



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Lucan Lodge Nursing Home
Name of provider:	Passage Healthcare International (Ireland) Limited
Address of centre:	Ardeevin Drive, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 October 2018
Centre ID:	OSV-0000061
Fieldwork ID:	MON-0025462

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide dignity and respect to all residents at all times, whilst incorporating both personal and family centred care. It is situated in a residential area in Lucan. Twenty-four hour nursing care is provided to a maximum number of 74 residents spread over 3 floors. It provides nursing care to dependent residents over 18 years of age. The homecare model of care is practiced in the centre this allows residents to dictate the pace of their day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

74

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
31 October 2018	09:30hrs to 15:30hrs	Sheila McKeivitt	Lead

Views of people who use the service

Feedback from residents was positive. All those spoken with expressed a high level of satisfaction with all aspects of their care.

Residents said the centre was lovely and had a great atmosphere. They described it as a good place to live. They said they had choices and these were respected by staff. Some told the inspector they had voted in the recent presidential elections and outlined how this was facilitated in the centre.

Staff were kind and extremely respectful, a number of residents said they could not do enough for them. They were happy with the wide variety of good quality food served to them.

Residents said there was plenty to do everyday. They pointed out the schedule of activities for the week on display to the inspector and confirmed that they could join in or not the choice was always theirs.

They felt their views were important and they were aware of how and to whom they would make a complaint.

Capacity and capability

This was a well managed service. The provider representative and person in charge had maintained the established systems and processes to ensure appropriate oversight and governance of the centre. One area that required review was the contract of care to ensure it set out the terms between the current provider and the resident.

Staffing numbers and skill mix changed in response to the needs of residents. There was evidence of a learning culture in the centre. This was evidenced by the continuous availability of training opportunities for staff on a variety of relevant topics which enabled them to continue to provide evidence based care to residents.

The management team continually monitored the ongoing performance of the centre by following an annual audit schedule. Audit action plans were implemented without delay and practices were re-audited to ensure continuous improvements in care delivered to residents. Audit results were also discussed at management meetings held every month and with staff at staff meetings.

Residents confirmed they were aware of the complaints process and those spoken with confirmed that complaints were dealt with promptly and to their satisfaction.

Complaints were also discussed at management meetings.

The insurance certificate and the statement of purpose had been updated to reflect the new provider. Residents had been informed of the new provider verbally and in writing. A new contract of care was in the process of being issued to them.

Regulation 14: Persons in charge

The person in charge was working full-time in the centre. He has the experience and qualifications to be person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix was adequate to meet the needs of residents. The management team kept them under review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training opportunities which enabled them to provide evidenced based care to residents. All staff had up-to-date safeguarding, manual handling and fire training in place. Staff nurses had completed training in the use of restraint since the last inspection.

Judgment: Compliant

Regulation 22: Insurance

The centre had a contract of insurance in place which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was adequate resources and a clear management structure to ensure the centre delivered appropriate, safe and constant care to residents. Established systems to review the quality and safety of care delivered to residents was being maintained. Data was being gathered for the 2018 annual review.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Signed contracts of care in place were between the previous provider and each resident. A draft contract of care had been developed by the new provider representative but had not be issued to residents to date.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed and was on display in the centre. Its content met the regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents had been reported as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was on display and met the regulatory requirements. Complaints were managed in line with the policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule five were available for review. They were due for review in June 2019.

Judgment: Compliant

Quality and safety

Residents received safe quality care. The management team had appropriate systems and governance structures in place to ensure this was continuously monitored.

Residents' well-being and quality of life was enhanced and promoted through on-going review and assessment using recognised nursing assessment tools and care plans that were person-centred and assessment focused. Practices such as the use of restraint were in line with the National policy and best practice. Residents visitors were welcomed into their home.

Residents safety and well-being was promoted through staff awareness of arrangements in place to safeguard residents from abuse. The policy in place was being followed when alleged abuse was reported. All staff had up to date training in place topic.

Precautions were taken to protect residents against fire including the servicing of fire equipment, the fire alarm and emergency lighting. Residents had individual evacuation plans in place and staff practiced what to do in the event of a fire on a regular basis. Residents were protected against potential risks by the implementation of the risk management policy and continuous updating of the risk register.

Regulation 11: Visits

Arrangements for visiting the centre were clearly displayed, reflected in the residents guide and in the statement of purpose. There was a visitors sign in book and a private room where residents could receive visitors in private.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained all the required information and was available to the residents.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was followed in practice. The risk register was kept up-to-date for each risk identified it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. The management team reviewed all risks environmental, clinical and individual residents. The two risks identified on the previous inspection had been addressed.

Judgment: Compliant

Regulation 27: Infection control

Infection control procedures were in place and followed by staff.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements in place against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the alarm system. Fire drills were practiced with staff on a quarterly basis and the support needs of residents were documented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents assessments were completed and person centred care plans were in place to reflect the assessed needs. Reviews took place four monthly or more frequently if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff nurse had received further training on the use of restraint in line with the National policy. A review of a sample of residents restraint assessments and care plans showed this had been implemented in practice

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and supervision of staff. The safeguarding policy in place was followed when incidents of alleged abuse were reported.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lucan Lodge Nursing Home OSV-0000061

Inspection ID: MON-0025462

Date of inspection: 31/10/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract for the provision of services: The current good practice guidelines have been sought and the Contract of Care has been amended to reflect this. They will be given to all residents and a representative of the resident, and will be signed by the resident unless there is an active Power of Attorney/Ward of Court in situ. We expect to have them out, returned and signed by 25 January 2019</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	25/01/2019