Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Lir Nursing Home
Centre ID:	OSV-0000711
Centre address:	Tournafulla, Limerick.
Telephone number:	069 81188
Email address:	lirnursinghome16@outlook.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Margaret Costello
Provider Nominee:	Margaret Costello
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

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:	To:
19 July 2017 10:30	19 July 2017 18:30
20 July 2017 08:50	20 July 2017 15:00

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	Compliant
Outcome 03: Information for residents	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	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. The provider had applied to renew their registration which is due to expire on 21 February 2018. As part of the inspection the inspector met with the residents, the provider who is also the person in charge and for the purpose of this report will be referred to the person in charge. The inspector also met the deputy person in charge, relatives and numerous staff members. The inspector observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application. The person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the

residents.

A number of quality questionnaires were received from residents and relatives and the inspector spoke to the majority of the residents and a number of relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. One relative commented that "it is a wonderful centre and my relative is so happy here, we feel blessed to have such a centre on our door step". Another relative stated "one of the reasons I love this home is that there are no restrictions on visiting and the staff are always delighted to see visitors coming in to visit relatives in their care". Residents commented on how homely the centre is and how good the staff are to them. Family involvement was encouraged with numerous relatives and residents stating they are welcomed at any time. The inspector saw a number of visitors in and out of the centre during the two day inspection. A visitors' room was available if visitors required privacy or space. A number of residents went out with family and with the staff in the centre. On the first day of the inspection the inspector saw one of the residents accompanying a staff member to the local town for a coffee and also to do some shopping.

The inspector found evidence of good practice across all outcomes. The premises were homely, clean, warm and décor was maintained to a good standard. The centre provided a pleasant and calm environment for residents. Residents' healthcare needs were fully met. Staff interacted with residents in a kind and warm manner. It was evident that staff knew the residents very well. Activities were provided in accordance with the residents' individual needs and personal preferences. Residents told the inspector that they felt happy and safe and were enabled to exercise choice over their daily lives.

The inspector saw that actions required from the previous inspection had all been completed. However the inspector identified some aspects of the service that required improvement in relation to fire safety and equipment checks, the need for further fire drills, changes to medication management and an updated risk assessment policy. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome. These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

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 detailed Statement of Purpose was available to both staff and residents. It contained a statement of the designated centre's aims, objectives and ethos of care. It accurately described the facilities and services available to residents, and the size and layout of the premises. The inspector observed that the statement of purpose was clearly reflected in practice, for example, the philosophy of care included the promotion of independence and provision of a homely environment, both of which were evidenced in practice.

The statement of purpose was updated during the inspection to reflect the change to the deputy person in charge and updates to the complaints procedure. Following these changes the statement of purpose was found to meet the requirements of legislation.

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 clearly defined management structure in place to ensure the delivery of safe effective care. The management structure identified the lines of authority and accountability in the centre. Staff with whom the inspector spoke demonstrated a clear understanding of the management structure. The staff nurse who works opposite to the person in charge has now taken on the role of deputy person in charge.

The quality and safety of care to residents and experience of residents of the service were monitored and developed on an ongoing basis. The provider had completed significant work since the previous inspection in terms of introducing a system to monitor and improve the quality and safety of care and the quality of life of residents in the centre. A range of clinical data was being collected and analysed. Audits tools had been introduced and a number of audits had taken place in the preceding months, including in relation to documentation, health and safety and end of life care. The inspector found that the auditing system could be further developed, for example, not all of the sections of the audit forms were completed, which is necessary to use the tool to its full potential and aid continuous improvement. Medication management audits were completed by the person in charge, which covered all aspects of the medication management cycle. These audits were enhanced by visits from the pharmacist, who periodically examined different areas of medication management.

On the previous inspection the provider had not put in place a system for the annual review of the service, in consultation with residents and their families, and the production of a copy of such a review, as required by the Regulations. On this inspection the inspector saw that an annual review had been completed in conjunction with the national quality standards. The annual review outlined actions taken to date and could be further expanded to include the plans the person in charge discussed with the inspector for further development of the service in the year ahead.

