

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shannon Lodge Nursing Home
Centre ID:	OSV-0000383
Centre address:	Rooskey, Roscommon.
Telephone number:	071 965 8667
Email address:	shannonlodgenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shannon Lodge Nursing Home Rooskey Limited
Provider Nominee:	Adrian Cox
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	3

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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: 24 January 2017 09:00 To: 24 January 2017 19:10

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

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

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

In applying to renew registration of the centre, the provider has applied to accommodate a maximum of 36 residents who need long-term care, or who have respite, convalescent or palliative care needs. This is the same level of occupancy

which the centre is currently registered to accommodate.

The inspector observed care practice and reviewed documentation such as care plans, medical records, policies and procedures, staff records and the activity schedule during the inspection. The inspector reviewed progress on the action plan from the previous inspection. All the actions from the previous inspection were completed satisfactorily. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

The inspector found that residents' health care needs were appropriately assessed and addressed with good access to general practitioners (GP's). There was access to allied health professionals for residents who were identified as being at risk of poor nutrition or with a swallowing difficulty and the palliative care team.

The building was well maintained, warm, comfortably decorated and visually clean. Bedrooms accommodation comprises of 18 single and nine twin en-suite bedrooms. Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents.

There was a varied and meaningful activity programme provided. Staff were knowledgeable about the care to be provided. Conversations with staff confirmed that an individual and person- centred approach. Staff spoken with conveyed positive views about the care of older people and were well informed through a range of training courses provided. Feedback from relatives and residents indicated a high level of satisfaction with the service.

Thirteen outcomes were judged as compliant with the regulations and a further five outcomes as substantially in compliance with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:

A statement of purpose was submitted as part of the application to renew registration. It was reviewed in November 2016. It detailed the centre's mission statement and ethos of care. All the information as required by schedule 1 of the regulations including the conditions of registration was outlined.

A copy was available to residents' and staff in the centre.

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):

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

Findings:

There was a defined management structure in place with which staff were familiar. The governance arrangements in place are adequate to ensure the service provided is

appropriate and consistent.

The registered provider is involved in the management of the centre. He knowledgeable of residents, their families and their social care needs. His role is to oversee the management of the building facilitates, source external contractors and trainers and the financial management of the service.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed during 2016 and there was a program of planned audits to be completed for 2017.

A medication audit was completed in conjunction with the pharmacist. Data on the usage of psychotropic or night sedative medication was being collated and reviewed in conjunction with the GP.

The aim, objective and methodology for all audits require development to include learning and actions required to improve practice. An audit of falls was completed for a three month period in 2016. While a full review was planned for the entire year, falls audits were not completed at regular intervals during the year to identify any corrective action at the earliest stage possible to minimise the risk of repeat incidents. The data examined included the time and staff on duty other factors including the location of fall, and the information collated from the post incident reviewed was not included in the audit process.

An annual report on the quality and safety of care was compiled reviewing and providing information on aspects of the service provision for the previous year. The annual report was discussed at the residents' meetings. This was an area identified for improvement in the action plan of the previous inspection as no report on the quality and safety of care had been developed previously.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that all residents accommodated had an agreed written contract including a contract for a resident recently admitted to the centre for a period of respite care. Each contract of care had been signed by the person in charge, a witness and the resident or their next of kin.

The contract included details of the services to be provided and the fees payable by the residents. The contracts specified the total amount payable and detailed items not covered by the overall fee. Expenses not covered by the overall fee and incurred by residents for example, chiropody, hairdressing, escort to appointments, activities, tags to label clothes and continence wear were identified in the contract of care and the associated charges specified individually

The contracts of care did not specify whether the bedrooms to be occupied by residents were single or twin occupancy

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

There was also information available about services for residents and interesting events in the newsletter and on notice boards in the centre.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was being managed by a qualified and experienced nurse. She has appropriate qualifications, sufficient practice and management experience to manage the residential centre and meet its stated purpose, aims and objectives.

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. She is supported in her role and responsibilities by a clinical nurse manager rostered four days each week.

She maintained her professional development and attended mandatory training required by the regulations. There was evidence the person in charge has engaged in ongoing professional development training and attended study days and seminars. A valid and up to date registration with An Bord Altranais is agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) was available.

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 records listed in schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval.

The centre had all operational polices as per schedule 5 of the regulations.

The directory of residents contained all of the information required in schedule 3. The directory of residents' was maintained up to date.

A sample of resident's files reviewed contained all of the health and medical information as listed in schedule 3. Incidents, falls and accidents, physical restraint management (the use of bedrails) records of money or other valuables deposited by residents for safekeeping were maintained accurately and kept up to date.

