

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lucan Lodge Nursing Home
Centre ID:	OSV-0000061
Centre address:	Ardeevin Drive, Lucan, Co. Dublin.
Telephone number:	01 628 0555
Email address:	lucanlodge@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Lucan Lodge Nursing Home Limited
Provider Nominee:	Tanya Patterson
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	70
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 17 July 2014 10:00 To: 17 July 2014 20:30

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

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

Summary of findings from this inspection

This announced inspection was the sixth inspection of this centre and took place over one day. The purpose of the inspection was to inform the decision of the Authority in relation to the application by the provider to renew the registration of the centre which was granted registration in 2011. All documentation required for the registration process was provided.

The inspector also reviewed the actions outstanding following the previous inspection and found that of the 12 actions identified all action bar two had been satisfactorily addressed. The remaining actions concerned an external wall which blocked light from the dementia care unit and the usage of one four-bedded room. The timeframes for these issues had not elapsed.

The findings of the inspection demonstrate that the provider is in overall compliance with the regulations. Resident's healthcare was prioritised and met to a good standard with good access to a range of multidisciplinary services. There was evidence of effective governance systems in place to monitor and review the quality and safety of care. Mandatory training requirements were met and other training relevant to the residents needs was also provided on a regular and rotational basis. Staff were knowledgeable on the residents care needs including the psychosocial needs and evidenced based nursing practices were implemented. Complaints were managed appropriately and there were appropriate protective mechanisms in place. Activities were varied and tailored to the different needs and preferences of the residents. The inspectors reviewed questioners from relatives and residents prior to the inspection. The commentary was very positive and comments made by residents included the care is really very good, staff and the managers are very careful and kind and we can do what we wish to do ourselves.

Some improvements were required in communication system between catering and unit staff in regard to special dietary needs and directions for supporting residents when assisting them with food. An improvement was also required in ensuring that all staff were aware of and adhered to the directions on the use of hoists. The actions required to ensure compliance with the standards and regulations are detailed at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be in compliance with the regulatory requirements. Admissions to the centre and care practices implemented were congruent with the statement.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was in compliance with this regulation. A number of systems are in place to support governance arrangements and to ensure that residents' care and safety is prioritised. There are effective supportive structures in place for the person in charge including the nominee of the provider who is a qualified nurse and is involved full time in governance and a full time assistant director of nursing. There are effective risk management and quality assurance systems in place.

A number of systems are used including audits, regular health and safety meetings clinical governance meetings and good reporting structures for all departments. Reviews take place on a weekly basis of incidents, nutrition, falls, wounds and medication errors and use of antibiotics. This serves to ensure the person in charge is fully informed of residents care needs. This is further supported by monthly reviews. Examination of the documentation and cross referencing with resident care plans indicated that the information collated was used to implement changes to structures and systems where any deficits were identified. Examples of such issues included increased supervision and identification of residents at risk of falls. The resources available including staffing, management structures and equipment were seen to be well utilised. Although the provider has not as yet commenced the compilation of an annual report the data currently available is sufficient to provide the information for such a review.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

There is a detailed resident's guide available and each resident is provided with a contract of care which was compliant with the requirements of the regulations in content and timing. Any additional charges were outlined and documented and inspectors found that residents were not paying for services which were already funded on their behalf.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge is suitably qualified and experienced and has continued her professional development with qualifications in gerontology. She demonstrated competence in her role. She is engaged full time in post. She is supported by a team consisting of an assistant director of nursing who is also full time in this post. There is also a clinical nurse manager in two of the units. The provider, who is also a qualified nurse has accreditation to provide training in dementia care and challenging behaviours. There is a nominated senior care assistant on each floor. Governance arrangements, including monitoring of practices and reporting systems were clearly outlined and satisfactory and responsibilities were understood. The provider and person in charge were observed to be well known to the residents and relatives and knowledgeable on their care needs and preferences.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the records required by regulation in relation to residents, including medical records, nursing and general records were up to date, easily retrieved and maintained in a manner so as to ensure completeness. All of the required policies were in place and had been revised. Documents such as the residents guide and directory of residents were also available. The inspector saw that insurance was current and included the liability for resident's personal property as required by the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspector as part of the application for registration.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider has made suitable arrangements for periods of absence of the person in charge. Two key personnel are nominated with the assistant director of nursing being the primary nominee. Arrangements were suitable and consistency of management was provided for.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