Feedback from residents was captured in a number of ways. Residents meetings were held every two months. The inspector viewed minutes of meetings and found that they were meaningful and led to improvements. For example, minutes reflected that the provider sought residents' views on how to develop the activities offered in the centre; as a result, an activities coordinator now visited the centre twice weekly. The provider outlined how she informally seeks feedback from residents on a daily basis. The inspector spoke with residents who confirmed this took place.

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):
No actions were required from the previous inspection.

Findings:
Each resident had a written contract of care that provided details of services to be provided for that resident and the fees to be charged. The inspector reviewed a sample of residents' written contracts which had been agreed within a month of admission. Each resident's contract addressed the care and welfare of the resident in the centre. The contracts clearly set out the services and the fees to be charged for services provided in the centre. The contracts of care had been updated to detail the costs of any additional charges such as hairdressing, staff escorts to appointments and other services that incurred additional charges.

The provider had revised the residents' guide to the centre and produced it in a user-friendly booklet; a copy was available for view in resident's individual folder's which were provided in the day room for all residents to look at whenever they wished.

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 designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the service provided.

The person in charge was full-time and was also the provider of the service. She was a registered nurse in mental health nursing with extensive experience in care of the older person. She has been the person in charge of the centre since it opened and has managed the developed the centre throughout that time. The person in charge understood her responsibilities under the legislation and demonstrated her commitment to her own professional development and education. For example, she kept herself up to date with respect to relevant topics, including behaviours that challenge and dementia care.

Based on interactions with the person in charge over the two days of the inspection and

the findings of this inspection, the inspector was satisfied that she demonstrated sufficient clinical knowledge, knowledge of the legislation and knowledge of her statutory responsibilities. Staff residents and relatives all identified her as the person with responsibility and accountability for the service.

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

Findings:
Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The designated centre had implemented 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 and these are reviewed and updated at intervals not exceeding three years as required by Regulation 4. The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The person in charge informed the inspector that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained.

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:
There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.

Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The staff nurse who works full time in the centre for a number of years was in charge when the person in charge is on leave. The inspector met the nurse during the inspection and she was also in charge of the centre on the previous inspection. She demonstrated an awareness of the legislative requirements and her responsibilities and was found to be a suitably qualified and experienced registered nurse. She was currently undertaking a masters degree in dementia care.

Weekend and out of hours cover alternated between the person in charge and deputy person in charge. The person in charge who lives within five minutes of the centre said she was always on call and available.

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:
There were relevant policies in place including in relation to: the prevention, detection and response to abuse; behaviour that challenges; restrictive practices; and residents' personal property and possessions.

The inspector was satisfied that there were measures in place to safeguard residents and protect them from abuse. The inspector reviewed staff training records and saw evidence that staff had received mandatory training on detection and prevention of elder abuse in July 2017. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Relatives reported that they felt their residents were very safe in the centre and as they visited on a very regular basis they would notice any changes in their relatives' behaviour.

The provider confirmed that she was not acting as a pension agent for any resident at the time of inspection. The centre generally did not maintained day to day expenses for residents as residents kept their own monies and locked storage was provided for same residents who could manage their own monies. Residents and relatives paid separately for hairdressing and chiropody and although extras to the weekly fee were documented in the contract of care, the inspector recommended that they were more clearly outlined with costs involved this was completed during the inspection.

Residents were provided with support that promoted a positive approach to behaviours that challenge. A restraint-free environment was promoted and there was no restraint in use in the centre at the time of the inspection. Alternatives to restraint were in use such as low low beds and alarm mats.

Staff had received up to date training in relation to management of responsive behaviours, as required by the Regulations. The inspector spoke with staff and found that they were aware of how to support individual residents and manage behaviours that challenge. Plans were seen to be in residents notes for the management of any responsive behaviours. The inspector saw that responsive behaviours were very well managed in the centre with effective distraction techniques used and staff had time to spend with residents on a one to one basis.

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):
No actions were required from the previous inspection.

