

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Lucan Lodge Nursing Home
<b>Centre ID:</b>	0061
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	Lucan
	Co Dublin
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<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Tanya Patterson
<b>Person in charge:</b>	Julie Fuller
<b>Date of inspection:</b>	21 October 2009
<b>Time inspection took place:</b>	<b>Start:</b> 07:45hrs <b>Completion:</b> 19:30hrs
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector(s):</b>	Angela Ring Valerie Mcloughlin
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

Lucan Lodge Nursing Home is a four-storey purpose-built residential centre with 72 places. There are 39 single rooms, 27 single rooms with en suite, one twin bedroom and one four-bedded room. There is a purpose-built Alzheimer's Unit on the ground floor which accommodates 15 residents. Communal space includes a sitting room, day room / dining room and assisted bathroom in this area and there is direct access to a secure garden. Accommodation on the 1<sup>st</sup> and 2<sup>nd</sup> floor includes two sitting rooms, a dining room, kitchen, two visitors' rooms and recreational room. Residents had access to a lift. There are also laundry, oratory and staff facilities. The fourth floor consists of offices only. The secure garden is to the rear of the centre and there is car parking to the front and side.

### Location

Lucan Lodge is situated in a residential housing estate close to Lucan village within a short distance to restaurants, a bank, public houses, libraries and shops.

<b>Date centre was first established:</b>	17 April 1987
<b>Number of residents on the date of inspection</b>	71

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	29	15	16	11

### Management structure

Tanya Patterson is the Provider and Julie Fuller is the Person in Charge. There is a nurse manager and three clinical nurse managers (grade one) who report to the Person in Charge as do senior carers and care assistants. The household staff report to the household supervisor who in turn reports to the Person in Charge. The two activities coordinators and the exercise coordinator also report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	4	13	2	6	0	Proprietor  Two activity coordinators  One exercise person

## Summary of findings from this inspection

The inspection was announced and inspectors spoke with residents, relatives, staff members and the person in charge. Inspectors also observed practice and reviewed documentation.

Lucan Lodge was found to be largely in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Overall, the centre provided a high standard of person-centred care to residents in a homely and comfortable environment. Residents expressed satisfaction with the accommodation and the care that was provided to them.

The inspectors found the centre to be well managed and organised. There was evidence that the person in charge and her team actively listened to residents and tailored the service to meet residents' individual needs. Staff were skilled and trained to meet the changing needs of residents. There was an emphasis on fulfilment for all residents, in particular those residents of higher dependency, and the relaxed routines ensured that the assessed needs of residents were met. The open communication between residents, relatives and staff promoted a culture where everyone works together for the good of the resident.

There were some improvements required in order to meet the Regulations. The preparation of pureed diets was not in line with best practice and the policies did not guide local practice in the centre.

The Action Plan at the end of the report identifies areas where improvements were required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

### Residents' and relatives' comments

The inspectors received eight completed questionnaires from relatives and 12 completed questionnaires from residents prior to the inspection. Inspectors spoke with other residents and relatives during the inspection.

Many residents were very complimentary about the staff, who were described as "marvellous, kind, helpful and friendly" and "the staff take their time to help you with things". One resident said: "All of the carers are wonderful; they don't make you feel foolish if you cannot do something and at night you are helped into bed." A resident in a questionnaire commented: "Staff are always smiling and I am impressed with the level of care and attention shown by staff to me and to all residents."

Residents said they were happy with the food. Comments included: "You get a choice at dinner time and it is always good" and "breakfast is at 9.30am but you can have something earlier if you want it." Another resident told inspectors that the food is great and residents have great banter with the chef. One resident's comment from the questionnaires was that the food was first class.

Residents said they felt safe in the centre because they wear "falls stars" – badges which indicates that they might fall – and this makes them feel secure. One resident in a questionnaire commented that "the staff check you at night and don't make you feel alone". She also said that there is always someone around to help during the day. Another resident in the questionnaire commented that "safety and security is a priority for staff in that all staff respond really quickly to calls".

