



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lake House Nursing Home
Name of provider:	Sheephaven Properties Limited
Address of centre:	Portnablagh, Dunfanghy, Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	17 June 2021
Centre ID:	OSV-0000353
Fieldwork ID:	MON-0032955

About the designated centre

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

The designated centre provides care and support to meet the needs of 49 male and female older persons who require long-term and short-term care. Residents assessed as having dementia can be accommodated.

The philosophy of care is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. This includes providing a person centred service, taking into account the wishes and suggestions of the residents and providing a living environment that takes account of residents' previous lifestyles.

The centre is a two storey building located in a coastal area. Resident bedroom accommodation is located on both floors and consists of single, twin and one triple room. The ground floor contains a number of communal spaces, dining areas, household facilities including kitchen, sluice room, clinical room and offices. There are suitable sanitary facilities on each floor. The laundry is located nearby in a separate building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Thursday 17 June 2021	08:30hrs to 17:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what the inspector observed there was evidence that the residents were supported to enjoy a good quality of life by staff who were very kind and caring. The feedback from the residents was that they were very well cared for by the staff who knew them well. Residents told the inspectors that they were happy with their life in the centre and that they could choose how to spend their days. The staff were observed to deliver care and support to the residents which was person-centred and respectful. There was a very relaxed and welcoming atmosphere throughout the centre. Overall, the centre was well managed but a number of improvements were required in relation to the premises and care planning.

This unannounced inspection was carried out over one day. There were 47 residents accommodated in the centre on the day of the inspection and two vacancies.

Lake House Nursing Home was operated by Sheephaven Properties Ltd. The centre was a purpose built facility situated in Dunfanaghy, County Donegal. The facility was a two storey premises and provided accommodation for 49 residents which comprised of single, twin and triple bedrooms. There was a passenger lift between all floors for ease of access. There were a variety of communal areas for residents to use depending on their choice and preference including sitting rooms, a dining room, a sun room and a prayer room. Many of the bedrooms and communal areas had beautiful views of the sea. There was also a lovely central outdoor courtyard area for residents to access. One triple bedroom did not meet the minimum requirements outlined in the Statutory Instrument number 293 of 2016 regarding residents' private accommodation. Following the previous inspection, the provider had submitted a compliance plan which included a planned extension and refurbishment plan that would reconfigure this room to a twin room. The planned completion for this work is 31 December 2021.

The inspector spoke with twelve residents and one visitor during the inspection. The residents who spoke with the inspector all spoke positively about the centre and the staff. Those residents who were unable to communicate verbally were observed by the inspector to be very content. Residents told the inspector that everything was good in the centre, that they felt safe and that they had everything they wanted. They told the inspector that the call bell was always answered whenever they needed to get assistance from staff. One resident told the inspector that they were very satisfied with their room which they shared with another resident. The room was bright with a lovely view of the sea which the resident thoroughly enjoyed. The resident said they were happy in the centre and that the staff could not be any better. Another resident told the inspector that the centre was excellent, the staff were great and that they 'couldn't ask for anything more'.

The inspector spoke with one visitor who indicated they were very satisfied with the centre.

The inspector completed a walk about of the centre with the person in charge. Throughout the centre residents were observed enjoying activities and socialising in the various communal areas where the inspector observed a relaxed, sociable atmosphere. Some residents were having meals and refreshments in the dining area, other residents were mobilising freely and comfortably throughout the building. The inspector observed a number of residents having one to one interactions with the Activities Co-ordinator and other staff members. A number of residents were observed in their bedrooms reading, listening to music or having quiet time. Residents were seen to be happy and content as they went about their daily lives. All residents looked nicely dressed and well groomed. The staff were attentive and respectful in their interactions with the residents.

Overall, the premises was laid out to meet the needs of the residents and to encourage and aid independence. The entrance of the centre opened on to a sun room which provided a very pleasant, comfortable seating area for the residents with views of the sea. The hallway and corridors were tastefully decorated and bright. Walls were decorated with interesting artwork including sensory items and a number of beautiful pictures painted by the residents. Soft music played in the background throughout the day. Communal areas were comfortably styled and arranged to promote social distancing whilst retaining a friendly, social atmosphere. There was sufficient seating available for the residents and the communal areas were laid out to allow the residents to mobilise safely. There were grab rails in place along all the corridors to assist residents with mobility. The building was warm and well ventilated throughout.

The dining room was spacious and decorated in a homely fashion. The furniture was arranged to promote social distancing and tables were arranged to accommodate a maximum of two residents. A relaxation room with calming décor was available and provided a quiet, peaceful space for residents. A multi-denominational prayer room was available for residents and families. This room was now arranged to accommodate visiting if required. Overall, the management and staff had made great efforts to provide an environment that was relaxed and homely throughout the centre.