All other records as per schedule 4 were maintained and available.

Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents' personal property.

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:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A key senior manager is notified to HIQA to deputise in the absence of the person in charge.

This has occurred on two occasions in the past. The clinical nurse manager deputised for the duration of the absences each time. She has worked continuously since 2009 at the centre. She displayed a good knowledge of residents' health care needs and was observed to relate well with staff and residents.

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:

Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom the inspector spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training sessions in this area. Records were reviewed and these indicated that all staff had received training. Residents stated they felt safe and attributed this to the attentiveness and kindness of staff. No notifiable adult protection incidents which are a statutory reporting requirement to the Chief Inspector have been reported in the past twelve months

Systems were in place to safeguard residents' money and these were monitored by the provider and person in charge. Two staff signed for any money lodged or withdrawn. Residents' money was securely stored. A sample of records checked was in order.

The provider is an agent to manage pensions on behalf of two residents. Transparent systems were in place and financial statements or invoices were issued periodically to a solicitor nominated to oversee both residents' finances.

Relatives spoke to the inspector about the fact that staff frequently consulted with them if there was a change in the status of their relative or if any accident occurred.

In line with national policy, progress on promoting a restraint free environment was evident on this inspection. The number of residents using bedrails has continued to decline. There were seven residents with two bedrails raised. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process including the GP. Alternatives were trialled. A restraint or enabler register was maintained. This recorded the times bedrails were raised and taken down. All residents were checked periodically throughout the night.

There is a policy on the management of responsive behaviour. The majority of staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. Additional training is planned in this area by the person in charge to include components of responsive behaviours associated with mental health issues.

There was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. The community mental health nurse visited the centre.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
A health and safety statement was in place. Risk assessments carried out were specific to the centre and to residents' safety.

The procedures in place for the prevention and control of infection were satisfactory. Hand gels were in place and hand-wash facilities were easily accessible. Notices on the five moments of hand hygiene at the point of care and correct hand washing techniques were displayed around the building and in bathrooms. A contract was in place for the disposal of clinical waste.

Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination. This was an area of improvement identified from the previous inspection and suitable corrective action has been implemented.

The fire policy provided guidance to reflect the centre's procedures of progressive horizontal evacuation. Staff had completed refresher training in fire safety. An external trainer visits the centre at intervals annually to train staff on fire safety.

Records indicated fire drill practices were completed. However, the procedures to record fire drills require review. While the name of staff and the month was documented, the fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced in accordance with fire safety standards. Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building. Evacuation sheets were fitted to each resident's bed.

There were procedures to undertake and record internal fire safety checks. Weekly checks of the fire extinguishers were undertaken to ensure they were in place and intact, the fire panel was checked daily. Records were maintained evidencing the fire escape routes were checked.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified in plans of care and changes communicated to staff at shift handover. The type of hoist and sling size required was specified in risk assessments and inside the hoist storage area.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

The temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to all windows. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors

Falls and incidents were well documented. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed by the clinical nurse manager to determine the root cause or any contributing factors. Action taken to minimise the risk of repeat

injury included a review of medication, including (prn) medication (a medicine only taken as the need arises), hip protectors and low beds with a crash mat in place alongside the bed.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on the management of medicines which was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt, administration, storage and accounting for medicines were satisfactory. Medicines were being stored safely and securely in a room which was locked at all times.

All medicine was dispensed from blister packs. These were delivered to the centre by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all prescription orders were correct for each resident.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of medicine error. The prescription sheets reviewed were legible. The maximum amount for PRN medicine was indicated on the prescription sheets examined.

The administration sheets viewed were signed by the nurse following administration of medicine to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

Medicines were not being crushed for any residents at the time of this visit. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. There was a separate column identified on the prescription sheet to record any medicine being administered in a crushed form.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

The pharmacist was facilitated to meet their regulatory responsibilities to residents.

Residents had a choice of pharmacist and general practitioner (GP), where possible. Advice provided by the pharmacist was accessible for staff and residents.

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:
The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to HIQA as required. The person in charge was aware of the regulations related to notifications.

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:
Each resident's wellbeing and welfare was maintained by an appropriate standard of nursing, medical and allied health care. A pre-admission assessment was completed by the person in charge to ensure the care needs of each prospective resident can be met.

The majority of residents were in advanced old age some with complex medical conditions. Ten residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's as either their primary or secondary diagnosis.

The nursing team had changed to an electronic care planning system. There was evidence of regular nursing assessments using validated tools for issues such as falls risk, dependency level, risk of pressure ulcer formation and nutritional deficit. These assessments were reviewed on a three monthly basis or sooner if there was a change in a residents condition. Care plans were developed based on the assessments. There were plans of care in place for each identified need.

The interventions outlined in some plans of care require review to accurately describe the care problems being managed and the interventions to guide staff. By way of example, some care plans for responsive behaviours or dementia problems did not describe what the resident can still do for themselves, who they still recognise or outline to what stage their dementia has progressed. Similarly care plans for responsive behaviours did not always detail clearly the full extent of some of the issues being managed for residents with complex mental health problems. The detail of potential triggers and deescalating techniques require review to provide more detail to guide staff interventions.

Residents admitted for short term care had a discharge care plan completed to guide staff in their rehabilitative goals and ensure a safe discharge. This had been identified as an issue on the previous inspection which is now rectified.

There was evidence of consultation with residents or their representative in care plans reviewed of agreeing to their care plan. While there was a formal annual review this had not occurred with all residents. The person in charge was in the process of reviewing the remainder of care plans with residents or their next of kin.

Residents had access to GP services and there was evidence of medical reviews. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

There was one resident with pressure wound at the time of this inspection. The inspector reviewed this file. A plan of care was in place and regularly revised. Assessment evidenced the wound was healing. A number of residents were provided with air mattresses.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The building is designed to meet the needs of dependent older people. The building was well maintained, warm, comfortably decorated and visually clean.

There was a call bell system in place and adequate storage was made available for residents' belongings. The provider maintained a safe environment for residents' mobility, with handrails in circulation areas and suitable floor covering.

Decoration throughout was of a good standard and an ongoing redecoration programme was in place. The floor covering on the main corridor was replaced to ensure a more easily cleanable finish. New televisions have been provided to all residents' bedrooms and located in an area preferred by the resident. Adequate space was available to support residents' privacy. There was a variety of communal spaces available, including a sitting rooms and well furnished visitors room.

Bedrooms accommodation comprises of 18 single and nine twin en-suite bedrooms. Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach. There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience.

There is one bathroom containing a bath with a secure seating to accommodate frail or immobile residents. Grab-rails and call alarms were fitted in all bathrooms to promote residents safety and independence.

Staff facilitates were provided. Separate toilets facilitates were provided for care and kitchen staff in the interest of infection control.

A safe enclosed garden was available to residents. Work was in progress to develop a sensory area. A gazebo was installed and new raised planting beds were being developed.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. This was displayed in a prominent position and outlined in the residents' guide and statement of purpose

A designated individual was nominated with overall responsibility to investigate complaints within the centre. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed in the policy.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints and the complainant's satisfaction with the outcome.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

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

Findings:

There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. There were six residents with a do not attempt resuscitation (DNR) status in place.

Resident's end-of-life care preferences or wishes are identified and documented in their care plans. A system is developed to ensure residents with a DNR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Each resident had a plan of care for end-of –life needs. The care plans contained details of personal or spiritual wishes. The wishes of residents who did not wish to discuss end-of-life care were respected and detailed in care plans.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There was one resident under the care of the palliative team at the time of this inspection. A palliative medicine regime was prescribed and available if required. This was not being administered at the time of inspection as the resident was stable.

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:

A policy for the monitoring and documentation of nutritional intake was in place. Fluid intake was being monitored for one resident and food intake for another. Records were well maintained and fluid totals completed daily.

Residents' weights were checked and recorded monthly and more frequently for those identified at risk. The food provided was nutritious and available in sufficient quantities. It was varied and took account of dietary requirements. Meals were available at times suitable to residents. Breakfast took place from early morning until 11.00am. The majority of residents came to the dining throughout the morning.

The dining room was large enough to seat all residents and was located next to the kitchen. Residents were highly complementary of the food served. There was a high level of independence observed amongst the resident profile. Only two residents require full assistance and approximately six partial assistance or prompting with their meals. There was a sufficient number of staff in the dining room at each mealtime.

Meals were served in accordance with each resident's dietary requirements including those on modified consistency and special diets. A record of residents who were on special diets such as diabetic, fortified diets or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review. Staff had completed training on safe feeding practices for those with swallowing difficulty.

The inspector reviewed the menu and discussed options available to residents. Nutritional risk assessments were completed. Residents had care plans for nutrition in place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition or with a swallowing difficulty.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Staff were aware of the different communication needs of residents and were able to meet their diverse needs. Staff were seen engaging with residents respectfully and with appropriate humour.

Residents' privacy was respected and the inspector observed staff knock on doors before entering residents' bedrooms. Signs were placed on doors while personal care was in progress. Personal hygiene and grooming were well attended to by care staff.

Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre's management team.

Residents had access to a variety of national and local newspapers and magazines. These were located in easily accessible areas and available to residents daily.

A residents' forum was in place. The meetings were facilitated by the activity coordinator who provided feedback to the person in charge.

Residents could practice their religious beliefs. There is a large oratory available for use and the local Church is located adjacently. There was a visitor's room to allow residents meet with visitors in private. A newsletter is published by the centre monthly to inform residents on a variety of topics and events occurring within the centre.

A social care assessment was completed for each resident. These captured information on the residents life prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by the activities coordinator five days a week. This has been expanded since the last inspection. The inspector spoke with the activity coordinator who confirmed the range of activities in the weekly program. The activity schedule provided for both cognitive and physical stimulation.

One staff member has completed a course titled imagination gym. She explained the new concepts she has brought to the activity program from her training particularly to include residents with dementia. Residents spoken with expressed satisfaction with the choice and variety of activities. A physical therapist attends the centre weekly and undertakes a group exercise program. There a live music session on a regular basis. Residents spoken with stated they "loved the music".

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:

There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe.

Laundry is outsourced to an external facility. A small washing machine and drier are maintained on site to launder small items. Bed linen was laundered externally and adequate clean supplies were stored in the linen cupboard.

There is a button tag system in place to label clothes. However, the system in place requires review as some items of clothing examined were not labelled to identify ownership.

Judgment:

Substantially 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:

There were appropriate staff numbers and skill mix in the centre to meet the assessed needs of residents at the time of this inspection. The staff level reflected the roster. This was an area identified as requiring attention in the action plan of the previous inspection.

Staff had access to a range of training to meet the needs of residents. All staff had received mandatory training in adult protection, fire safety, safe moving and handling and responsive behaviours. Professional development training undertaken included, end of life care, food and nutrition, wound care, infection control, and cardio pulmonary resuscitation techniques.

A training matrix was maintained to identify each staff members training requirement. This assisted the management team maintain oversight and plan refresher training updates.

All nurses had records confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A sample of staff files from each role was reviewed. The files contained all documentation required under schedule 2 of the regulations. There was evidence of vetting by An Garda Síochána for all staff.

Judgment:

Compliant

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Shannon Lodge Nursing Home
Centre ID:	OSV-0000383
Date of inspection:	24/01/2017
Date of response:	28/02/2017

Requirements

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

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The aim, objective and methodology for all audits require development to include learning and actions required to improve practice.

1. Action Required:

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

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

monitored.

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

An audit on falls will be completed three monthly during 2017. This will identify any corrective action to reduce the risk of repeat incidents.

Proposed Timescale: Three monthly commencing 30th April 2017

Proposed Timescale: 30/04/2017

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contracts of care did not specify whether the bedrooms to be occupied by residents were single or twin occupancy

2. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

Going forward all contracts of care in Schedule 3 admission form under the heading 'Room No' will state single or twin occupancy and all current contracts now specify single/twin occupancy which have been updated in handwritten format.

Proposed Timescale: Completed

Proposed Timescale: 28/02/2017

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:

The procedures to record fire drills require review. The fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario.

There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

A number of scenarios will be used during fire drills which will be documented with response time and learning evaluation recorded.

Proposed Timescale: Immediate

Proposed Timescale: 28/02/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The interventions outlined in some plans of care require review to accurately describe the care problems being managed and the interventions to guide staff.

Care plans for responsive behaviours or dementia problems did not describe what the resident can still do for themselves, who they still recognise or outline to what stage their dementia has progressed.

Care plans for responsive behaviours did not always detail clearly the full extent of some of the issues being managed for residents with complex mental health problems.

4. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

A nurses meeting has been scheduled for March to discuss dementia care plans in a more personalised format. On three monthly reviews all care plans will contain more individualised information especially around cognitive impairment.

Proposed Timescale: 30/06/2017

Theme:

Effective care and support

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

A formal annual review of care plans had not occurred with all residents.

5. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All residents have family meetings scheduled for December/January/February. Those that do not take place due to families cancelling are rescheduled. At the time of inspection family meetings were ongoing, therefore not all were completed.

Proposed Timescale: 31/03/2017

Outcome 17: Residents' clothing and personal property and possessions**Theme:**

Person-centred care and support

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

The identification system for clothing system in place requires review as some items of clothing examined were not labelled to identify ownership.

6. Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

A laundry audit will be completed to establish areas for improvement. Tags continue to be attached to all clothing as per policy. Families are reminded when bringing in new clothes to leave them with key worker for tagging.

Proposed Timescale: 31/03/2017