Findings:
The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff in January and July 2017. Staff at night wear emergency call buttons which when activated will summon three staff who live locally within three minutes of the centre. The fire officer had also reviewed and tested out the emergency plan for lone workers by night as well as reduced workforce by day and was satisfied with the plans in place for successful evacuation of the centre. The provider also previously tested out the system at 02:30hrs when the fire alarm went off and she was at the building within four minutes. The person in charge said they conducted regular fire drills however the inspector did not see any evidence of the documentation of same. Drills were generally included as part of fire training. The person in charge acknowledged that drills needed to be undertaken more frequently and details recorded regarding the evacuation process of the fire drill. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in January 2017. The fire alarm test and emergency lighting were also tested in January 2017. However these required to be tested quarterly and this was not in place.

The smoking area in the centre was located in an out building beside the courtyard area which is in a very highly visible area of the centre. On the first day of inspection the inspector saw there was no fire blanket or fire extinguisher available in close proximity to the smoking area. There were also a rug and other flammable items in the smoking room. By day two of the inspection these had all been removed and a fire blanket and extinguisher was located in the smoking area. The person in charge informed the inspector that only one resident smoked and was supervised fully when smoking.

An emergency plan, with emergency procedures and contact numbers, was in place and a copy of this was maintained beside the fire alarm, this contained all the names and numbers to contact in an emergency situation. A missing person checklist with a photo of residents and an assessment of their needs was maintained in the event residents would require to be moved to another centre if they were unable to return to the centre. The inspector saw that although a list of residents emergency evacuation requirements were maintained by the fire alarm. Detailed individual personal emergency evacuation plans had not been completed for all residents.

Although the emergency plan covered major emergencies and where residents could be located to in the event of being unable to return to the centre. The emergency policy required review to ensure it included action to be taken in response to other emergencies such as loss of power, water, catering facilities, laundry facilities and any other disruption to essential services or damage to property.

Risk management policies and hazards identifications have been completed. Clinical risk

assessments are undertaken, including falls risk assessment, nutritional assessments, pressure sore prevention, and assessments for dependency, continence, moving and handling and restraint. The person in charge has identified areas where each resident may be at risk of injury and precautions in place to control the risk. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors. There are incident reporting sheets in place in the event of incidents, and a hard bound copy to report any accident. There had been only one fall resulting in injury in the centre since the last inspection and this had been reported to HIQA.

Closed-circuit television (CCTV) is positioned outside in the grounds, helping to maintain the safety of residents.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed.

The health and safety of residents, visitors and staff was promoted and protected. The provider had employed the services of a health and safety company to undertake an audit of the premises and service and an updated health and safety statement was seen by the inspector which was centre-specific and dated May 2017. A regular audit was being undertaken and corrective actions and plans outlined. A risk management policy was in place However the risk management policy as set out in Schedule 5 did not included all the requirements of Regulation 26(1) The policy did not cover, the identification and assessment of risks and the precautions in place to control the risks identified and did include the measures and actions in place to control the following specified risks, 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm.

Records viewed by the inspector indicated that staff had received up to date moving and handling training. There were no residents requiring the use of hoists during the inspection.

Judgment:
Non Compliant - Moderate

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:
Written policies were in place relating to the ordering, prescribing, storing and administration of medications to residents. Medications were stored and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Medications were ordered on a monthly basis and checked on receipt from the pharmacy. A more comprehensive system of documentation and storage of medications had been put in place and was working well. A separate dedicated medication fridge, capable of being locked was available, but there were no medications that required refrigeration at the time of the inspection.

Inspectors reviewed a number of medication prescription charts and noted that all included the resident's photo, date of birth, general practitioner (GP) and details of any allergy. Prescription and administration records contained appropriate identifying information and were clear and legible. There was an instruction on a residents' prescription sheet to crush all medications signed by the GP. However medications that required crushing were not seen to be prescribed as such for each individual medication that required crushing and medications could be administered by nursing staff in a crushed format although it may be a medication that cannot be crushed. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

Medications were supplied and administered from a monitored dosage system and although there were some references available for the nurse to confirm prescribed medication in the compliance aid in the event of needing to withhold or replace a medication that was dropped these were not available for all medications and required updating. This is required by An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007).

There was a system in place for reviewing medications on a three monthly basis by the GP this was documented in residents' notes. There were no residents in receipt of controlled drugs at the time of inspection. Nurses were transcribing medications and all the transcribed prescriptions had been signed and checked by the transcribing nurse and signed by the GP.