Residents spoke fondly of their bedrooms and the garden. One resident said he sits in the garden when the weather is good. They praised the cleanliness and the general running of the centre. One resident commented in the questionnaire that she likes to clean her room and have it nice.

When residents were asked what they liked to do during the day, they said there is something different every day. Some residents told the inspectors that the newspapers were distributed on most days, but they would like to receive them every day. Residents said they enjoyed having their hair done with the hairdresser who visits. One resident told the inspectors that the activity person was helping him to read and this had improved his quality of life and made him feel "so proud".

## **Relatives**

Relatives said they always felt very welcome, can visit at any time and are always offered refreshments when they arrive. They commented positively on the how well the centre is run and how the service meets the needs of the residents.

Relatives said that they can access information at any time from the person in charge or from any member of the nursing staff. They described staff as being "very professional and caring".

Some of the comments from the relative questionnaires in relation to the care included:

- "We visit mam in the warm cosy sitting room or in the garden."
- "All of the staff are super I can't praise them enough."
- "If my sister wants for anything she only has to ring the bell and it is answered quickly. My sister is happy and content here and that is important to us."

Relatives who were spoken to said they had never made a complaint as there was never a reason to.

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.**

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The leadership of the person in charge and the provider was evident in the running of the centre. They demonstrated a good knowledge of the regulations and the Standards. There was a culture of open communication and the effective management led the staff towards ensuring positive outcomes for residents. There was evidence of good practice in the centre being driven by the managers. The person in charge and provider were proactive in seeking feedback from residents and relatives and made improvements wherever possible.

There is a robust management structure in place with the provider and person in charge playing a very active role. The person in charge is on duty Monday to Friday. A clinical nurse manager works Monday through to Sunday.

The complaints policy was clearly displayed. There were two written complaints in the past year and these had been resolved to the complainants' satisfaction. Residents and relatives were aware of who to talk to if they had a concern or complaint. There were complaint forms at reception for relatives to complete if they wished.

Staff, residents and relatives said that the person in charge was very approachable and was always willing to listen to suggestions and ideas. In addition, the person in charge carried out a satisfaction survey with all of the relatives in 2009 and issues which had been identified had been addressed, for example, many relatives wanted their family member to be returned to bed earlier during the day for a nap. This was also requested by residents. This change in routine was implemented. The person in charge also completed a satisfaction survey of residents on an annual basis and there were improvements made based on these findings, such as one resident wanting to have a bath more frequently, which was now taking place.

There was a safety statement in place dated 14 October 2009, which was developed specifically for the centre. Risk assessments were carried out and actions plans developed. There was evidence that the provider had begun addressing the actions

identified. For example, the fire register did not include the servicing, maintenance and testing records and these have now been included in the register. There were two members of staff appointed as the safety representatives in the centre. The health and safety statement was clearly displayed at the entrance.

A safety audit was completed on a monthly basis and the results of these were discussed at the health and safety meeting. The minutes of the meeting dated 14 October 2009 were read by inspectors and were available on the notice board for all staff to read.

All staff members were trained in fire safety. The person in charge holds unannounced fire drills and records of the drills completed on the 30 September, 5 October and the 20 October 2009 were viewed. The staff whom inspectors spoke with were aware of the fire evacuation procedures. The inspectors also reviewed the fire register and found it satisfactory.

The person in charge showed inspectors how staff responded to incidents and accidents. The inspector examined the incident reports and residents' notes. All incidents including near misses were identified and addressed. The person in charge had recently amended the incident report to include the action taken and measures required to prevent a recurrence.

The statement of purpose and function was based on the Standards and reflected the services provided. The mission statement was on display at the entrance.

There was a positive approach to quality improvement. A weekly audit was carried out by the person in charge. It covered issues such as residents with pain, pressure sores, those who were assessed as requiring physical restraint, those with a catheter, any verbal complaints and falls. There were weekly meetings with the provider, person in charge, a staff nurse, one of the senior carers and one of the cleaners where the results of the audits were discussed. Changes or improvements to care were introduced as required and this ensured that all staff were familiar with all residents to ensure continuity of care. The minutes were made available to all staff.