Inspectors reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it was satisfactory, in line with all guidelines and demonstrated knowledge and understanding of the providers responsibilities and the function of statutory agencies in any such matters. A review of records also demonstrated that the person in charge had acted in accordance with the policy to protect residents and liaised promptly with the proper services when this was required. Records demonstrated that all staff had received updated training in the prevention, detection and response to abuse. This training is ongoing on an annual basis and is facilitated internally on a rotating basis.

Staff spoken with demonstrated an understanding of their own responsibilities in relation

to this and signs and symptoms of abuse which would indicate concern. They also expressed their confidence in the provider and person in charge to act on any concerns raised. Residents and relatives informed the inspector that they felt safe and very well cared for in the centre. They were familiar with the person in charge and the provider and expressed their confidence in being able to address any issue with them. A review of a sample of records of fee payments and transactions for residents and residents who were wards of court found that the records were transparent, and residents could at any time be given a detailed statement of their finances including fee payments and regular invoices.

There was a policy on the management of challenging behaviours which was in accordance with national policy and guidelines. A review of a sample of care plans for residents demonstrated very person-centred and specific guidelines for residents who demonstrated such behaviours. These demonstrated that the training given to staff was integrated into practice on a day to day basis. All staff were provided with this training so that it was integrated into practice across the centre and not confined to the dementia specific unit. Staff were able to articulate an understanding of the resident's behaviours, insight into non verbal behaviours including facial expressions and support was provided in accordance with the care plans. Additional systems included changes to routines or additional supervision. Charting of incidents was undertaken to identify trigger and diversionary strategies were used. Medical intervention such as psychiatry of old age was also accessed. There was evidence of ongoing review of any medications used, for example to reduce anxiety and the impact on the residents of such medication.

Policy on the use of methods of restraint and enablers was detailed and practices were found to be in line with the policy. The use of any restrictive devices such as bed-rails or Pro-re nata (PRN) medication was limited and not a feature of this service provision. Any prescribed medication was carefully monitored and used only to treat an identified medical condition. Records demonstrated very limited use of such medication. A detailed assessment tool was used for bedrails and this included any potential risk factors which would contra-indicate the use of the bed-rail. The consultation process with relevant multidisciplinary services was evident in the assessment tool. Alternatives were explored and tried in the first instance. Residents were checked two hourly and this was documented. A register of such interventions was maintained.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

There was a current and signed health and safety statement available. Systems for review of safety and risk were evident. A detailed safety audit of the premises and work practices had been undertaken. The risk management policy was in compliance with the regulations including the process for learning from and review of untoward events. This policy was further supported by relevant policies including an emergency plan. The missing person policy was proactive emphasising the need to initially identify a resident who may be at risk of unauthorised absence. The emergency plan was detailed and it contained all of the required information including arrangements for the interim accommodation of residents should this be required. An integrated generator was available for use and emergency phone numbers were readily available to staff. A current and accessible profile of the residents was available for use by the emergency services. A health and safety committee comprising of various department members including clinical, housekeeping and care assistants met three monthly and any issues identified were supported by an action plan. A named person was nominated to ensure the actions were carried out. Resident at risks of developing pressure areas had assessments and corresponding care plans which staff were familiar with in order to prevent the development of wounds.

Core safety features including non-slip flooring, hand-rails, working call-bells and coded exits and entrances were evident. Training records demonstrated that staff had undergone specific training in moving and transporting residents and in the safe use of the hoist. Residents who smoked were assessed for safety and supervised. The designated smoking room which is external but sheltered had easy access to fire retardant blankets and extinguishers. Residents could either be easily observed or supervised as indicated by their assessment.