Judgment:
Substantially 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:
The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. The residents' health and social status was closely monitored.

All residents had access to a General Practitioner (GP) of their own choice and there was an out-of-hours GP service available. Residents regularly went out to see their doctor at the surgery accompanied by staff in addition to GP's visiting the centre. The inspector reviewed a sample of files and found that residents had timely access to a GP. Residents had been referred to other medical and nursing professionals and blood tests and appointments were organised when required. The person in charge told the inspector that residents had access to a range of allied health care services including podiatry and physiotherapy and that nutritionist services were provided as required from the local community hospital and also from private companies that called to the centre periodically. Opticians and dental care were provided in the local community as required.

Each resident had a comprehensive assessment of needs completed. Since the previous inspection resident risk assessments were all completed as necessary using validated tools, for example, in relation to their mental test score, risk of falls, risk of pressure sore development and their urinary continence. Improvements were seen in care plans since the last inspection and the person in charge confirmed that the care plan was directing care and they were available to all. Care plans were reviewed at a minimum every four months as required by legislation.

Each resident had a vital signs sheet that monitored their vital signs, such as blood pressure, temperature and pulse. Blood sugar levels were monitored for residents with diabetes. A daily nursing report was maintained. There were no residents with pressure ulcers or wounds at the time of inspection. Where residents refused treatment, this was respected and documented in the residents' files. Overall, the inspector found that resident's files were person-centred and reflected the needs, capacities and wishes of the residents. The inspector spoke with staff who were able to clearly articulate the care to be given to each resident and the inspector observed person centred care being delivered. The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents, where possible, were encouraged to keep as independent as possible and the inspector observed residents moving freely around the corridors, in the garden and in communal areas.

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

Findings:
The location, design and layout of the centre was in line with the statement of purpose, was suitable for its stated purpose, met the residents' needs and there was appropriate equipment for use, which was properly maintained. Issues identified on the previous inspection had been actioned and completed.

The premise was located in a rural village beside the main church. The centre was seen by the inspector to be homely, comfortable, very clean and décor was maintained to a good standard. Although most residents shared a room, there was a room provided for residents to receive visitors in private, should they so wish.

Accommodation comprised one single bedroom and five twin-bedded bedrooms. There were a sufficient number of toilets, bathrooms and showers in the centre. Each bedroom accommodated a bed, a bedside locker, a wardrobe, a chair and any equipment or furniture as required by any resident. There was suitable storage for residents' belongings. Residents could avail of a lockable locker and/or small safe for personal items or possessions. The majority of the bedrooms were on the first floor which was accessed by a stair lift.

Adequate privacy was ensured; shared rooms provided screening that ensured privacy for personal care. All rooms allowed for adequate movement of residents and staff, free movement of a hoist or other assistive equipment and free access to both sides of the bed. There was a functioning call bell system in place throughout the centre.

There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. Adequate arrangements were in place for the management of laundry and this was done on-site.
There was suitable assistive equipment provided, including electric beds, walking frames, pressure relieving cushions and mattresses. Servicing records seen were up to date. However although the chair lift was checked and maintained by the maintenance man there were no certified records of these checks and the provider was advised to contact the manufactured to ensure compliance with their guidelines as to certification

of six monthly checks required. Staff had received training or instruction in relation to how to use equipment correctly. There was adequate storage space and equipment was stored safely.

On the previous inspection the inspector identified that there were not adequate signage and cues used to assist with perceptual difficulties and to orient residents. On this inspection the inspector saw that further consideration was given to the use of colours and signage in the centre and pictorial signs were on all main area such as the living room, dining room, bedrooms and toilets. The residents were complimentary about these signs.

There was a small outdoor space at the front of the building. This area had been decorated since the previous inspection and contained activity equipment tables and seating. The area had also been enclosed since the previous inspection as it opened onto the main road. Access from the outside was via a locked gate therefore residents could use this area safely. Residents confirmed that they enjoyed using the outdoor space.

Judgment:
Substantially 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:
The inspector found that a system was in place for the management of complaints.