The resident bedrooms were clean and bright and staff made great efforts to maintain them in a tidy manner. The majority of these rooms had sufficient space for residents to live comfortably including adequate space to store personal belongings. Many were personalised with personal items such as photographs and ornaments to create a comfortable, homely environment. However, due to the size and layout of a number of multi-occupancy rooms, there was not sufficient space to accommodate a chair at each bedside.

Residents had safe, unrestricted access to a lovely, bright courtyard and residents were observed actively using this area on the day of the inspection. There were many items of interest including flower beds, hanging baskets, wall mosaics and bird feeders. There was a variety of suitable seating areas for the residents to sit and enjoy the fresh air including lovely, wooden pods made by a local tradesman. The courtyard area provided another calm, relaxing space for residents who may be anxious. It was also used for social events such as a recent visit from a local ice

cream van which was thoroughly enjoyed by the residents.

There was a staff area available with sufficient space to ensure social distancing was maintained.

Overall, the centre was very clean and tidy. Housekeeping staff who spoke with the inspector were very knowledgeable about the cleaning process required in the centre. The housekeeping room was clean and tidy with sufficient room for storage of appropriate equipment. However, the housekeeping trolley in use on the day of the inspection did not have an enclosed bin and the person in charge agreed to replace this immediately. Cleaning schedules were in place for the environment and equipment. Equipment such as wheelchairs, shower chairs, hoists, commodes were cleaned after each use. 'I am clean' stickers were successfully used to identify clean items. Numerous staff confirmed this process with the inspector and equipment was found to be clean and in a good state of repair.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and social distancing to keep themselves safe. Staff were observed helping residents with hand hygiene throughout the inspection.

The laundry facility was a large well-ventilated area and was clean and tidy. The room required some minor reconfiguration to create a clear one way system to maintain segregation of clean and dirty linen.

Although the centre was tastefully decorated throughout, there were some areas of general maintenance identified that required attention and these will be addressed under Regulation 17 Premises.

Throughout the centre the residents were observed to be happy and content. The inspector saw that the approach to care and support was resident focused. The staff knew the residents well and provided support and assistance with respect and kindness. There was sufficient staff on duty to ensure the residents' needs could be met. There was a happy atmosphere present throughout the centre and teamwork was evident throughout the day. Communal areas were supervised at all times and staff regularly checked residents who chose to remain in their own rooms.

There were two activities co-ordinators employed by the centre who worked over a seven day period to ensure activities were provided to the residents on a daily basis. The daily schedule of activities for the residents was displayed in a prominent place and included small group and one to one activity. On the day of the inspection the activities co-ordinator on duty was observed providing excellent interactive opportunities for the residents including sing-a-longs, card games, bingo and one to one support. The co-ordinator was very knowledgeable of all the residents and their individual preferences and in particular those residents who required one to one engagement. Overall, the inspector observed staff engage with the residents in a very positive manner and friendly chats were heard throughout the day including many residents and staff conversing in Irish. Residents could move around the

centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff.

Mealtimes was observed by the inspector on the day of the inspection. Residents were provided with a choice of meals from the daily menu which were on display. Residents had a choice where to have their meals and a number availed of the communal areas to allow for maximum social distancing. The inspector spoke with a number of residents who preferred quiet mealtimes and who chose to have their meals in their own rooms and they were very happy that their choices were respected. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently and residents were not rushed. The atmosphere during these periods were very social and the residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout the meals and all interactions were respectful. The inspectors saw that the meals served were well presented and there was a good choice of nutritious food available. A choice of hot and cold refreshments and snacks was freely available to the residents throughout the day.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones including video calls. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the 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 on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management of the centre was well organised and resourced. The management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability which were understood by the staff. There had been significant improvements in compliance with the regulations since the last inspection on December 2019.

The person in charge facilitated the inspection and the provider was on site throughout the day. They demonstrated a clear understanding of their role and responsibility and was a visible presence in the centre. The person in charge was supported in this role by a clinical director of nursing, two clinical nurse managers, a housekeeping manager and a full complement of staff including nursing and care staff, two activity coordinators, housekeeping staff, catering staff, and administrative staff. There were deputising arrangements in place for when the person in charge was absent. The person in charge was also provided with support in their role by the registered provider representative.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff were well supervised and supported in carrying out their duties. Staff had the required skills, competencies and experience to fulfil their roles.

A sample of four staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21.

There was an induction programme in place which all new staff were required to complete. Staff performance appraisals were carried out on annual basis. Staff had access to a varied and comprehensive education and training programme appropriate to their role to ensure they maintained and updated their skills. This included COVID-19 training infection prevention and control (IPC).

Policies and procedures were available to staff which provided staff with clear guidance about how to deliver safe care to the residents.

The inspector observed there were good communication processes in place including regular staff group meetings. These included risk management meetings, staff meetings, management meetings, catering meetings and activities meetings. Minutes of meetings reviewed by the inspector showed that a broad range of issues were discussed in detail including COVID-19, visiting, resident welfare issues, occupancy, audits, staffing, training, risks. Small group staff meetings were facilitated to ensure social distancing was maintained and minutes of these meetings were circulated to those staff members that could not attend.

There was good evidence of effective collection of information within the centre. A range of audits were carried out by the person in charge which reviewed practices such as medication management, use of restraint, falls management, care planning, housekeeping, facilities and maintenance. The inspector observed that this information was used to ensure a continuous quality improvement programme in the centre.

There was a programme for continuous improvement identified for 2021 which included review of activities, resident and relative involvement in audit programme, increase professional development of the nurses and PIC completing Manual handling training course. However, this programme did not include identified

timelines or persons responsible for actions.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection Prevention and Control, COVID-19, Manual Handling, Safeguarding and Fire Safety Training.

Staff were supported and supervised in their work and each staff member had a performance appraisal carried out in 2020.

Judgment: Compliant

Regulation 21: Records

Resident care planning and daily notes were comprehensive and up to date.

All staff files reviewed contained vetting by An Garda Siochana. However, a small number of files did not contain the correct number of references in line with the regulatory requirement.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There were systems in place to monitor and evaluate the quality and safety of the service. Action plans were developed with identified time frames and identified individuals responsible for any required improvement actions and follow up.

There was an annual review prepared for 2020 which was available to residents and staff on the day of the inspection. This document included consultation with residents and their families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place for all residents and included all the requirements as per Regulation 24.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a Statement of Purpose which described the services and facilities provided by the designated centre. This document has been reviewed and updated in the last year and overall it met the regulatory requirements. However, some minor improvements were required to ensure the document contained all required information. For example;

- The registration details as set out in the registration certificate.
- The arrangements for availing of services under the GMS scheme.
- The arrangements to support residents to access national screening

programmes.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. There was a low level of complaints and there were no open complaints on the day of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a very good standard. There was a person-centred approach to care and the residents' well-being and independence were promoted. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies required to care for residents with a variety of needs and abilities.

Residents were well cared for and their healthcare needs were assessed using validated tools which informed care planning. Each resident had care plan in place

which reflected each resident's needs. The inspectors reviewed a sample of resident files and found evidence that residents had a comprehensive assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements. However improvements in residents' care planning arrangements were required to accurately guide the staff in care delivery. This will be discussed further under Regulation 5.

Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

Residents' rights and choices were respected. There were opportunities for residents to consult with management and staff and issues raised by the residents were reviewed and addressed by the management of the centre. Minutes of recent meetings showed that relevant topics were discussed including COVID-19, visiting and care needs. Regular resident satisfaction surveys were carried out and the most recent one indicated a high level of satisfaction with the service provided. Relatives were also provided with opportunities to comment on the service. Residents had access to an independent advocacy service.

The provider promoted a restraint-free environment in the centre in line with local and national policy. There was a low level of restrictive practice in place on the day of the inspection.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were regular activities including music, art projects and exercise. Staff were visible in all areas providing help and guidance with activities and were seen to be familiar with the residents and their preferences.

Infection Prevention and Control measures were in place. Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

The premises was clean and tidy and there were adequate storage facilities available on the day of the inspection. However, the inspector found that there were improvements required in the general maintenance of the property. In addition, one triple bedroom did not meet the minimum requirements outlined in the Statutory Instrument number 293 of 2016 regarding residents' private accommodation and number of twin rooms did not have a chair by the bedside. These will be discussed further under Regulation 17 Premises.

Regulation 11: Visits

Visits were facilitated in line with the current guidance. (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*).

Judgment: Compliant

Regulation 17: Premises

On the day of the inspection the inspector observed a number of areas which required improvement in relation to the general maintenance of the premises. For example;

- Rips and tears in bathrooms/toilet wall coverings.
- Items of furniture found to be visibly scuffed.
- Paintwork and door frames visibly scuffed.
- Gaps between lino and skirting boards.
- Gaps in the seal around a small number of hand wash sinks
- Bedroom 12 which accommodated three residents did not have adequate floor space to include a bed, a chair and personal storage for each resident of that room.
- Whilst the provider had made arrangements to improve the provision of personal storage in a number of twin rooms, the layout and configuration of these rooms did not ensure that there was sufficient space beside the bed for a chair.

Judgment: Not compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the required elements as set out in Regulation 26 (1). An up to date safety statement was also available.

There was a risk register maintained which identified risks in the centre including COVID-19 and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an up to date emergency plan which included a comprehensive COVID - 19 contingency plan with controls identified in line with public health guidance. There was an identified isolation area in the centre and protocols for active monitoring of staff and residents for early signs and symptoms of the COVID-19 virus.

Judgment: Compliant

Regulation 27: Infection control

There was a comprehensive infection prevention and control policy in place which included details about COVID-19. The inspector was assured that the centre was compliant with the guidelines.

Staff and resident temperatures were checked twice a day in line with HPSC guidance. Social distancing was evident on the day of the inspection in resident and staff areas. The person in charge had availed of the opportunity for the local Infection Prevention and Control Nurse Specialist to complete a walk round of the centre in October 2020. The cleaning products and processes were reviewed by them and deemed to be satisfactory. A recommendation was made to change the taps on the hand wash basins in the centre which will be completed as part of the overall refurbishment plan.

Training records confirmed that all relevant staff were up to date with infection prevention and control training which included hand hygiene, appropriate use of personal protective equipment (PPE), standard precautions and breaking the chain of infection to prevent transmission of COVID-19. There was up to date national guidance available to all staff. Staff were observed to adhere to social distancing advice on the day of the inspection including in staff rest areas.

COVID-19 and Infection Prevention and Control were discussed at staff and resident meetings. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies.

Hand hygiene facilities were provided throughout the centre. Alcohol based hand gel was readily available in all areas.

Maintenance records for equipment including the bedpan washer were up to date.

The general environment including the communal areas and residents' bedrooms were clean and tidy.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Personal evacuation plans were in place for each resident and updated on a regular basis. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Fire evacuation drills were undertaken in regularly which included identifying areas for improvement and learning opportunities for staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that medications were administered safely and in accordance with the directions of the resident's General Practitioner (GP)

The inspector followed up on one non-compliance from the last inspection in relation to crushed medication. The required information was available in respect of administration of crushed medication to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall, the care plans were holistic and person-centred but a small number did not contain the necessary information to guide care delivery. For example:

- Two care plans did not include sufficient information to guide staff in falls prevention for residents who had frequent falls.
- One care plan contained inaccurate information regarding behaviour and not

relevant to the resident's current condition.

Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided such as behaviour management and wound management. There was recorded evidence of consultation with residents or their representative in relation to care plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied healthcare professionals such as dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

The inspectors were satisfied that residents received high standards of evidence based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had comprehensive care plans in place to guide staff to help these residents feel less distressed.

All staff had received appropriate training in caring for residents with dementia and responsive behaviours.

The number of bed rails in use as low and a record was maintained including risk assessments which were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that the residents' privacy and dignity was respected. Residents told the inspectors they were well looked after and that they had a choice about how they spent their day.

The provider ensured there were opportunities for recreation for the residents which took account of their abilities and preferences.

Residents had opportunities to participate in meetings where they were able to share their views of 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 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lake House Nursing Home OSV-0000353

Inspection ID: MON-0032955

Date of inspection: 17/06/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The PIC will sort the staff files old and new to ensure that all staff files contain the necessary information set out in Regulation 21: Records.</p> <p>CV's that have no gaps in their working life Garda Vetting References of which one must be from their last employer.</p> <p>This will be complete by the 30/11/2021</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been updated to include the areas that were highlighted</p> <ol style="list-style-type: none">1. The registration details as set out on the registration certificate.2. The arrangements of availing of services under the GMS scheme3. The arrangements to support residents to access the national screening programs <p>This is complete and I will attach it for your attention.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The items that have been highlighted by the inspector will be addressed</p> <ol style="list-style-type: none"> 1. Rips and tears in bathrooms/toilet wall coverings. (31/12/2021) 2. Items of furniture found to be visibly scuffed.(31/12/2021) 3. Paintwork and door frames visibly scuffed. (31/12/2021) 4. Gaps between lino and skirting boards.30/11/2021) 5. Gaps in the seal around a small number of hand wash sinks(31/12/2021) 6. Bedroom 12 which accommodated three residents did not have adequate floor space to include a bed, a chair and personal storage for each resident of that room. (31/12/2021) 7. Whilst the provider had made arrangements to improve the provision of personal storage in a number of twin rooms, the layout and configuration of these rooms did not ensure that there was sufficient space beside the bed for a chair. (30/03/2022) <p>The work above will be complete by the date that is stated after them.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plan training is to be provided for all nurses The PIC is to Audit the care plans on a four monthly basis to ensure that information for individual's residents are up to date and that there is a clear method of how one can navigate their way through the care plans to find the information needed to provide the holistic care that each individual requires.</p> <p>Nurses will be allocated extra time to address their assigned care plans.</p> <p>This will be complete by the 31/12/2021</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	30/03/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/03/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	30/11/2021

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/12/2021