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

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| Name of designated centre: | Shannon Lodge Nursing Home |
| Name of provider: | Shannon Lodge Nursing Home Rooskey Limited |
| Address of centre: | Main Street, Rooskey, Roscommon |
| Type of inspection: | Unannounced |
| Date of inspection: | 15 July 2022 |
| Centre ID: | OSV-0000383 |
| Fieldwork ID: | MON-0036377 |

## About the designated centre

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

Shannon Lodge Nursing Home is a purpose-built bungalow-style facility located in the village of Rooskey, Co. Roscommon. It is a short drive from the N4 Dublin-Sligo road and a fifteen-minute drive from the town of Mohill. The centre provides care for 36 residents with a range of care needs from low to maximum. The nursing home is organised over two levels. All resident accommodation is on the ground floor, and the upper floor is allocated to office space and staff facilities. Residents' bedroom accommodation is comprised of 18 single and nine double rooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping, catering and activity staff.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 31 |

## How we inspect

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 |
|---|---|---|---|
| Friday 15 July 2022 | 10:00hrs to 16:50hrs | Catherine Rose Connolly Gargan | Lead |
| Wednesday 20 July 2022 | 10:00hrs to 15:40hrs | Catherine Rose Connolly Gargan | Lead |
| Friday 15 July 2022 | 10:00hrs to 16:50hrs | Rachel Seoighthe | Support |
| Wednesday 20 July 2022 | 10:00hrs to 15:40hrs | Rachel Seoighthe | Support |

## What residents told us and what inspectors observed

Overall feedback from residents to the inspectors was that they were well looked after in the centre and the centre owners and staff were exceptionally kind and caring towards them. Inspectors found that a person-centred approach was central to the philosophy of care for residents in this centre. Staff were observed to be kind and responsive to residents' needs. Interactions between staff and residents were meaningful and unhurried. Although some actions were needed to bring the premises into compliance with the regulations, the centre environment was homely and welcoming.

This was an unannounced inspection which was carried out over two days. On arrival to the centre, the inspectors were guided through the infection prevention and control procedures, including hand hygiene and symptom monitoring. Following an introduction to the management team, the inspectors completed a tour of the premises, which also gave them opportunity to meet with residents and staff as they prepared for the day. The inspectors observed that many residents were relaxing in the communal areas, enjoying a mid morning cup of tea or soup. Some residents were reading the newspapers while others were watching morning mass on television, which was being live-streamed from the local church. Inspectors observed that staff mingled among the residents providing assistance and encouragement as necessary.

Inspectors observed an enclosed garden which had sufficient seating for resident comfort. This area was easily accessible to residents and decorated with brightly coloured flowers and a water feature. There were also opportunities for residents to assist with gardening in another outdoor area, which contained raised beds with vegetables and a variety of flowers. Residents were encouraged and supported to participate in this activity and told the inspectors how much they enjoyed it. One resident liked to help the maintenance person with watering and weeding the raised beds.

The atmosphere in the centre was relaxed and cheerful. There was a sense of community and family in the centre and one resident told the inspectors, ' it's the people that make this place.'. Staff referred to the residents as being like members of their families and spoke about the pleasure they got from coming to work each day. It was evident from interactions that staff knew the residents' backgrounds and needs very well. The inspectors spent periods of time in the communal areas, talking with residents and observing the positive and therapeutic interactions between the staff and the residents they were caring for.

Shannon Lodge nursing home is a two-storey building with residents accommodation on the ground floor and office, storage and staff facilities on the first floor. The designated centre is registered to provide care for 36 residents. On the day of this inspection, there were 31 residents living in the centre. Bedroom accommodation comprised of 18 single and nine twin bed rooms, all with full en-

suite facilities.

The centre was homely and well furnished throughout. Items of traditional memorabilia that were familiar to residents were displayed throughout the centre, such as antique style phones and cameras. Some residents spoke to inspectors about a vintage car display that had been held on the centre's grounds. The inspectors observed that some residents' bedrooms were personalised with their pictures and ornaments. Residents were also facilitated to receive visitors as they wished. There were two sitting rooms to ensure residents had sufficient comfortable communal spaces in which to congregate and meet with each other and with their visitors. A designated visitors' room was also available if they wished to meet their visitors in private. An oratory in the centre was available to residents at all times.