The inspector reviewed the complaints book and found that any complaint recorded the required details, including the action taken, the outcome and whether the complainant was satisfied. The inspector spoke with residents who confirmed that they would be comfortable with raising any complaints with the person in charge or the nurse on duty. In addition, a dedicated person was allocated to speak individually with each resident on a monthly basis to check whether residents had any complaints.

The inspector viewed the complaints procedure and found that it was user friendly. The complaints procedure was prominently displayed in the front hall and in the bedrooms. A nominated complaints officer and an independent appeals person were in place and contact details were displayed. However the complaints policy and procedure did not identify a person, other than the complaints officer to be available in a designated

centre to ensure that all complaints are appropriately responded to and that the complaints officer maintains the records specified under in Regulation 34 (1)(f). The complaints policy also did not contain details of the ombudsman role and contact details.

Judgment:
Substantially 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:
The inspector noted that residents received care in a dignified way that respected them individually. The centre operated an open visiting policy which was observed throughout the inspection. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Relatives who spoke to the inspector commended staff on how welcoming they were to all visitors and they regularly had tea/coffee with their relative during their visits They said that if they any concerns they could identify them to the person in charge and were assured they would be resolved. There was a visitors' room for private visiting but this was used infrequently as visitors tended to visit in the lounge.

The inspector found that the privacy and dignity of residents was respected. Residents in shared bedrooms confirmed that their privacy was maintained and adequate screening was provided. Residents confirmed that they were facilitated to exercise their rights and residents' communication needs were met.

The inspector found that residents were consulted about how the centre was organised. Feedback from residents was captured in a number of ways. There was a residents committee and the inspector viewed minutes of meetings and found that they were meaningful and led to improvements. For example, minutes reflected that the provider sought residents' views on how to develop the activities offered in the centre; as a result, an activities coordinator now visited the centre weekly. The provider outlined how she informally seeks feedback from residents on a daily basis. The inspector spoke with residents who confirmed this took place.

The inspector heard staff addressing residents by their preferred names and speaking in a clear and courteous manner. Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. The inspector spoke with residents and relatives who praised the staff stating that they were kind and treated residents with respect.

Residents' religious rights were facilitated residents had a DVD of mass that they played daily and the centre was beside the local church and the priest visited regularly. Links were maintained with the community. The inspector spoke with a number of residents who confirmed that they went out regularly with family and staff. The inspector saw a resident going out with a staff member on the first day of the inspection into the local town for shopping and coffee. The person in charge confirmed that the residents accompanied her and the staff on a regular basis. Daily newspapers and local newsletters were available which residents enjoyed. Celebrations took place at times like Christmas, St. Patrick's Day, Easter and for residents' birthdays.
The provider had maintained a book which recorded feedback from relatives. This feedback was all extremely positive and very complimentary to the person-centred care provided in a very homely environment by caring staff.

The inspector noted that residents' autonomy and independence was promoted. Staff were observed encouraging and assisting residents to mobilise and walk around the centre. A number of residents walked up to the dining room for their meals. There was evidence of choice in that if a resident did not want their dinner at lunch time they were provided with alternative food and the dinner was given to the resident later at their time of choosing. The inspector saw this happening on the two days of the inspection. Residents confirmed choice in times of getting up and going to bed and in all activities of daily living.

There was a reasonably varied programme of activities available to residents which included music, sing-songs, reminiscence, arts and crafts, chair based exercise, religious activities and other more individualised activities. The inspector saw an activity session undertaken by the activity co-ordinator who facilitated residents to interact in a variety of activities from arts and crafts, to reminiscence sessions, outdoor activities and music sessions. All residents were individually included and interacted with throughout. Relatives spoken with gave positive feedback on the activities and often joined in with the groups.

The provider had made available individual information and practical folders for all residents. The folders contained photos of each resident with a life history and life story. There was important information included in the folder including information about the centre, information on advocacy and who to contact, information on care plans and how to have access to your care plan. Activity lists were included including residents likes dislikes and interests. Leaflet outlining this is your home and what to do if you are unhappy about your care. The folders also included cards, writing paper and envelopes that residents could use for family or friends birthdays etc. The inspectors saw residents reading through their folders and enjoying using them.

