: Complaints procedure

The management of complaints had improved.

Similar to findings on the previous inspection two complaints did not include the satisfaction or not of the complainant.

As this is a requirement of Regulation 34: this omission impacted on the finding of

'substantially compliant' under this regulation.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures were in place and had been updated to include a contingency plan for COVID-19 and updates to the infection control and risk management policy for the centre.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents in Lystoll Lodge Nursing Home was of a good standard. It was evident that the new management team had worked diligently to change the culture of the service to a person-centred approach to care.

Residents' care plans were seen to include assessments such as cognition, malnutrition, falls, and mobility. A sample of these were reviewed by inspectors. Residents needs were clearly outlined and the care plans were based on information and knowledge about residents' medical and social histories.

Appropriate activities were available to meet residents' preferences and choice and inspectors were informed that these had continued throughout the COVID-19 restrictions. Residents' meetings were held and these were seen to include information on the pandemic and on other matters such as visiting arrangements and the use of personal protective equipment (PPE) by staff. Mass was facilitated now by video link to the local church on a weekly basis.

Audit of bed-rail use and other restraints was ongoing. The use of these was constantly under review and residents' needs were re-evaluated and updated. Risk assessments were in place to support decision making and the safety of bed rails for each individual.

External advocates had been involved where residents required support and contact information was prominently displayed.

Nevertheless, the inspector found the there were a number of issues to be addressed,for example:

- medicine management

- premises
- protection
- risk management
- infection control
- residents' rights
- fire safety.

These findings are highlighted under the relevant regulations in this report.

Regulation 11: Visits

Visits to residents had been strictly controlled since 6 March 2020. In general there had been no visitors allowed at the height of the outbreak except in extreme circumstances. The recently revised Health Protection and Surveillance Centre (HPSC) visitor guidelines had been circulated to all family and friends of residents. This allowed visiting under controlled circumstances. A location had been identified for these visits. This arrangement was reconsidered within the changing guidelines and relatives and residents were kept up to date. Compassionate visiting was facilitated for any resident who was very sick or at end of life.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained. Communal areas were spacious including a sitting room in both the upstairs and downstairs section and a large dining room which faced out to the road. Bedrooms had toilet and wash basins en suite. A number of baths were available in the centre and there appeared to be adequate storage available. The centre was clean and painting had been attended to.

On previous inspections inspectors had found that there were an inadequate number of showers available. At the time of this inspection five showers were shared by 48 residents. An extra, accessible shower had yet to be installed even though there was a condition on the registration of the centre to ensure adequate showers were available for the number of residents accommodated in the centre.

Inspectors found that one bathroom where a shower was located was signposted as "for laundry only". This further reduced the number of accessible showers available for the residents. In addition there were a range of items stored in this bathroom, including; a walking frame stored in the bath, two wheelchairs and a sit-on weighing scales. This inappropriate storage cluttered the room and was not conducive to safe access to the shower.

The repair to a missing cupboard door in the staff office, found on the last

inspection, had yet to be attended to.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer, re-admission and pre-admission documentation was available for relevant residents. Where delays had been experienced in readmission from an acute setting this was discussed with the person in charge (PIC). She informed the inspectors that this had occurred infrequently and had been due to specific issues such as; when awaiting the result of a COVID-19 test in a hospital prior to transfer back to the centre, where a resident's needs had changed significantly to require staff to be trained or retrained in a specific clinical skill such as setting up a feeding regime for a resident with a PEG tube. The person in charge confirmed that where additional training had been required it had been facilitated by the acute service, so as not to delay the person's discharge back to the centre.

A further concern issue in relation to delayed hospital discharge had required input from the advocate and had not been fully resolved at the time of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk management policy met the requirements of the regulations and addressed specific issues such as absconsion and the prevention of abuse.

Risk assessments in relation to the risks posed by COVID-19 were included in the register. These included controls such as checking temperatures of staff and residents, staff changing into their work clothes on arrival and departure, wearing of PPE and proper hand-washing procedures.

