



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

Issued by the Chief Inspector

Name of designated centre:	Lisheen Nursing Home
Name of provider:	Lisheen Nursing Centre Unlimited Company
Address of centre:	Stoney Lane, Rathcoole, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	03 May 2022
Centre ID:	OSV-0000059
Fieldwork ID:	MON-0036808

About the designated centre

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

Lisheen is a purpose built privately owned designated centre which has been operating since 1988. Lisheen is a two storey building which has been adapted and extended to provide accommodation for 118 residents over the age of 18 years who need long term care and support. Accommodation is provided in single and twin bedrooms, most of which are en-suite. The centre is divided into nine units each of which has a dedicated staff team. The units are laid out into homesteads with spacious communal areas served by a small kitchenette. The landscaped gardens are of a dementia friendly design and provide a safe outside space for residents. Lisheen is situated on a landscaped site with views over the surrounding countryside. The centre is a short distance from a local village with shops, community centre and churches. The village is served by public transport routes. There is a large car park to the front of the building and disabled parking is available. Lisheen provides care and support for individuals who require assistance with the activities of daily living. This includes persons with cognitive impairments, dementia and long term mental and intellectual disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	116
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Tuesday 3 May 2022	08:15hrs to 17:45hrs	Margaret Keaveney	Lead
Tuesday 3 May 2022	08:15hrs to 17:45hrs	Sinead Lynch	Support
Tuesday 3 May 2022	08:15hrs to 17:45hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Inspectors spoke with twelve residents over the day of the inspection, to elicit their experiences and views of life in Lisheen Nursing Home. From what residents told inspectors, and from what was observed on the day of inspection, it was evident that residents' rights were respected in how they spent their days living in the centre and that it was a pleasant place to live. The atmosphere in the centre was observed to be relaxed and calm with good camaraderie between residents and staff.

On arrival to the centre, inspectors were required to complete a COVID-19 assessment form, a temperature check, hand hygiene and mask wearing before being permitted entry to the centre.

Following an opening meeting, inspectors were accompanied on a tour of the premises by the person in charge. Inspectors observed that while some residents were up and dressed for the day, most chose to enjoy their breakfast in their bedrooms. The designated centre was located in the countryside at the edge of a small village, and was built over two floors with a lift between the floors to ensure that all areas were easily accessible to residents. The centre was split into seven small units, which residents could freely move between. Each unit had its own sitting, dining and bedroom accommodation, which gave an intimate and homely atmosphere within the centre. Inspectors found that all communal rooms were comfortable, pleasantly decorated spaces, which many residents were observed to frequent to chat together in small groups or partake in activities. Communal areas were supervised at all times.

Bedroom accommodation comprised of 92 single bedrooms and 13 twin rooms, all with ensuite toilet facilities for privacy. With residents' permission, inspectors viewed a number of residents' single and double occupancy bedrooms and found them to be clean and homely spaces. However, inspectors found that residents of double occupancy rooms were not afforded sufficient private space within which to conduct their personal care activities. This is further discussed within this report. Large bedroom windows provided many residents with views of well-maintained and stimulating gardens and courtyards. Many residents had chosen to personalise their bedrooms with ornaments, photographs and furniture from home.

The centre was maintained, by a housekeeping supervisor and an in-house maintenance team. However, some attention was required in sluice rooms and storage areas, and with the cleaning of resident equipment. The design and layout of the home promoted a good quality of life for residents. Residents had access to communal spaces within their units, and to the centres' oratory, hairdresser room and a number of meeting rooms where they could meet their visitors. The registered provider had installed an Old Irish Cottage in a central area of the centre, decorated with old style furniture and furnishings, and had recreated the external wall of an old style post office in this area, both of which greatly enhanced the social and

stimulating environment within the centre. Residents' art works were on display throughout the centre and the registered provider had also decorated the corridors with stimulating landscape images and memorabilia.

The registered provider had created a number of pleasant garden areas for residents to enjoy. Inspectors saw that they were planted with small trees, a variety of evergreen and flowering shrubs and plants. There was seating throughout these areas and small groups of residents were observed to socialise in the garden courtyards throughout the day. There was an oversized chess set in one garden area, and inspectors saw from photographs that residents enjoyed this amenity in the fine weather. The centre had a resident dog and cat, who lived happily amongst the residents in a mutually beneficial arrangement, as both staff and residents were seen to enjoy their company throughout the inspection.