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:
Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents. The inspector saw that staff took time to have person centred interactions with the residents and it was evident that staff knew residents very well and residents were familiar and comfortable with all the staff.

The inspector found that, at the time of inspection, there were sufficient staff numbers with the right skills and experience to meet the assessed needs of residents. The person in charge explained how staffing levels were determined by the dependency level and needs of the residents. The inspector spoke with residents who confirmed that staff responded quickly to them at different times of the day and night. On the previous inspection the staff roster just said April there was no other date on it, therefore there was no accurate record of persons working at the centre maintained and of whether the roster was actually worked as is required by legislation. On this inspection a typed roster was put in place which clearly identified the staff on duty and when they worked. This was available to all staff.

There was a training programme in place for staff. Mandatory training was provided to staff and since the previous inspection staff had received up dated training in safeguarding vulnerable adults and moving and handling. Staff had also received training in fire safety, the management of behaviours that challenge and in dementia specific training. All care staff had either completed or were in the process of completing the FETAC Level 5 or equivalent care assistant course. The deputy person in charge was currently undertaking a masters degree specialising in dementia.

The inspector viewed a number of staff files and found that since the last inspection the documents to be maintained under Schedule 2 staff files had undergone significant improvement. They now contained all the requirements of schedule 2 and the person in

charge informed the inspector that no person was employed in the centre until satisfactory vetting had taken place and all the required references were available.
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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Lir Nursing Home
Centre ID:	OSV-0000711
Date of inspection:	19/07/2017 and 20/07/2017
Date of response:	15/08/2017

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 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 emergency policy required review to ensure it included action to be taken in response to other emergencies such as loss of power, water, catering facilities, laundry facilities and any other disruption to essential services or damage to property.

1. Action Required:
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for

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

responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Please state the actions you have taken or are planning to take:
A new plan is now in place to respond to the above emergencies.

Proposed Timescale: 31/08/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy as set out in Schedule 5 did not included all the requirements of Regulation 26(1) The policy did not cover, the identification and assessment of risks and the precautions in place to control the risks identified and did include the measures and actions in place to control the following specified risks, 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm.

2. Action Required:
Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:
Peninsula Health and Safety (our new private health and safety company) have been contacted to implement a new risk management policy.

Proposed Timescale: 30/09/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire alarm and emergency lighting were only checked on an annual basis and not quarterly as is required by legislation

3. Action Required:
Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:
A policy has now been implemented to check the fire alarm and emergency lighting are checked on a quarterly basis

Proposed Timescale: 10/08/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector saw that although a list of residents emergency evacuation requirements were maintained by the fire alarm. Detailed individual personal emergency evacuation plans had not been completed for all residents.

4. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
A second fire drill will be carried out on the 17th of October and the fire engineer will be assisting us in implemented a personal emergency evacuation plan for each resident and should be in place by the 04 September 2017

Proposed Timescale: 04/09/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The frequency and recording of fire drills required review.

5. 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:
Two Fire drills will now be implemented annually.

Proposed Timescale: 17/10/2017

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
Medications that required crushing were not individually prescribed as crushed. Medications were supplied and administered from a monitored dosage system and although there were some references available for the nurse to confirm prescribed medication in the compliance aid in the event of needing to withhold or replace a medication that was dropped these were not available for all medications and required updating.

6. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
All medications that are needed to crushed are now signed for individually by the doctor and in consultation with the pharmacist, a photographic ID off all medication dispensed will be in place by 15th of September 2017

Proposed Timescale: 15/09/2017

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The chair lift was checked and maintained by the maintenance man there were no certified records of these checks and the provider was advised to contact the manufactured to ensure compliance with their guidelines as to certification of six monthly checks required

7. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Our new Health and Safety company Peninsula will now carry out six monthly checks on the chair lift

Proposed Timescale: 30/09/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy did not identify a person, other than the complaints officer to be available in a designated centre to ensure that all complaints are appropriately responded to and that the complaints officer maintains the records specified under in Regulation 34 (1)(f). The complaints policy also did not contain details of the ombudsman role and contact details.

8. Action Required:
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
A new policy including the above has now been put in place.

Proposed Timescale: 10/08/2017