Fire safety procedures were satisfactory with the fire alarm and emergency lighting serviced quarterly and other equipment serviced annually as required. Daily checks on the exit doors and fire panel were recorded. The fire procedure was displayed and all staff spoken with were able to demonstrate a good knowledge of the procedure to be used in such an event. Fire safety training had taken place annually for all staff and this training included the use of the fire compartments, movement of residents and the use of ski sheets where these were indicated. Fire drills were held circa twice yearly.

The inspectors were satisfied that the safety of residents was prioritised. Records showed that staff had received updated training in moving and transporting residents. All residents who required it had detailed moving and handling plans including the plan for the use of the hoist. Good practice was observed overall. However, in one instance staff did not demonstrate knowledge of the correct sling to be used for a particular resident. This was brought to the attention of the nurse on duty who agreed to rectify this.

Judgment:

Non Compliant - Minor

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The action in relation to medication management, namely the management of errors and controlled medication was satisfactorily addressed. The provider had also changed pharmacy arrangements to ensure systems could be adequately monitored. Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for controlled drugs were satisfactory. There are appropriate documented procedures for the handling, disposal of and return of medication. Medication was reviewed three monthly or more often for individual residents where this was deemed necessary.

Records also demonstrated that staff observed residents response to medication. An audit of medication was undertaken by the pharmacist and internally by the person in charge and any discrepancies were identified and acted upon. There was evidence that any errors or incidents were reported and addressed with appropriate actions taken promptly. At the time of this inspection no residents were deemed to have the capacity to self-administer medication.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrated compliance with the obligation to forward the required notifications to the Authority. There was also evidence that any incidents or incidents were reviewed.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

There were 70 residents present in the centre at the time of this inspection. Admission processes were robust with a full assessment undertaken by the person in charge. There was detailed transfer information available should a resident require admission to acute services. From a review of nine care plans and medical records the inspector was satisfied that the healthcare requirements of residents were met to a good standard. Residents may if geographically possible retain their own general practitioner(GP) service. In reality a local team of three GPs provide healthcare and within this arrangement resident can choose to be seen by a male or female GP. All residents had updated evidenced based assessment tools completed for pressure area care, falls, nutrition, and other needs specific to the residents. These assessment tools were reviewed three monthly or following any change in the resident's status. Records demonstrated that residents have access to allied services including speech and language, physiotherapy, occupational therapy and psychiatry of old age, chiropody, ophthalmic and dentistry. Physiotherapy and occupational therapy is available internally. The recommended intervention was detailed in the residents records.

Care plans were found to be reviewed at a minimum three monthly and it was evident that this review was focused and included any changes which had taken place for the resident. The care plans demonstrated a good knowledge of the individual residents in terms of both healthcare and personal and social care needs. Nursing notes, maintained on a daily basis were reviewed by the inspector. These were detailed, correlated with the care plans and clearly outlined the care provided to residents and any changes observed by staff. Consultation with residents or relatives was also apparent.

There was a very low incident of either accidents or pressure area risk despite the maximum and high dependency level of the residents. Weights food and fluid intake were monitored in accordance with the resident's condition and under the direction of the dieticians. Supportive aids were evident including walking frames and residents were individually supported to maintain their independence as their capacity allowed.

Residents informed the inspectors that they were very satisfied with the healthcare they received and that staff were prompt and attentive to them. Relatives also indicated via questionnaire and interview that they were kept fully informed of the care plans and any changes were quickly communicated to them.