On this inspection inspectors found that linen rooms were tidy, additional wall hand sanitisers were in place and oxygen and associated oxygen tubing were appropriately stored. Where oxygen was in use appropriate signage was in place.

Nevertheless, inspectors found that one resident did not have an appropriate risk assessment in place around their smoking.

Inspectors also found that the risks associated with the lack of appropriate clinical hand wash basins had not been addressed since the previous inspection. Staff had to use a sink located in one of the toilets or in the staff office in order to wash their

hands. This risk was discussed with the management team at the feedback meeting who undertook to re-assess the issue in the light of the COVID-19 pandemic, the diverse layout of the premises and the frequency of residents being in isolation on return from the hospital setting.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors acknowledged the effective infection control procedures in place which had resulted in the centre remaining clear of COVID-19 to date.

Improvements were found by inspectors:

- Cohorting of staff to work either upstairs or downstairs was in place and there appeared to be consistency achieved in the staff members seen in both of these areas on the day of inspection.
- Staff had been afforded a designated dining table and an area had been set up for staff breaks in an alcove.
- An improved protocol had been put in place for cleaning and sanitising following visits from relatives.

Nonetheless areas for improvement were also identified by inspectors:

- On previous inspections there were a number of single rooms which had been kept vacant in case of need as part of the contingency contingency plan for isolation of a suspected or confirmed case. However, this practice had changed and there were no dedicated isolation rooms available at this inspection.
- A suitable 'hands-free' clinical hand wash basin had yet to be installed in both floors of the centre to ensure staff were able to comply with required hand hygiene standards.This was highlighted on the previous inspection.
- Chairs in use for the visitors area were unsuitable as they were covered in old fabric and not capable of being sanitised between each use.
- Inspectors found that the food storage room required thorough cleaning.

The person in charge agreed to contact the local infection control team from the HSE for advice and a suitable protocol in relation to these issues.

Judgment: Substantially compliant

Regulation 28: Fire precautions

- Fire evacuation maps had not been updated since the previous inspection.

The maps were available but had not been displayed. This is was addressed while inspectors were present on the morning of the inspection.

- The new maps which were put up on the walls were paper-based and were not capable of being cleaned or wiped to an infection control standard.
- Staff had identified issues with the automatic closure of a number of fire doors when the fire alarm had been sounded. While these had been checked and found to be working inspectors found that the issue to be addressed was a staff training issue, as apparently staff had not released the doors correctly.
- Inspectors found that one fire safe door upstairs was held open with a medicine trolley. The automatic release magnet was not engaging with the door when this was attempted by the person in charge and the inspector. This required repair as it was not suitable for it's purpose which was to separate compartments upstairs for fire safety purposes.
- Inspectors found that the smoking room door was not always kept unobstructed from closure.
- The daily fire safety checks had not been undertaken for three days prior to the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There had been improvements noted in the management of medicines since the previous inspection.

Inspectors found that medicines were signed by nursing staff when administered. Audit of medicine management was undertaken regularly and a medicine management group had been established to promote safe practice in this area.

Some issues required review however:

- On the morning of inspection there was only one signature for the handover of controlled drugs.
- The temperature of the medicine fridge had not been recorded for three days prior to the inspection.
- In a small sample of medicine records checked, a medicine to be crushed was not prescribed in this form.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' care plans were reviewed by inspectors.

However, inspectors found that not all plans were reviewed on a four-monthly basis to reflect residents' changing needs.

This time frame is set out in the regulations to ensure that residents' changing needs were consistently documented to ensure optimal care.

Additionally, the care plan of one resident admitted on the 4 August had yet to be completed: the regulation required that care plans be completed within 48 hours of admission.

A specific care plan on safeguarding did not sufficiently detail the issues involved for the resident.