The managers encouraged and supported staff to undertake research that would support evidence-based practice. The inspectors read a piece of research carried out by the nurse manager as part of her diploma in gerontology. There was evidence that the findings of this research was used to improve practice.

### **Some improvements required**

The inspectors viewed local policies specific to the centre, for example, missing persons, maintenance of residents' clothing, pets, infection control and laundry and male urinary catheterisation. Staff were knowledgeable of these and had signed that they had read them. While the person in charge had started reviewing and updating policies that are not specific to the centre, there were still a number of policies that did not guide local practice sufficiently. While risk management practice was good, there was no risk management policy to support the practice in place.

There was a complaints policy in place and residents and relatives were aware of who to complain to, and the complaints log showed that complaints were responded to. However, the provider had not identified an independent person separate to the nominated person who would deal with appeals and ensure that complaints are appropriately responded to and checks that the nominated person to deal with complaints in the centre maintains the necessary records. The appeals process was not detailed.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Residents told inspectors about the social and recreational programme and said that they enjoyed music, sing songs, art, bingo and reading the newspapers. A daily list of activities was displayed and the two activity coordinators informed the residents of what was planned for that day. There are two full-time activity coordinators who in conjunction with other staff members carry out the programmes. There is an emphasis on fulfilment for all residents, in particular for those residents with higher dependency. Many of the staff are trained in the delivery of reminiscence therapy and Sonas (a sensory programme) for residents with dementia and Alzheimer's disease. Some residents are facilitated to attend a local day centre.

The activity coordinators had started to formalise the assessment of each resident's likes and dislikes and design the activities to suit their preferences. They showed the inspectors the computerised system that will be used to record participation in the activities.

In the Alzheimer's Unit, the activities for the week were displayed on the wall. These included baking, watering flowers, folding napkins, skittles, beauty therapy, walks in the garden, Sonas, hand and foot massage and card games. This programme of activities was part of the daily routine and was based on the residents' preferences.

Residents spoke of the enjoyment they got from the garden. One lady told inspectors that she liked to pick flowers and leaves, which she kept in a book. The residents said that they enjoyed a meal in the garden when the weather was fine.

Staff were very aware of the needs of the residents with Alzheimer's disease and they talked to the inspectors about how they "live in the residents' world". For example, a staff member told the inspectors about one resident who had previously worked as an electrician and how he talked to the staff about his job in the middle of the night. Staff spent time with him during the night listening to him as he talked about his work and they facilitated his sleep patterns during the day.

Inspectors noted that the privacy of residents was respected and promoted by staff, and observed staff members knocking and waiting before entering residents'

bedrooms. Doors were closed and curtains were fully drawn when personal care was being delivered. Inspectors noted that residents were addressed in an appropriate and respectful manner. The staff spoke to residents individually and clearly which assisted those who had a hearing impairment.

At lunchtime, the inspectors observed the chef serving lunch to the residents in the main dining room on the first floor. Even though there were no formal procedures in place to inform the chef of individual residents' dietary requirements, the inspectors found that he knew each resident's preferences and had a good rapport with them. He had undertaken a food survey with residents in 2009 and the menu had been changed based on the feedback. The residents were offered a choice of two main courses when they were seated at the table and drinks were available such as water and juice. One of the inspectors joined the residents for lunch and observed that the dining experience was an enjoyable social occasion as staff and residents chatted together. The staff sat beside residents when assisting them to eat and promoted their independence wherever possible.

Residents said they had choice in their daily routines, such as the time they go to bed and get up.

All staff employed in the centre had received training in the protection of vulnerable adults, while staff that were spoken to displayed appropriate knowledge of this issue.

### **Some improvements required**

While the dining experience for residents in the main dining room was a pleasant and relaxed experience, inspectors observed that mealtimes in the Alzheimer's Unit was not as relaxed. Residents were left unsupervised in this area for some time as the staff were in the kitchen plating the meals.

On level-three, one relative said that on occasion, his mothers' dinner is cold by the time it was brought up from the dining room, although this was not the case on the day of the inspection. He said that he had to go down to the main dining room to make his mother a cup of tea when he visited as there are no provisions to make tea in this area.

The chef described how he prepared the soft diet meals for residents. He said that on some occasions he pureed the two cooked meats together. This means that residents could not distinguish the type of food they were eating. This was brought to the immediate attention of the provider who was unaware of this practice and procedures were put in place to ensure that it ceased immediately.

### **Minor issues to be addressed**

Residents had access to the secure garden on the ground floor but there was very little opportunity for them to go outside of the centre for outings or day trips. This was supported by one relative who commented that "if the centre had their own

transport for residents to go on outings and near Christmas to go to big centres for shopping it would enhance the service provided”.

Residents’ clothing was very well cared for and returned promptly to the residents following laundering. Some of the residents told the inspectors that their clothes had gone missing on occasion because they were not all labelled before going to the laundry. The staff had not formally reminded relatives to label the clothes they bring into the residents. The centre addressed this by labelling the clothes when they are found.

### 3. Healthcare needs

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### Evidence of good practice

There is a computerised documentation system in place to manage residents' records. Each resident had an assessment of his or her needs completed on admission and an assessment of their dependencies completed on a quarterly basis. There were risk assessments carried out on falls, malnutrition, pressure sores, continence and oral care on a quarterly basis or more frequently if required. Residents had a care plan in place, which was person centred. Residents and relatives said that they felt very much involved with the development of the care plan. The progress notes were also viewed and were found to be up to date.

The management of wound care was reviewed. There were wound and pain assessments, care plans and progress charts completed for each resident with wounds. The plans clearly set out the care to be provided. Wounds were evaluated every time a dressing was changed and this was documented. The person in charge showed how follow-up hospital appointments for wound care had taken place. Inspectors read the records that showed that residents availed of the flu vaccine.

Health was promoted through regular monitoring of each resident's health status, a healthy and nutritious diet, and residents being encouraged to participate in regular exercise classes. There was an exercise coordinator, in addition to the activity coordinators, employed on a full-time basis to provide exercise programmes to residents. The inspectors spoke to her at length and reviewed the assessments and care plans in place. There was evidence that there had been improvements to residents' mobility as a result of this service.

An inspector accompanied the nurse on a medication round. It was observed that staff adhered to procedures for the safe administration and recording of medication. Some residents were knowledgeable about their medicines. Medications were subject to review at three-monthly intervals and more frequently whenever there was a change in the resident's condition.

All residents had regular access to general practitioner (GP) services. Regular entries were documented in the medical files by the doctor. Peripatetic services such as chiropody, dietician, speech and language therapy, ophthalmology and dental services were available on a needs assessed basis at an additional fee. One relative

described how the dentist and dental assistant came to the centre to attend to her husband and this meant a lot to her.

Inspectors spoke to the community psychiatric nurse who was visiting to review a number of residents on the day of inspection. She said the staff were very knowledgeable about the residents' needs and that they carried out the care she had recommended. She said she had worked with the staff to develop the life histories of residents. She explained that the life histories showed that residents had a past filled with experience and achievement; the process had provided more insight and respect and had helped staff communicate better with the people who have dementia. It had also given clues and greater understanding about the reasons why residents acted in the ways they did.

### **Some improvements required**

While the practice for safe administration and recording of medication was in line with best practice, the medication policy was not specific to the centre and did not guide the actual practice in place.

There was a comprehensive assessment of residents on admission and risk assessments in place to guide the plan of care, but there was no comprehensive reassessment of activities of daily living on an ongoing basis. As a result some information may not be up dated or captured.

There were care plans in place for residents who required restraint and appropriate care of residents in restraint was observed. However, there was no assessment for restraint used to ascertain the need for its use. While staff were monitoring residents, these checks were not consistently recorded on the restraint observation form.

#### **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

#### **Evidence of good practice**

The centre was clean, spacious and bright and it was well maintained both inside and outside. Inspectors observed household staff dusting, cleaning and washing floors, walls and equipment. Bedrooms were bright, well decorated and personalised with the residents' possessions including photographs, ornaments and religious items. The residents brought the inspectors to show them their bedrooms. Inspectors visited the communal bathrooms, en suites, sitting rooms, dining room, kitchen, laundry and sluice rooms. The inspectors tracked the maintenance requests and were satisfied that the work was carried out to a satisfactory standard within a reasonable time period.

The Alzheimer's Unit opened in 2006. This was purpose-built and the environment met best practice. The layout was appropriate to the needs of residents with Alzheimer's disease. The dining room and the seating area were interlinked to enable residents to walk around freely. There were colour-coded bedroom doors which aided residents' memory. Specialist signage helped residents with cognitive impairment to identify particular rooms. For example, there was a picture of a toilet beside the name to aid residents. The fire extinguisher on the wall was covered with a plastic covering to prevent injury to residents. The furniture was of a high standard and domestic in appearance. Residents were observed lying on the couch for a rest during the day. The inspectors noted that a married couple shared a room in this unit. The unit had a keypad security system.

The kitchen was well equipped, clean and organised. Kitchen staff were trained in Hazard Analysis Critical Control Points (HACCP). The food safety statement was on display at the entrance to the centre.

There was adequate assistive equipment provided to meet the needs of the residents, such as pressure relieving cushions and mattresses, grab rails, hoists and appropriate signage. A number of residents used specialist seating and mobility aids to maintain their independence. There were large clocks on the walls in all areas with large numbers for easy reading and the day of the week displayed.

The staff facilities were of a high standard. These included changing rooms, storage and showers. There was a separate toilet available for catering staff and hand-gel available at the entrance and throughout the building. Staff and relatives were observed using this.

### **Some improvements required**

The inspectors observed that the fire exit door from the first floor opened onto a stair well which led down to the kitchen and up to level-three. The door at the bottom of this stairs was a fire door and these stairs were not routinely used by residents. The safety of residents who might wander and the risks associated with this exit door were discussed with the person in charge. She described the process in place to prevent injury to residents to the satisfaction of the inspectors. They were assessed for wandering prior to admission and were not given bedrooms on these two floors. There was no evidence that risks, and prevention measures and interventions, were identified or documented on this issue.

The inspectors noted that there were no call bell facilities in four of the bedrooms.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Inspectors observed and heard effective communication between staff, residents, relatives and managers from pre-admission onwards. Residents and relatives reported feeling welcomed and involved with aspects of the running of the centre. Residents and relatives confirmed that they could meet with the person in charge at any time. Relatives said that they were very involved in the initial assessment of their family admission and had read their family members' care plan.

The person in charge had invited all relatives to the centre to discuss the care provided to the residents. Minutes of these meetings were read by inspectors. The person in charge explained that she aimed to meet with all relatives within three months of residents coming to live in the centre.

There was a residents' forum in place which met on a quarterly basis and this was facilitated by the activity coordinator. The person in charge told the inspectors that she invited Age Action Ireland to the centre to help facilitate the first residents' meeting. Residents had an opportunity to make suggestions and contribute to future planning needs within the centre. The minutes of these meetings were viewed. One of the activities coordinators discussed issues with the person in charge and these were addressed, for example, residents suggested that the windows were cleaned more frequently. There were details of advocacy services detailed on the notice board at the entrance to the centre and many residents were aware of this.

Residents had access to television and radio in their bedroom and in the sitting room. The inspectors observed residents reading and chatting about issues in the newspapers. Residents had access to the Internet.

There was a brochure, residents' guide and statement of purpose available to residents. These included an explanation of the services, facilities, activity programme and visiting arrangements.

### **Minor issues to be addressed**

The relatives and staff in the Alzheimer's Unit said that the mobile phone used by residents to receive calls from their families had poor reception and therefore they have difficulty hearing what is being said.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

Residents and relatives spoke positively about the staff and described them as caring, understanding and responsive to their needs and said that they treated them with respect.

There was a human resource policy dated 29 September 2009, which included the recruitment, selection and vetting of staff.

There was an induction programme for all staff and records of this were viewed in staff files. The nurse manager and clinical nurse managers worked alongside the new staff nurses and facilitated their induction.

The planned and actual rotas were viewed. There were 18 staff members on duty on both days of the inspection. Residents and staff agreed that staff were available in sufficient numbers and with the appropriate skills and competencies to meet the personal and health needs of the residents. The person in charge described how the staffing levels were based on the dependencies of residents. There were staff permanently allocated to the Alzheimer's Unit which was in line with best practice, as this promoted familiarity and continuity of care.

Continuous learning was highly valued in the centre with a focus on developing specialist areas to support staff in improving residents' care. The senior nurse manager supported three clinical nurse managers who had each been assigned a specialist area (nutrition, wound care or continence management). There was evidence that these key staff support all other staff in these areas and support best practice. They will link with external peripatetic services to review a resident if the need arises.

The inspectors reviewed the comprehensive personnel file for each staff member maintained by the person in charge. They contained most of the information required by the Regulations, which included, references, photographic identity and birth certificates. A list of up-to-date nurse's registration numbers with an Bord Altranais were also seen.

There is an annual performance review process in place for all staff and the records of this were viewed. This allowed staff to discuss any issues that might arise. The person in charge carried out a staff satisfaction survey in September 2009 and she was working towards addressing the findings.

All staff spoken to demonstrated a clear understanding of their roles and responsibilities and the reporting structure and lines of accountability were clear. The person in charge, nurse manager, clinical nurse managers and senior carers were responsible for delegation of tasks and supervision of staff practice. All staff displayed good knowledge of the Standards.

The staff training and education records reviewed by the inspectors showed that staff had recently attended manual handling, fire training, dementia awareness, Sonas, adult venepuncture and training for managing behaviour that challenges. Three nurses have been trained in male catheterisation. The nurse manager had undertaken a diploma in gerontology. There were 36 healthcare assistants, two of whom were trained to Further Education and Training Awards Council (FETAC) level-4 and 20 to FETAC level-5. Inspectors read the training plan for 2009, this included dementia care mapping training and massage.

When inspectors spoke with staff they said that they were happy with their work and felt valued. They praised the management for their supportive approach and the training that was provided which they apply when they are caring for the residents. They also said that relationships with residents were a key aspect of job satisfaction.

***Report compiled by***

Linda Moore,  
Inspector of Social Services,  
Social Services Inspectorate,  
Health Information and Quality Authority

23 October 2009

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Lucan Lodge Nursing Home
<b>Centre ID:</b>	0061
<b>Date of inspection:</b>	21 October 2009
<b>Date of response:</b>	1 December 2009

#### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider is failing to comply with a regulatory requirement in the following respect:

While the practice for safe administration and recording of medication was in line with best practice, the medication policy was not specific to the centre and did not guide the actual practice in place.

#### Action required:

Develop appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing, administration and disposal of medicines to residents.

#### Reference:

Health Act 2007  
Regulations 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Medication management policy now centre specific.	Complete

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>While there was a comprehensive assessment of residents on admission and a review of their dependencies on a quarterly basis, there was no comprehensive reassessment of residents' needs on a three-monthly basis.</p>	
<p><b>Action required:</b></p> <p>Review the reassessment in place to ensure it is comprehensively assesses the residents on a three-monthly basis.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007            Regulation 8: Assessment and Care Plan            Standard 11: The Resident's Care Plan</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Comprehensive assessment will now be carried out three monthly. All residents have been reassessed since inspection.	Complete

<p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There was no risk assessment for restraint used to ascertain the need for the restraint. While staff were managing the resident in restraint well and checking residents who required restraint, these checks were not consistently recorded on the restraint observation form.</p>	
<p><b>Action required:</b></p> <p>Complete a risk assessment of residents' need for restraint. Consistently complete the restraint observation form.</p>	

<b>Reference:</b> Health Act 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging Standard 23: Staffing Levels and Qualifications	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Risk assessment documentation changed to reflect need for restraint.  Staff have been re-educated regarding the importance of recording all observations on the restraint form when care is given.	Complete   Complete

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b>  Some of the policies were not specific to the centre and therefore these policies did not guide local practice. The centre did not have all of the policies in accordance with Schedule 5 of the Care and Welfare Regulations (2009).  There was no risk management policy to reflect the practice in place.	
<b>Action required:</b>  Provide written operational policies and procedures which reflect and guide the practice in place in accordance with Schedule 5 of the Care and Welfare Regulations (2009) prioritising a risk management policy.	
<b>Reference:</b> Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 13: Healthcare Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  Risk management policy now in place.	Complete

<p><b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There were four bedrooms which did not have call bell cords in place.</p>	
<p><b>Action required:</b></p> <p>Take all reasonable measures to prevent accidents to any person in the centre.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 31: Risk Management Procedures Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Leads now replaced. Education has taken place with staff to ensure that any missing leads are reported immediately.</p> <p>Maintenance will also check regularly as some residents remove leads themselves.</p>	<p>Complete</p>

<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was no risk assessments, prevention measures and interventions documented in relation to the fire doors which lead from level-two and level-three.</p>	
<p><b>Action required:</b></p> <p>Document the risk assessments, prevention measures and interventions in relation to the fire doors which lead from level-two and level-three.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 31: Risk Management Procedures Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Keypads and electromagnetic locks are been fitted to all stairwell doors.</p>	<p>Completed by 31 December 2009</p>

**7. The provider is failing to comply with a regulatory requirement in the following respect:**

- The chef said he mixed two cooked meats together for the pureed diets.
- Some residents in the Alzheimer's Unit were not supervised for a short time while the meals were being plated.

**Action required:**

Provide food and drink in quantities which are adequate for residents' needs, which is properly prepared, cooked and served.

**Action required:**

Ensure there are sufficient staff present in the Alzheimer's Unit when meals are being served to offer assistance when necessary.

**Reference:**

Health Act 2007  
 Regulation 20: Food and Nutrition  
 Standard 19: Meals and Mealtimes

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

**Timescale:**

Provider's response:

A policy for special diet now in place.

Complete

There was adequate staff on duty in Alzheimer's unit but they all went to kitchenette to help serve dinner. Staff have been re-educated about the safety of residents and there is a least one staff in dining room at all times during meals.

Complete

**8. The provider is failing to comply with a regulatory requirement in the following respect:**

The provider had not identified an independent person external to the centre for responding to complaints.

**Action required:**

Identify an independent person for complaints.

**Reference:**

Health Act 2007  
 Regulation 39: Complaints Procedures  
 Standard 6: Complaints

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We have now appointed an independent person to review our complaints procedure and our policy has been changed to reflect this.	Completed

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 19: Meals and mealtimes	<p>Monitor the temperature of the meals that are brought to level three.</p> <p>Provider's response:</p> <p>Routine has been changed to ensure all meals are served at correct temperature. All meals will be checked before they are served to residents.</p>
Standard 4: Privacy and Dignity	<p>Review the process of identifying residents' clothes.</p> <p>Provider's response:</p> <p>A notice has gone out to families to remind them of the importance of marking clothes properly. We will do this twice yearly. We have also brought it up at the residents' meetings to remind residents themselves.</p>
Standard 18: Routines and Expectations	<p>Consider how more outings from the centre can be accommodated.</p> <p>Provider's response:</p> <p>We have sent out notices to families and staff for volunteers to be able to facilitate this. If we get enough people, we will then organise outings.</p>
Standard 20: Social Contacts	<p>Review the phone line to ensure residents can hear their relatives when they call.</p> <p>Provider's response:</p> <p>Signal boosters have been fitted in Level-one to eliminate any problems.</p>

**Any comments the provider may wish to make:**

**Provider's response:**

None received for this section.

**Provider's name:** Tanya Patterson

**Date:** 1 December 2009