Residents were seen to be at ease in the presence of staff, and feedback from residents was that staff were kind and caring. One resident said that that staff were 'great fun, while another described them as 'fantastic'. Feedback at resident forums also evidenced residents were happy with the care, activities and amenities provided. Inspectors observed a number of positive interactions between staff and residents including at mealtimes and during activities, and staff were seen knocking on bedroom doors prior to entering.

Throughout the day of the inspection' inspectors observed a steady flow of visitors meeting with residents in the various units. Inspectors spoke with six visitors on the day of the inspection, all of whom were highly complimentary of the service. Two reported that they were very happy with the care their relative received, that the centre was a lovely place and that the staff were very nice and helpful.

Residents were complementary about the meals provided to them and said that there was always a choice available to them with one resident reporting "they were spoilt for choice". Inspectors observed residents' dining experience and found that the dining rooms were calm spaces. Those residents who required support were assisted appropriately and discreetly. Some residents chose to remain in their bedrooms for meals and this choice was respected and facilitated.

It was apparent to inspectors that residents were content living in Lisheen Nursing Home. There was a homely atmosphere in the centre with a strong focus on residents' quality of life. Staff and management worked hard to enhance residents' lived experience. Residents spoken with were very positive about their experience living in the centre, with one resident commenting that 'you get good grub here' and 'I love it here'. Another resident stated that they had their newspapers bought to them every day 'just like at home'.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection was carried out to assess compliance with the Health Act 2007 and to follow up on solicited information submitted to the Office of the Chief Inspector of Social Services. This is a well-managed designated centre, run by a management team who are focused on providing a quality service to residents and on improving their wellbeing while living in the centre. There were management structures and resources in place that ensured appropriate care was being provided to residents. Overall this was a good inspection with the registered provider demonstrating good compliance with the regulations. However, action was required by the provider with regards to the premises, care planning, infection prevention and control, and medication management.

Lisheen Nursing Home is operated by Lisheen Nursing Centre Unlimited Company who is the registered provider. This is a family owned business, with family members holding many of the senior nursing and operational management positions in the centre. The person in charge held the role of Director of Nursing in the centre, and was well supported by an office manager, a housekeeping supervisor and a facilities manager. The person in charge was also supported in her role by a team of clinical nurse managers, nurses, healthcare assistants, activities co-ordinators, and a catering and domestic team.

Overall, there was an effective management team in the centre with clear roles and responsibilities. The team met monthly, at a minimum, to discuss various aspects of the service. This ensured that the registered provider maintained good oversight of service provided. The Director of Nursing reviewed a weekly Quality Monitoring report, developed by the clinical nurse managers, which included information on residents' clinical care and needs. Inspectors saw that there was a comprehensive annual clinical and environmental auditing system in place, with action plans developed and completed to address findings. However, these management systems did not provide the registered provider with robust oversight of all aspects of the service. This is further discussed under regulation 23 below.

The registered provider had completed an annual review report for the year 2020/2021. There was a comprehensive contingency and preparedness plans in place to guide staff on managing COVID-19 outbreaks within the centre. The provider had a plan in place to respond to a range of emergencies, such as flooding and loss of power.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review, and observations throughout the day, inspectors saw that there were sufficient staff were on duty to meet the assessed needs of the residents in the centre. There was a minimum of one clinical nurse manager rostered to supervise staff and to monitor resident care at all times, including nights and the weekend. There was a team of activities' staff rostered Monday to Friday to lead a full activities schedule, with care staff leading activities at the weekends.

There were arrangements in place for staff to access mandatory training and annual training took place on infection control. The staff training matrix indicated that most staff were up to date with their mandatory training with refresher training on fire safety due for a small number of staff. Staff spoken with said they had received sufficient supervision and training to do their jobs.

Inspectors reviewed three contracts for the provision of services and found them to be in line with the regulations. The contracts outlined the terms and conditions of the residents' residency and also contained details of the fees to be charged for additional services.

Inspectors reviewed a sample of Schedule 2 records which were available for inspection when requested. These records were each maintained in line with the regulations and were kept safe within the designated centre.

Inspectors reviewed the complaints log for 2022 and 2021 and saw that a low number of complaints had been received by the registered provider. Those received were recorded and investigated in a timely manner by senior nursing staff with complainants informed of the investigation outcome. The records also showed that complainant's satisfaction levels with the complaint investigation were recorded. Residents spoken with were aware of how to make a complaint if they so needed and stated that they would feel comfortable in doing so.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the assessed needs of residents in line with the statement of purpose.

There were registered nurses on duty at all times as confirmed by the staff rosters and the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training had been delivered to staff. This included training related to safeguarding, manual handling and fire safety. In addition, staff also had training on infection prevention and control.

Staff were appropriately supervised and supported to perform their respective roles, through an induction programme and annual appraisals.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to improve the registered providers' management system of oversight of the care and service provided to residents living in the designated centre. A sample of issues identified are as follows:

- The provider did not have robust oversight of some clinical areas of the service. For example, clinical audits completed by the registered provider did not identify the gaps in care plan reviews which could result in residents receiving care that does not reflect their changing needs. Also, a review of medication audits found that the management team had not identified findings under Regulation 29: Medicines below, which could result in the unsafe administration of medicines to residents.
- Although the registered provider completed a facilities and health and safety audit every six months, this system was not effective to ensure good infection prevention and control practices in the centre. For example, the last audit completed in October 2021 had not identified the issues seen during this inspection, which could impact on residents' health and safety in the centre.
- The provider did not have effective risk management systems in place to ensure the safety of residents who smoke, in the centre. For example, inspectors observed that one, of two, areas used by residents who chose to smoke, did not have appropriate fire safety measures in place.
- The configuration of a sample of double occupancy bedrooms was not in compliance with Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care with the provider, setting out the terms and conditions of their residency and contained the required authorisations. The contracts contained information on the cost of care and details regarding fees that may accrue for additional services, including activities and other potential costs.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors saw that the registered provider had an accessible and effective complaints procedure in place, and that all complaints received were recorded and managed in line with the procedure. Complaints were recorded distinct from

resident's care plan.

The complaints procedure was prominently displayed in the entrance foyer of the centre.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Residents had good access to healthcare and there was evidence of good recreational opportunities being provided to residents. However, some improvements were required within individual assessment and care planning, premises, infection control and medication management.

A pre-admission assessment was completed prior to admission to ensure the centre could meet the resident's needs. All care plans reviewed were personalised detailing information specific to the individual resident. Inspector viewed a number of care plans that were developed for end of life care. These detailed the resident's wishes and preferences for the future to include religious and cultural needs and if they wanted to be transferred to the acute setting or remain in the centre.

Residents were provided with timely access to general practitioner (GP) and allied health care services. There was evidence that referrals to other allied health services, such as speech and language therapy, Psychiatry of later life and physiotherapy, were made in a timely manner, and that residents attended out patients' appointments as scheduled. However, inspectors observed that one resident had not received appropriate health care as advised by a health care professional. This is further discussed under regulation 6 below.

Staff appeared knowledgeable in the management of responsive behaviours and were observed using diversional therapy to assist the residents. Lego therapy introduced for some residents, with positive results for resident's behaviour reported by staff caring for the residents.

Residents were seen to be treated in a respectful manner throughout the day of the inspection. Residents had access to media such as radio, television and internet access if they wished. There was evidence of regular resident committee meetings where residents were consulted with and could participate in the organisation of the designated centre. The minutes of these meetings were made available to the inspectors.

Residents had access to a varied activity schedule seven days a week. Inspectors observed singing and dancing take place on the day of the inspection and spoke with a resident who had won a prize at the bingo session that day. Inspectors saw

evidence that activities were regularly reviewed to ensure residents' enjoyment.

Inspectors observed many visitors throughout the day of the inspection, visiting in bedrooms and communal areas. Residents and visitors spoken with were happy with the arrangements in place.

Residents were supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered on-site and there was a system for labelling residents' clothing to ensure that residents' clothing was returned to the correct owner.

Inspectors saw that a range of snacks were provided to residents including fruit and baked items. Residents had access to fresh drinking water, and drinks were provided at regular intervals through the day. At lunch and tea times there was a second choice of meal on the menu, and residents were seen to receive their requested meal.

The provider had completed a number of works to the premises since the previous inspection. For example, wardrobes in many bedrooms had been replaced, additional storage space for residents' equipment and cleaner's equipment had been added, an ensuite bathroom had been added to one bedroom, and communal and kitchenette space had been increased in one unit. Works were ongoing to add a new garden area and communal living space for residents' use, and to extend one double occupancy bedroom. However, inspectors identified issues with regard to the premises that required attention, in order to ensure that the premises met the needs of residents. This is further discussed under regulation 17 Premises below.

There were some good examples of infection control processes within the centre, staff use of personal protective equipment (PPE) was appropriate and residents and staff were monitored regularly for signs and symptoms of infection. However, although the registered provider had sufficient cleaning resources in place, gaps were seen in cleaning processes and oversight. Further fundamental gaps in infection control within the centre will be discussed under Regulation 27: Infection Control.

Residents were offered a choice with regard to the pharmacy service that they wished to use. Inspectors saw that some residents had chosen to continue to use the pharmacist that they had been using before admission to the centre. From a review of residents' records, inspectors saw that allocated pharmacists reviewed residents and their medication regularly, and had indicated when changes to medications were needed or further intervention was required. Medication was stored in the pharmacy fridge as per medication guidance and dated when opened. However, some improvements were required in both the administration of medication and the management of discontinued medication. This is further discussed under regulation 29 below.

Regulation 11: Visits

The provider had suitable arrangements in place for residents to receive unrestricted visits from their families and friends. There were suitable facilities in place for visits to happen in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage space in their bedrooms including a lockable space for their valuables.

The registered provider was pension agent for 10 residents. Appropriate systems were in place to ensure the transparent management of residents' finances.

Judgment: Compliant

Regulation 13: End of life

The person in charge had ensured that appropriate care and comfort was provided to residents at end of life. There was evidence that the physical, emotional, social, psychological and spiritual needs of residents concerned were planned for.

The advanced care planning for end of life also included the resident's preference as to where his or her end of life experience should take place, for example a preference to return home at end of life stage or to remain in the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to action works with regard to the premises, in order to ensure that it promoted a safe and comfortable living environment for all residents. For example,

- The personal space for some residents in eight double occupancy bedrooms measured less than 7.4m² and residents in these bedrooms could not access their personal storage units in private.
- Inspectors observed that an outdoor area, used by a resident to smoke, did not have appropriate safety measures in place. For example, there was no call bell, fire safety equipment or appropriate bin for the disposal of hot ash

or cigarette butts in this area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured the residents had access to a safe supply of fresh drinking water at all times. Residents were seen to have choices for both drinks and at meal times.

Inspectors observed that there was a good selection of wholesome and nutritious meals provided to the residents, and that there was adequate staff available to assist them at meals time. Residents were offered drinks and snack throughout the day between meals.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practices in the centre were not fully in line with the national standards and other national guidance. For example:

Storage of items created a cross-contamination risk.

- The layout of the laundry did not support the flow of dirty to clean laundry. There was signage to display where dirty linen was stored in an area of the laundry, however, this was also beside where clean linen was being managed without any clear signage. This posed a risk of cross contamination to clean laundry.
- Toiletries including toothbrushes were stored together in in the shared bathrooms of multi-occupancy rooms and therefore staff could not be assured who these items belonged to.
- Communal items such as hairbrushes and razors were seen in the hairdressing which created a risk of cross-infection from one resident to another.
- Shared bathrooms had open unused incontinence wear, open patient wipes and personal hygiene items stored within them.

Environmental and equipment cleaning practices and processes required review. For example:

- Effective systems were not in place to ensure regular effective cleaning of reusable equipment such as hoists. Unacceptable levels of dust were present on hoists and some were seen to be unclean. There was no cleaning schedule

in place for this equipment.

- Some residents' chairs and equipment were also seen to be unclean on the day of the inspection and there was gaps in cleaning records for one chair seen.
- The hygiene of sluice rooms and some storage rooms was not appropriate, this included the storage of items such as vases within sluice rooms and some storage rooms had items stored on the ground which prevented the effective cleaning of these areas.

Barriers to effective hand hygiene practice were identified. For example:

- In one clinical area and four bathrooms shared by residents, the sinks had flannel hand towels which were shared to dry hands. This posed a risk of cross-contamination and was not in line with best practice.
- Wall-mounted hand soap, shampoo and conditioner dispensers throughout the centre were refilled from a bulk container without adequate cleaning processes. The underside and inside of a number of these dispensers were unclean.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that all medicinal products were administered in accordance with the directions of the prescriber of the resident concerns, for example:

- Inspectors reviewed resident's drug administration charts and found that medication was being crushed but not prescribed as crushed by a medical officer.
- There was no date recorded for the discontinuation of medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on pre-admission and regularly thereafter. Staff used a variety of accredited assessment tools to regularly assess residents' risk of falling, pressure related skin damage, dehydration, unintentional weight loss or gain among other clinical risks. These assessments informed residents' care plans.

Judgment: Compliant

Regulation 6: Health care

The care plan for one resident, who had experienced weight loss over a period of months, included advice from a medical professional to weigh the resident weekly. However, a review of the residents' records showed that the resident's weight was recorded on only three occasions over an 11 week period.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that staff had up to date knowledge and skills appropriate to their roles to respond to and manage behaviour that is challenging.

The registered provider ensured that, where restraint is used in the centre it is only used in accordance with the centres policy.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities and opportunities in the centre for residents to engage in recreation and to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers and to the Internet. There was an advocacy service available in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lisheen Nursing Home OSV-000059

Inspection ID: MON-0036808

Date of inspection: 03/05/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A more regular and through auditing process around facilities and health and safety management is now in place which will highlight the areas that were identified during the last inspection.</p> <p>Lisheen Nursing Home only has one designated smoking area for resident's, this was recognised as being in compliance with the regulations on the day of inspection. The area where one resident had found to be smoking on the day of the inspection has since been removed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 states:</p> <p>"On and from 1 January 2022, a bedroom in a designated centre which was carrying on the business of a designated centre on or before 1 July 2009 or a part of a designated centre where such business was carried on before that date shall have an area of not less than 7.4 m² of floor space, which area shall include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom"</p> <p>The legislation does not define what a personal storage space is, nor does it state that</p>	

residents need to access their personal storage space in private and out of sight of the other occupant. The eight double occupancy rooms all have a minimum of 7.4m² floor space for each resident and there is a bed, a locker (with a locked drawer at a minimum) and a chair for each occupant of these rooms. Although we do assert that we are compliant with the legislation in this regard we are also proud to have a reputation of constantly striving to improve our care and premises and will (with the consent of the residents of these bedrooms) explore more options to move privacy curtains which will provide more "private space".

Lisheen Nursing Home only has one designated smoking area for resident's, this was recognised as being in compliance with the regulations on the day of inspection. The area where one resident had found to be smoking on the day of the inspection has since been removed.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

We will no longer keep any personal items in shared bathrooms and will monitor this on a regular basis. The cleaning of hoists is now included in our daily cleaning schedule, and we will remove any unused equipment so not to mistake equipment that is in use or not. The care team will continue to disinfect shared equipment between uses. Additionally, the cleaning schedule has been updated for residents own chairs to include new admissions as soon as they arrive to Lisheen or are assigned their own OT chair / wheelchair. We have asked the resident's and their families to store their vases in residents' bedrooms. Any house vases have been relocated to another storage unit. The hand wash sink in the 1 clinical area that did not have disposable hand towels is now in line with the recommendations. The hand towels in communal, non-clinical areas / W/C's will be attended to with consent from the residents and in line the regulations. A new system is in place to ensure that the empty dispensers are thoroughly cleansed before being refilled.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

We are happy that the inspectorate witnessed good practice in this area and will do our utmost to ensure that charts are updated with a GP amendment and/or signature as

soon as is practical for the GP to attend the nursing home in person.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
We found this gap in practice quite startling when it was brought to our attention at the end of the inspection, therefore we investigated it fully which showed that there was a note in the GP diary to discontinue the weekly weights for quality-of-life purposes in addition to the fact that the resident in question would not consent to same. Whilst the medical practitioners newly recommended practice was in place unfortunately it was not documented in the medical file until the day after the inspection. We will do our utmost to ensure that the documentation of any follow ups is recorded accordingly.

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	01/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Not Compliant	Orange	20/06/2022

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(5)	The person in charge shall 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.	Substantially Compliant	Yellow	20/06/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger	Substantially Compliant	Yellow	20/06/2022

	to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	20/06/2022