The dining room was spacious and decorated with a feature wall mural. The dining experience was observed to be unhurried. Meal times were well organised to ensure sufficient staff were available to support residents. The inspectors observed that a choice of meals were offered as well as a variety of drinks. Residents commented positively about the quality and variety of food provided in the centre and confirmed that they could get an alternative dish to those on offer if they wished. Meals appeared nutritious and appetising, one resident told inspectors ' the dinners are so nice, you'd want to eat two of them.' A large aquarium was positioned outside of the dining room and it was a source of interest and enjoyment for many of the residents.

The corridors were wide and walls were decorated with photographs of previous social events in the centre and with residents' artwork. There were sufficient handrails in place along all the corridors to support residents with their safe mobility.

The inspectors observed that residents' call bells were answered promptly by staff. Inspectors also observed that the communal rooms were supervised at all times.

There were two activities coordinators employed by the centre and a varied activity programme was facilitated daily in each of the communal sitting rooms. The activities on offer were displayed on a notice board on the corridor and also in each of the communal rooms in the centre.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service and present the findings under each of the individual regulations assessed.

## Capacity and capability

This inspection found that the standard of service provided to residents ensured their quality of life was optimised and their needs were met, However, action by the provider was necessary to ensure that management and oversight including clinical oversight of the service was effective and that adequate fire safety precautions were

in place. The provider was required to take urgent action following this inspection to ensure fire safety measures in the centre ensured residents were safe from risk of fire.

The provider had completed one of seven actions in their compliance plan from the last inspection in October 2021. Three actions were partially completed and three actions to bring Regulations 5, Assessment and Care planning and Regulation 28, Fire precautions into compliance were not satisfactorily completed. As a result, these non-compliances were identified again on this inspection and continued to have a potentially negative impact on the well-being of residents and on the safety of residents in the event of a fire emergency.

The registered provider of this designated centre is the Shannon Lodge Nursing Home Rooskey Limited. The provider is represented by one of the company directors. The person in charge is also a director of the provider company and has worked in the role since 2007 and has a management qualification. The person in charge had senior clinical support from a clinical nurse manager locally who assisted her with clinical supervision, staff training and implementing the centre's quality management system. The clinical nurse manager deputises during leave by the person in charge.

Monitoring and oversight systems were in place in the centre and although there was evidence of improvement in the oversight of some areas since the last inspection, significant focus and effort was now required to ensure the oversight of key areas was robust. For example, residents' care documentation was not audited and inspectors found that the standard of assessment and care planning was not adequate and did not ensure that a comprehensive needs assessment and care plan was in place for each resident. While a number of the inspectors' findings had already been identified through the centre's quality and safety monitoring systems as needing further improvement, these improvements had not been implemented by the provider and centre's management team.

The number and skill mix of staff working in the centre on a daily basis was adequate. However, the supervision of nursing and care staff had not identified where improvements in performance were required. For example, in the completion of residents' needs assessments, ensuring standards in care planning were met and in ensuring wound care procedures were completed to the required evidence based standards.

Staff were facilitated to attend mandatory training and fire safety training was scheduled for a small number of staff who had not completed updated fire safety training. Staff were also supported and facilitated to attend professional development training including COVID-19 infection prevention and control training to ensure they had the necessary skills to protect residents from the risk of transmission of infections.

A formal review of management of the COVID-19 outbreak in March 2022 to include lessons learned to ensure preparedness for any further outbreak was in progress at the time of this inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief inspector as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

There was a very low number of complaints received by the service and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Each resident had an agreed contract for care and service. However, the inspectors found that the details regarding the room each resident occupied and the amount of the overall fee chargeable to residents in receipt of the Fair Deal nursing home payment scheme were not recorded in the contract in line with the requirements of the regulations.

Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform improvements in the service and the annual review report on the quality and safety of the service delivered to residents.

## Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills to meet the needs of residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff supervision in the centre was not effective as failures by staff to complete residents' assessment and care documentation to the required standards was not identified and addressed.

Although scheduled, six staff had not attended up-to-date fire safety training. The inspectors were told that this training was scheduled in August 2022.

Judgment: Substantially compliant

## Regulation 21: Records

Evidence of quarterly servicing and annual certification of the detection and fire alarm system and emergency lighting system for 2021/2022 were not available.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Action by the provider was required to improve oversight and quality assurance systems in place to ensure that the service was safe, appropriate, consistent and effectively monitored. While, there was systems in place to monitor the quality and safety of the service and action plans were developed to ensure areas identified for improvements were being addressed, the follow up to ensure that these improvement actions had been completed was not in place and in addition the action plans did not consistently identify key persons responsible for implementing the improvements and the date for completion. For example, a medication audit completed in February 2022 identified a number of necessary improvement actions but the persons responsible for carrying out the improvement actions was not identified or the date for completion was not stated. In addition, key areas such as assessment and care planning procedures and documentation were not routinely audited which meant that where improvements were required in these areas they were not identified by the centre's management team and this posed a risk that residents' needs would not be effectively met.