Activities for residents were varied and diverse including both group and individually tailored events. There are two activities co-ordinators who work Monday to Friday and the occupational therapist also undertakes activities with residents. A range of events were organised regularly including music twice weekly. This was observed and found to be an interactive event with residents participating. Two staff are accredited trainers in Sonas therapeutic intervention which was particularly relevant for the dementia specific unit. Outings and barbeques took place regularly and day-to-day recreation such as quizzes, bingo and DVDs are also organised. Residents were informed of the activities and informed the inspector that they choose what they participated in. Some residents attend day services at organisations pertinent to their healthcare needs. Where residents cannot participate staff are allocated to work individually with them, for example reading books or magazines of the resident choice with them. Inspectors observed this taking place. Ease of access to the gardens and the location of the day rooms means that staff are visible and present and residents can simply sit and be part of the overall activity or take quite time if they wished but interaction with staff was very evident. The dementia unit is constructed in a manner which allows residents freedom of movement to walk and yet be visible to staff.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

Overall the premises is fit for its stated purpose. It is a three story over basement structure. The residents reside on three floors. Level one is in the basement, level two is on the ground floor and level three is on the first floor. The fourth floor is used for administration purpose only. Facilities available including the number of available and suitable adapted shower toilets and bathrooms were in compliance with the standards. Level one is a 15 bedded Alzheimer's Unit. This unit consists of an open plan

dining/sitting room, a small kitchenette and an additional sitting room. There are five single rooms with en suite sink and toilet. There are ten single rooms and two assisted shower rooms/bathrooms. The main kitchen is also on this level.

Twenty one residents reside on level two. There are 21 single rooms, 11 of which have en suite sink and toilet. There are three assisted toilets/ shower rooms on this level. There is a large dining room/ sitting room and additional seating on the corridor. There is a second smaller sitting room, oratory and a hairdressing room.

Thirty six residents reside on level three, which consists of thirty single rooms 10 of which have en suite sink and toilet. There is also one twin room and one four bedded room. There are three assisted toilets/ shower rooms and one assisted toilet/ Jacuzzi bath. There is a small seating area on this floor and some residents dine here.

The premises was brightly painted and decorated with age appropriate pictures and ornaments and well maintained. Bedrooms were spacious and there was room for chairs furnishing and any assistive equipment required. There is an adequately equipped sluice facility on each ward. Staff toilets and suitable storage area for both equipment and chemicals were available and utilised. There are two lifts and five internal stairways to each floor. Records reviewed by the inspector demonstrated that all equipment for resident use and comfort was serviced annually or more frequently including specialist's beds, chairs, call-bells, heating systems and the lifts. Safe flooring and grab rails were available in all areas. Access to and from each section and the main entrance is secured via code. A number of residents have the code to allow them move freely within the building. Policies and procedures for the control of infection were satisfactory and good practice was observed and articulated by staff. A maintenance log is maintained and any issues appeared to be dealt with in a timely manner.

A suitable and safe garden is available and easily accessible off the first floor day room and the dementia specific unit. These areas contain suitable seating, pathways, flowers and a working water feature but also areas of shelter from the sun. The gardens were seen to be used by residents.

The action arising from the previous inspection included access to adequate light from a number of bedrooms and the day room in the dementia unit which was partially blocked by an external wall. The four bedded room will not meet the Standard requirements for 2015. The provider had made and submitted plans to the authority to remove the wall and divide the four bedded room into two. The inspector were informed that the works in relation to the four bedded room and the external wall would commence in february 2015 and be completed by June 2015.

Judgment:

Non Compliant - Minor

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There are written operational policies and procedures for the making and management of complaints. This included the function of the designated person who is responsible for overseeing and monitoring the implementation of the complaints procedures in accordance with Regulation 34 (3). The process of local resolution of complaints was undertaken by the person in charge. The sample of complaints viewed by the inspector indicated a willingness to address any issue raised. They were resolved satisfactorily and promptly and the complainant views of the outcome were ascertained. Adequate records were maintained. The details were then forwarded to the designated person for overview and there was evidence that suggestions were made on occasions to ensure better resolution and ensure the process was followed. Residents and relatives spoken with indicated that they were aware of how to make a complaint and felt confident in doing so.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a written operational policy on end of life care. Staff have had recent training in supporting resident and ascertain resident's wishes in relation to this. Records reviewed indicated that there was advanced planning with consultation between medical personnel, families and the resident where this was appropriate. There was documentary evidence of this although this did not contain a review system. Decisions regarding resuscitation were appropriately documented. A review of the pertinent records demonstrated that residents comfort and support was prioritised by staff. Relatives were accommodated to remain on the premises and food and refreshment was