Judgment: Substantially compliant

Regulation 6: Health care

The sample of care plans seen contained evidence of input from range of health professionals such as the doctor, the dentist, podiatrist, the dietitian, the speech and language therapist (SALT) and psychiatric review.

A clinical excellence team consisting of the local geriatrician, the area HSE managers, public health, occupational health, community placement coordinator, infection control expert and nurse managers, were available for advice on the pandemic. Members of the team had been very helpful throughout, according to the person in charge.

The person in charge maintained daily contact with the HSE in relation to the pandemic.

Inspectors found however, that records in relation to fluid intake were not properly maintained. For example, drinks were recorded as taken, even though one resident was asleep at the time the drink was served and another resident could not reach the drink. The person in charge agreed to audit this practice and take action if required, as a training and supervision need was identified for staff.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Care plans were in place to support residents with dementia who communicated their needs or discomfort through behaviours. These were detailed and set out

guidance for staff on the use of non-pharmaceutical approaches as a first resort.

A resident who had been assessed by the psychiatric team due to specific behaviour had expressed a wish to go home. The person in charge was liaising with the HSE in relation to this wish, as the care setting was not meeting the resident's needs and preferences for care.

Judgment: Compliant

Regulation 8: Protection

Residents said they felt safe.

Where any type of abuse, verbal or otherwise had been alleged it was dealt with in a consistent and effective manner.

Resident spoke with inspectors about feeling more confident that issues of concern would be addressed by the management team.

Nevertheless, two staff members had commenced working in the centre without the required GV in place as required under Schedule 2 of the regulations and this fact impacted on the finding of substantially complaint under this regulation.

Judgment: Substantially compliant

Regulation 9: Residents' rights

On the day of inspection residents were seen to participate in activities and recreation. Resident said that family contact was maintained through telephone, video calling and controlled visiting. Residents had been consulted about the public health measures in place and understood why inspectors wore masks and observed physical distancing while speaking with them.

Residents felt that their lives and experiences were important to staff who were engaged in promoting their well-being.

On the day of inspection inspectors spoke with a number of residents who were delighted to chat and talk about the return of visiting arrangements as well as the good care they received during the time of "lockdown". One resident stated that the lack of visitors had made her feel sad so she was happy that she could now talk with her family in person. Residents told the inspectors they were glad to know that their rights and safety needs were set out in the regulations.

Good practice was acknowledged, as found on the previous inspection:

- each resident had access to a variety of media
- various technology and communication devices were used to communicate with family through video or phone calls
- controlled personal visits were accommodated
- social distance was generally maintained
- activities, such as, card games, knitting, bingo, quiz and 'sing-a-longs' were undertaken during the inspection by a number of residents.
- outings had taken place
- a pet farm had visited
- a barbeque and ice cream parties had been held during the summer months.

Inspectors found however that the activity notice board for residents had not been updated since the Sunday prior to the inspection. This was important for information and orientation purposes.

In addition, inspectors had received information that some residents were asked to move into double rooms where a single room was required for isolation purposes. These concerns were validated on this inspection. This was not conducive with respecting residents' rights and the terms of their contracts. A number of residents or their families were not happy about this practice.

The person in charge was asked to review the COVID-19 contingency plan in relation to ensuring that rooms were available should a resident be required to isolate, either on return from hospital or if they presented with signs and symptoms of possible infection.

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

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0030235

Date of inspection: 06/10/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The staff training calendar has been updated to address deficits in training. Fire training took place on 17.11.2020 with another on 07.12.2020. Donning and Doffing of PPE is scheduled for week beginning 30.11.2020e	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff have Garda vetting in place prior to commencement in the Nursing Home. An audit of staff files is ongoing, staff have been requested to furnish any required additional information. The audit will be completed, and actions implemented by 31.12.2020. The staff nurses have been designated to update the rota daily, this will be audited weekly by the Clinical Nurse Managers and cross checked by the administrators.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:
A schedule for monthly team meetings has been created with a designated date for team meetings to occur. A healthcare team meeting took place on 24.11.2020. Senior Staff will receive a verbal handover of priority issues from the Staff Nurse or Clinical Nurse Manager, at the beginning of their shift. A Quality Improvement meeting has a taken place on 04.11.2020 and 01.12.2020

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:
An addendum has been issued to all residents regarding their contract of care which outlines their designated room number.
This was completed on 29.11.2020

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The General Manager will conduct a monthly review of complaints to ensure the satisfaction of the complainant is documented

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
An additional shower has been installed on the first floor of the premises; this was completed on 12.11.2020
The additional maintenance as described in the report will be completed by 31.12.2020

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
The Nursing Home continues to engage with the advocate regarding concerns raised in relation to delayed hospital discharge. An update from the advocate is expected by 10.12.2020 regarding the satisfactory resolution of the concern.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Smoking Risk Assessments have been completed for the five residents within the Nursing Home who are smokers. These were completed on 30.11.2020. Clinical wash basins have been installed on the corridors within the Nursing Home. These hand washing facilities were installed on 16.11.2020.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A room will remain vacant as part of the Nursing Home's contingency plan for the isolation of a suspected or confirmed case. This was completed on 09.11.2020. Clinical hand wash basins were installed on 16.11.2020
All chairs with fabric not capable of being sanitized have been removed from the Nursing Home as of 09.11.2020. A deep clean of the food storage room was completed on 10.11.2020 and a cleaning schedule for this room put in place which will be audited by the General Manager

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

All maps in the centre have been updated and placed in frames as of 02.11.2020. Fire doors have been repaired by a certified person. Weekly audits are conducted by the General Manager to ensure correct completion.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Daily audit of controlled drugs is conducted by the Clinical Nurse Managers.
All nurses have been reminded of their responsibility regarding fridge temperatures, night nurses will conduct daily check to ensure the temperature has been recorded.
CNM will audit Kardex weekly.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A schedule of care plan reviews will be completed by 31.12.2020 to ensure that all care plans are audited four monthly at a minimum to ensure they are person specific and sufficiently detailed.
CNMs will audit care plans following the admission of a resident within 72 hours.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
An audit was carried out by the Director of Nursing regarding the number of people requiring intake an output charts, the number of fluid charts was reduced based on identified clinical need.
At a team meeting held on 24.11.2020 fluid recording was discussed with staff in relation to intake and output recording.
Training will be provided in same by CNMs to HCAs on or before 31.12.2020.

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Please see information regarding Garda Vetting as outlined above	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The resident's information notice board will be updated daily, this will be audited by the General Manager once per week. A room is available for isolation of a suspected or confirmed case of COVID 19 should this be required	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2020

Regulation 21(1)	The registered provider shall 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.	Not Compliant	Orange	10/10/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant		04/11/2020
Regulation 25(3)	The person in charge shall ensure that, in so far as practicable, a resident is discharged from the designated centre concerned in a planned and safe manner.	Substantially Compliant	Yellow	10/12/2020
Regulation 25(4)	A discharge shall be discussed, planned for and agreed with a resident and, where appropriate, with their family or carer, and in accordance with the terms and conditions of the contract agreed in accordance with Regulation 24.	Substantially Compliant	Yellow	10/12/2020

Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/11/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	16/11/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	06/10/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	06/10/2020
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated	Substantially Compliant	Yellow	06/10/2020

	centre.			
Regulation 29(5)	The person in charge shall 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.	Substantially Compliant	Yellow	07/10/2020
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	07/10/2020
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Substantially Compliant	Yellow	07/10/2020

	appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant		07/10/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	07/10/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	31/12/2020

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	07/10/2020
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	10/10/2020
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	07/10/2020
Regulation 9(3)(e)	A registered provider shall, in	Substantially Compliant	Yellow	07/10/2020

	so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.			