The management systems in place for oversight and monitoring of fire safety risks in the centre were not effective and therefore residents were not adequately protected from risk of fire. The findings on this inspection required urgent action by the provider and are discussed under Regulation 28, Fire precautions.

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of three residents contracts for the provision of care and services. Residents' contracts reviewed did not state the following;

- the proportion of the overall nursing home fee to be charged to individual residents in receipt of the Nursing Homes Support Scheme.
- terms relating to the bedroom to be occupied by the each resident and the number of other residents occupying the bedroom.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the last three years. The centre's restrictive policy was reviewed and updated since the last inspection. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

## Quality and safety

Overall, residents rights were respected. Residents' nursing, health care and social needs were, for the most part met to a satisfactory standard and residents' care was person-centred. However, actions were found to be necessary to ensure residents' assessment and care documentation was of a standard that comprehensively informed their care and support needs. Further to the inspectors' findings in relation to fire safety in the centre, the provider was required to take urgent action to provide assurances that residents were protected from risk of fire and that the centre was in compliance with the regulations. Satisfactory assurances regarding the measures taken and in progress were provided in the days following the inspection. Actions were also required to bring the centre into compliance with Regulations 27, Infection Prevention and Control, 17, Premises, 29, Medication Management and Regulation 6, Health care.

The inspectors found that staff knew residents well and ensured the care and support they provided to the residents in this centre was person-centred and therapeutic. The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. While, a number of validated nursing tools were used to identify residents' care needs, inspectors found inconsistencies regarding completion of assessments and care planning documentation. Although there was evidence that residents' wounds were healing, the documentation to inform this process was also inconsistently completed and did not reflect an evidence based approach to care. This posed a risk that pertinent information regarding wound care procedures would not be communicated between staff.

Residents had timely access to their general practitioners (GP) and inspectors observed one resident's GP coming into the centre to see them in response to the resident calling them directly. Although, residents had good access to allied health professionals, there was some evidence of delay in physiotherapy and occupational therapy consultations. These findings are discussed under Regulations 5 and 6.

The centre had experienced a COVID-19 outbreak that affected residents and staff in March 2022 and were free of infection at the time of this inspection. While, the provider had made improvements to infection prevention and control measures in the centre, this inspection found that further actions were necessary to ensure residents were protected from infection and to bring the centre into compliance with the regulations. The centre's bedpan decontamination unit washer was not operational on the first day of inspection. As a result, staff were manually decanting and washing urinal bottles, which posed a risk of cross contamination. This was addressed promptly by the management team and the unit was operating on the second day of inspection. There were sufficient supplies of Personal Protective Equipment (PPE) and staff completed appropriate hand hygiene procedures. However, action were found to be necessary to ensure that there were adequate numbers of suitable hand hygiene sinks to support effective staff practices and that there was sufficient appropriate storage facilities in the centre. These findings are discussed further under Regulation 27 in this report.

The provider had taken a number of precautions to ensure that residents were protected in the event of a fire emergency, however the inspectors found that the systems in place to ensure effective containment of fire including fire doors was not robust. In addition further assurances were also sought in relation to safe evacuation procedures and in the testing of fire equipment. The inspectors issued an urgent action to the provider to address the non-compliances. These assurances were provided and are discussed with the findings under Regulation 28 in this report.

Residents were protected by safe medicines management practices and procedures. Medicines were stored securely and out-of-date and unused medicines were returned to the dispensing pharmacy, however the inspectors found that some multi-dose medicine preparations were not labelled with the date when they were opened and as such staff did not know how long they had been in use.

Residents' living environment was decorated in a traditional style that was familiar to residents in the centre and they could access the outdoor gardens and courtyards as they wished. However some parts of the centre were in need of repainting. In addition there were not enough appropriate storage facilities for residents' supplies and equipment.

Residents were encouraged and supported to personalise their bedrooms and the layout of residents' bedrooms met their individual needs. Communal spaces were bright and comfortable and were well used by the residents on the day of the inspection.

Residents were kept central to the centre's culture and activities and they were encouraged at all levels to be involved in the running of the centre. Residents' views and feedback was valued and used in the operation of the centre. Regular residents' meetings were also convened to facilitate this process. There was good evidence that actions from these meetings were progressed.

Residents were supported to maintain contact with their families and friends and

their visitors were welcomed into the centre.