provided. Religious affiliations were supported generally with regular access to ministers and this was prioritised at the time of death. There were appropriate religious symbols and all legal requirements including verification of death and reporting to the coroner's office was evident. Records were detailed and complete. There was evidence of good access liaison and support from palliative care services if required and staff had training in cardio-pulmonary resuscitation.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Relevant policies and guidelines were in place to support nutritional intake and hydration. There was evidence on records available of the consistent monitoring of residents nutritional status and there were effective systems in place for monitoring resident's nutritional needs. The malnutrition universal screening tool (MUST) was undertaken within twenty four hours of admission and repeated to identify any resident at risk. Weights are monitored either weekly or monthly as dictated by the residents needs. There was evidence of referral to dieticians and speech and language therapist for all those residents on either modified or altered consistency diets. Staff were found to be knowledgeable on the fluid consistencies prescribed for residents.

Residents, including those on modified foods were offered a choice at all meals and the menu was seen to be varied and regularly reviewed by the dietician who is employed by the provider. Meals observed including modified meals, were presented in an appetising manner. Assistive crockery was also available to support residents to remain independent. Inspectors observed that fluids were encouraged during the day and at evening time.

Snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day. Residents and relatives all spoke positively about the food in terms of its nutritional value and the fact that it was very tasty. Although the meals come from a central location there was a serving area on each ward. A food safety management plan was in place and the most recent environmental health officers report was also available. The inspector was informed that the action identified in that report had been resolved. Food such as sandwiches, fruit and yoghurt's were available for snacks at different times of the day. Residents were provided with additional

supplements as deemed necessary and prescribed by the medical officer. There was sufficient staff to ensure residents were supported in an unhurried manner with staff communicating and encouraging residents.

Some improvements were required in the system for communicating specific dietary requirements between the catering staff and those serving meals to residents. For example, on the day of inspection in one unit staff informed the inspector that the dessert available was suitable for residents with diabetes. However, the catering staff stated that on this occasion this was not the case but there was no agreed system for communicating this. In addition, it was observed that the directions of speech and language therapist in relation to the positioning of residents when assisting them to eat was not consistently followed.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents who could communicate with the inspector were able to articulate their medical and care needs and indicated that they were consulted with regard to their care. Written feedback from relatives also indicated that they were consulted regarding care plans and care needs. It was apparent that there was choice in regard to their daily routines such as getting up or attending activities. Feedback and consultation processes in use included the resident's forum which takes place circa three monthly and day-to-day conversations with staff. A review of the minutes of the resident meetings indicated that issues raised were taken on board and acted upon. For example, changes were made to the menus, and an additional care staff was allocated duty in one section until 22:00hrs at night. Surveys had been undertaken in 2013 and overall the outcome was positive.

There was evidence that residents were supported with information and encouragement regarding their healthcare in order to maximise their continued health. Newspaper and other media such as television were evident and voting arrangements were made when required.

Visiting times were flexible as observed and staff were observed respecting residents' privacy both in their style of communication with them and closing doors when undertaking personal care. Staff also demonstrated knowledge of the individual resident's means of expression and were able to interpret the meaning. Care plans dictated appropriate methods of communication such as the tone of voice staff should use with some residents. It was apparent in the dementia unit that staff had good knowledge of the resident's personal histories and were able to respond appropriately to the resident in relation to this. In some instances communication tools such as pictorial images and communication books were used to help residents either with cognitive impairment or speech and sight difficulties. Staff liaised with other external services in order to access additional support for residents, for example those with sight impairments. Residents stated that staff were respectful and that their privacy was maintained. Residents who expressed a preference to have personal care undertaken by female staff, were supported in this. In order to ensure staff adhered to this a small discreet coloured flower was placed on the resident's door.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

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

Findings:

The action from the previous inspection had been satisfactorily resolved. Valuables held for safe keeping were recorded and the signatures of both staff, resident or relative was evident. There is a policy on the management of residents clothing and possessions. Residents clothing is laundered on the premises and there was no current evidence that clothing was not being returned. There was ample space in each bedroom to hold clothing and other personal belongings and a locked space for valuables.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

The inspector reviewed the actual and planned staff roster and from observation was satisfied that there was a sufficient number and suitable skill mix of staff on duty to meet the needs of residents with the exception of night time. There were four nurses on duty from 08:00hrs until 21:00hrs with up to 16 care assistant staff. This however was then reduced to two staff nurses from 21:00hrs. Given the size and lay out of the premises and the dependency level of the residents this is not sufficient. The dementia unit is without the presence of a nurse at nights although assistance is available from the first or second floor. The inspectors acknowledge that there is currently no evidence that this has directly impacted on the care and welfare of residents. However, the ratio of one nurse to 36 residents is considered low. On-call is available in the person in charge and assistant director of nursing. There was sufficient catering and household staff available who were knowledgeable on their respective responsibilities and duties.

A sample audit of four personnel files demonstrated that the provider was in compliance with the regulations and had sourced the required documentation and sought to verify information given. Current registration numbers for all professional staff were available. As required following the previous inspection agreed terms for outsourced staff were available in addition to the required vetting and referencing.

Examination of the training matrix demonstrated an ongoing commitment to updating mandatory training and other training relevant to the needs of the residents.

All staff were up to date with moving and transporting of residents and all staff had current training in fire safety which takes place annually. Other training of relevance and undertaken at regular intervals included challenging behaviours and understanding dementia, infection control, palliative and end-of-life care, and 15 nurses have updated wound care training. Care assistant staff with the exception of three had undertaken Further Education and Training Awards Council (FETAC) level five and there is a plan to support the remainder of the staff to complete this training with two scheduled to commence training in September. A number of key internal staff have undertaken "train the trainers" courses in order to ensure training can be updated on a rotational basis. There was a detailed induction plan in place for staff of various roles to ensure they

were familiar with the procedures and with residents care needs. This included a number of weeks supernumerary time. Key staff were identified as being responsible for implementing this induction programme. Supervision of staff was also undertaken and annual appraisals focusing on development and skills was recorded.

Team meetings take place regularly with all grades of staff focused on health and safety clinical care meals and recreation. Inspectors found that staff were aware of the policies and procedures, the training available could be seen to have a positive impact on the care provided and staff articulated their various roles competently. Staff had access to The Health Act 2007 and relevant regulations.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lucan Lodge Nursing Home
Centre ID:	OSV-0000061
Date of inspection:	17/07/2014
Date of response:	13/08/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Staff did not consistently demonstrate knowledge of the correct procedure for use of hoists.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Staff has been re educated in the use of correct size slings for individual residents.

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

Completed

Proposed Timescale: 13/08/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Directions of speech and language therapist in relation to the positioning of residents when assisting them to eat was not consistently followed. Systems for communicating specific dietary requirements between the catering staff and those serving meals were not robust.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Staff have been re educated regarding correct positioning of residents when assisting them with meals.

Menus will have a star identification mark to highlight Diabetic diets and staff will be re educated regarding this.

Proposed Timescale: 31/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Given the size and lay out of the premises and the dependency level of the residents the number of nursing staff available overnight requires review.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

As a moderate non compliance we feel we have been treated harshly. We have never had any issues regarding staffing from any inspectors and we have never had any negative outcomes.

This has been our 6th inspection by HIQA and to date no inspector has had any concern regarding our staffing level.

As stated this time in our report inspectors found no evidence of poor care or negative outcomes for residents due to staffing.

However we are in the process of trying to employ more nurses to facilitate a nurse being on duty on each floor at night. Due to the shortages of nurses and lack of nurses wishing to work in nursing homes this is proving difficult.

In the meantime we have changed the shift pattern of the nurses on level 1 to 8-4 and 4-10 to facilitate evening medication round.

Timescale is ongoing due to difficulty recruiting nurses

Proposed Timescale: