



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

Name of designated centre:	Lucan Lodge Nursing Home
Name of provider:	Lucan Lodge Nursing Home Limited
Address of centre:	Ardeevin Drive, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 February 2018
Centre ID:	OSV-0000061
Fieldwork ID:	MON-0020761

## 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.**

Current registration end date:	12/12/2020
Number of residents on the date of inspection:	68

## 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
12 February 2018	10:30hrs to 16:00hrs	Sheila McKeivitt	Lead

## Views of people who use the service

Residents who communicated with the inspectors stated they were happy with the services they receive. They felt safe and secure living in the centre. Residents were happy with the support and assistance provided. They confirmed there were enough staff on duty at all times to meet their needs.

Residents expressed a high level of satisfaction with the staff that cared for them. They said staff were kind and respectful and treated them in a courteous and dignified manner.

Their independence and social wellbeing was promoted. There was a schedule of activities available to them which they had the choice to attend or not. They spoke positively about the standard of food served. They had a say in their daily care routines.

## Capacity and capability

This was a good centre. There was a strong governance team in place and the centre was well managed. The overall level of compliance was good.

The previous inspection of the centre in July 2017 found the centre to be in full compliance under 10 outcomes. This inspection was triggered by information received by the Authority on three separate occasions between mid September and end December 2017 in relation to a decrease in staffing levels. According to the information received this decrease in staffing levels was having a negative impact on residents'.

Inspectors found no evidence to substantiate this information. However, the management team did inform inspectors they had a high incident of staff sickness prior to Christmas 2017.

Inspectors found the staffing levels and skill mix was good. Staff were competent and the level of staff supervision was high. The centre was well resourced. Staff were in receipt of mandatory training. The quality of service delivered was being monitored by the management team.

The requirement for further training in one area of practice was identified.

## Regulation 15: Staffing

The levels and skill mix of staff was appropriate to meet the needs of residents'. The number of registered nurses on each shift ranged from three at night to six during the day . The whole time equivalent of staff reflected that outlined in the most up-to-date statement of purpose. There were no staff vacancies. The management team kept staffing levels under review.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a high level of supervision of staff. Clinical Nurse Managers and staff nurses were visible on the floors. Staff confirmed they had annual appraisals and a review of staff files confirmed this. Evidence of mandatory staff training was available in staff files and those spoken with confirmed they had completed this training. The need for training on the use of restraint in accordance with the National Policy was identified. Staff had access to a copy of the Health Act 2007, the regulations and the standards. They also had access to guidance documents issued by the Authority and Department of Health.

Judgment: Substantially compliant

## Quality and safety

Residents health and social care needs were met to a high standard. There was a multidisciplinary approach to care delivered and this was effective.

The standard of nursing documentation was high. Residents' assessments and care plans were reflective of their current status. They were reviewed every four months. Residents were supported to maintain their independence where they were assessed as requiring assistance this was provided in a timely manner. They were involved in their care planning and had a choice in their daily routine.

There was a multidisciplinary approach to the management of residents' medicines.

There was strong focus on residents' social wellbeing. There was a choice of activities available for residents to attend. Inspectors observed residents attending group activities and participating in one to one activities. There was a real feel good atmosphere in the group activities and residents were actively participating.

Risks were being managed in the centre in line with the centres risk management policy, it required updating to include risks identified on inspection.

Residents' with behaviours that challenge were well managed. The centre was moving towards a restraint free environment. However, the use of bed rails was not always in line with the national policy.

### Regulation 26: Risk management

There was a risk management policy in place which fully met the legislative requirements. There was a plan in place to deal with all potential major risks. There was a risk register which was up-dated frequently. Risks identified on inspection were not recorded in the register; these included

- the risk associated with leaving some bedroom doors opened. Bedroom doors were not attached to an automatic release mechanisms and therefore would not automatically close in the event of the fire alarm sounding.
- the risk associated with using insecure bed rail extensions as a form of restraint.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There was a medicines management policy in place. It included information on the ordering, receipt, prescribing, storing and administration of medicines; handling and disposal of unused and out-of-date medicines; and the management of controlled drugs. All these practices were reviewed and they reflected the policy. There was a multidisciplinary approach to reviewing residents' prescribed medicines three monthly.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The health and social care needs of residents' were being met. Each resident had a pre-admission assessment and a comprehensive assessment completed on admission. A care plan was available for each resident and it reflected the needs identified in their assessment. These were reviewed once every four months. One resident's condition had deteriorated since admission. This resident required additional support when sitting out and was observed sitting in an ill fitting chair.

Inspectors noted a seating assessment had not been completed since the resident condition deteriorated.

Judgment: Substantially compliant

### Regulation 6: Health care

The health and social care needs of residents' were being met. Residents' were provided with a good standard of nursing care. They had a choice of general practitioner and there was evidence that they were medically reviewed on a frequent basis.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were found to have knowledge and skills to manage behaviour that challenged in accordance with best practice. The centre was actively thriving to become restraint free, there was a low use of restraint. Where bed rails were in use as a form of restraint it was not always being used in accordance with national policy as published on the website of the department of Health. A gap in staffs' knowledge was identified in relation to the safe use of bed rails as a form of restraint.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

# Compliance Plan for Lucan Lodge Nursing Home OSV-0000061

Inspection ID: MON-0020761

Date of inspection: 12/02/2018

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since the day of inspection, 52% of all Nurses and Healthcare Assistants have attended training on the use of restraint. All Nurses and Healthcare Assistants will have attended the training on the use of restraint by the 15<sup>th</sup> of June 2018.  </p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The risk register has been updated to include the risk associated with leaving some bedrooms doors open. The use of bed rail extensions have been discontinued therefore poses no risk.  </p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All the residents using high dependency seating have been assessed or reassessed by Occupational Therapist since the inspection. Reports are kept in their files. The Resident mentioned in the report has been reassessed by an Occupational Therapist and the chair in question is deemed to be fit and appropriate for that Resident.  </p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p data-bbox="172 241 1321 318">Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p data-bbox="172 358 1417 470">Since the day of inspection, 52% of all Nurses and Healthcare Assistants have attended training on the use of restraint. All Nurses and Healthcare Assistants will have attended the training on the use of restraint by the 15th of June 2018.</p> <p data-bbox="172 474 1295 510">The centre continues to actively thrive to become a restraint free environment.  </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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15 <sup>th</sup> of June 2018
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	Completed
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a	Substantially Compliant	Yellow	Completed

	resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	15 <sup>th</sup> of June 2018