A small number of residents experienced 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). The high standards of support and care given to these residents was a particular strong point and resulted in positive outcomes for residents' wellbeing and quality of life. Although, these residents were very well supported, their care and support documentation did not reflect this and required improvement to ensure the levels of care and support provided were effectively communicated among the staff team.

Inspectors found that there was a commitment to minimal restraint use in the centre and the national restraint policy guidelines were implemented. Alternatives to restrictive equipment were assessed and procedures were in place to ensure they and any other arrangements did not pose prolonged or unnecessary restriction on residents.

Although, residents' rights to choice, privacy and dignity were respected in the centre, provision of one television set in twin bedrooms did not afford each resident personal choice regarding their television viewing and listening.

Residents enjoyed a very good quality of life in the centre and had access to and participated in a variety of meaningful and interesting social activities. Residents' interests and capacities were assessed when planning their social activities. However, documentation was limited for some residents to give assurances that the social activities residents had opportunity to participate in met their interests and capacities. Residents were supported to practice their religions, and clergy from the different faiths were available and accessed as residents wished. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. All staff interactions with residents observed by the inspectors were exceptionally kind and caring.

## Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities including a visitor's room with a separate entrance and exit door was available to ensure residents were protected from risk of infection and that they could meet their visitors in private.

Judgment: Compliant

## Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

There was insufficient storage for residents' equipment. For example, the inspectors observed that items of assistive equipment used for residents' transportation were being stored in the communal library area. This posed a risk to residents who entered this area to use the library facilities as they would need to navigate around the equipment to access the library shelves.

Some maintenance was necessary to ensure the centre and equipment was kept in a good state of repair as follows;

- Paint was damaged/missing on a small number of wall surfaces including one bedroom wall where a protective board was removed. This meant that these surfaces could not be effectively cleaned.
- The carpet floor covering on an area of a circulating corridor was cut to facilitate access to the centre's plumbing system and was not repaired following same. This posed a risk of trips and falls to residents and staff.
- There was a hole close to the wall in the floor of one of the sitting rooms. This did not ensure the floor could be effectively cleaned and posed a risk of trips/falls to residents accessing this area**.**
- A leather covered chair in use by a resident in one of the sitting room was damaged and in need of repair.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents were provided with a varied and nutritious diet and residents confirmed that they could have alternatives to the menu offered if they wished. Residents' special dietary requirements were known to catering staff and dishes were prepared in accordance with residents' assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available throughout the day. Mealtimes were facilitated in two sittings and there was sufficient staff available at mealtimes to assist residents as needed.

Judgment: Compliant

## Regulation 27: Infection control

Inspectors found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- Open top waste bins were inappropriately used in twin bedrooms, en suites in twin bedrooms and in the communal sitting rooms a bedroom of a resident with a potentially communicable infection.
- Appropriate cleaning procedures for fabric covered seating in communal areas and carpet floor covering on a communal corridor in one part of the centre was not assured and therefore there was a risk of cross infection.
- The absence of a hand hygiene sink in the cleaner's room did not support effective hand hygiene procedures.
- Storage of continence wear and cleaning wipes on open shelves and on top of the flush units in communal toilets posed a risk of cross infection.
- Storage of boxes of supplies on the floor in the cleaner's room and sluice room did not facilitate effective floor cleaning.
- Hand hygiene sinks were not available outside of those provided in residents' bedrooms and communal bathrooms/toilets which meant that the sinks in residents' bedrooms were serving a dual purpose as facilities for residents' personal hygiene needs and as hand hygiene facilities for staff. This posed a risk of cross contamination.
- Assistive equipment used in the centre and examined by the inspectors appeared visibly clean, however, there was no system in place to ensure that equipment was cleaned and decontaminated after each use.
- The storage of urine collection bottles for use in communal toilets posed a risk of cross infection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Urgent actions were required by the provider to ensure that there were adequate precautions against the risk of fire in place and that the centre was in compliance with the regulations. This was evidenced by the following findings;

Inspectors were not assured of the fire performance of all door sets. Cross corridor fire doors did not close to create a seal and one set of doors did not fully close. Therefore there was a risk that fire and smoke would spread in the event of a fire emergency in the centre. From review of the centre's fire safety equipment inspection logs, inspectors were unable to evidence that the risk had been identified and reported so that it could be addressed by the provider.

The evacuation drill records did not provide adequate assurances that the residents in the centre including in the two largest compartments could be evacuated in a timely, safe and effective manner with the current night time staffing levels with

three staff on duty. The two largest compartments had the capacity to accommodate up to twelve residents in each. On the day of the inspection one of these compartments provided accommodation for eleven residents and one provided accommodation for ten residents.

The records of fire safety checks such as fire door checks, fire alarm checks and ensuring fire evacuation routes were kept clear were not complete. In addition records of the servicing of fire safety equipment such as the fire alarm and emergency lighting were not available on the day of the inspection**.**

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Although measures were in place to ensure residents were protected by safe medicines management procedures and practices, some multidose medicine preparations were not dated on opening. This posed a risk that recommended manufacturer timescales for safe use would be exceeded.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' files and nursing documentation and found that oversight and actions were necessary to each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described.

For example,

- Not all residents had comprehensive assessments completed and therefore there was a risk that some of their care needs would not be identified.
- In some cases, some care plans were not completed within 48 hours of the resident's admission, as required by the regulation. This posed a risk of delay to identifying and meeting residents' needs.
- Nutritional assessments and care plans were not developed for all residents therefore, there was a risk that residents' nutritional needs would not be identified and appropriately addressed.
- Recommendations from allied health services were not consistently updated in some residents' care plans, therefore there was a risk that changes in recommendations would not be effectively communicated and implemented.
- Care plans were not consistently reviewed at four monthly intervals, as required by the regulations.

- The information in some residents' care plans was not sufficiently detailed to direct staff regarding the appropriate care interventions for the resident. For example care plans lacked sufficient detail regarding the resident's individual care routines and preferences and although the established staff team were knowledgeable about each resident's preferences there was a risk that this information might not be communicated to staff who may be less familiar with residents' preferences and wishes.
- Inspectors found that documentation was incomplete of episodes of responsive behaviours exhibited by a small number of residents. For example, the triggers to those behaviours and the effectiveness of the de-escalation techniques used by staff to support residents were not being consistently documented. In addition observational behavioural assessment tools were being used infrequently. The inconsistencies in the documentation meant that staff did not have sufficient and up-to-date information to respond to and effectively support residents experiencing responsive behaviours.

Judgment: Not compliant

## Regulation 6: Health care

A high standard of evidence based nursing practice was not found in relation to care of some residents' wounds. Although, there was a low level of wounds occurring in the centre, wound care was not being managed in line with evidenced based nursing practice and local policy. On review of a sample of residents' wound records, inspectors found that wound assessment charts were not being completed, which did not inform if current wound dressing treatment plans were successful or if further review was required.

Oversight was required to ensure timely referral to services for individual residents. Inspectors were not assured that one resident had timely access to physiotherapy and occupational therapy where there was a deterioration in their mobility.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

There was a small number of residents n the centre who experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors found that a positive and supportive approach was taken by staff with managing any episodes of responsive behaviours residents experienced. Staff were facilitated to attend training to ensure they had up-to-date knowledge and skills in meeting the support and care needs of residents who

experienced responsive behaviours.

Inspectors found there was a commitment to minimal restraint use in the centre and the national restraint policy guidelines were implemented. Alternatives to restrictive equipment used were assessed, and procedures were in place to ensure they and any other arrangements did not pose inappropriate or prolonged restrictions on residents.

Judgment: Compliant

## Regulation 8: Protection

An up-to-date safeguarding policy was available and informed the arrangements in place to ensure any incidents, allegations or suspicions of abuse were promptly addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

While, resident's social activity needs were assessed and they had access to a variety of meaningful and interesting individual and group activities, the activities some residents participated in and their level of engagement was not recorded. This meant that the service could not be fully assured that they were adequately meeting the needs of these residents for meaningful activities in line with their interests and capacities.

Residents residing in twin bedrooms shared one television. This arrangement did not afford residents' individual choice regarding their television viewing and listening.

Judgment: Substantially 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 | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Not compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

# Compliance Plan for Shannon Lodge Nursing Home OSV-0000383

## Inspection ID: MON-0036377

## Date of inspection: 20/07/2022

**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 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>A comprehensive assessment on Epic care will be carried out on all new residents within 48hrs of admission. Each resident has a care plan based on the comprehensive assessment which is implemented, evaluated and reviewed, reflecting the residents changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes. The assessments and care plans will be reviewed 4 monthly or more often if required. A new audit tool for care plans has been compiled and all care plans will be audited at least 6 monthly.<br>Training and staff development: During the inspection the inspector was informed that training was scheduled for the 6 staff outstanding. This has since been completed. | |
| Regulation 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>The quarterly servicing and annual certificate for the detection of fire alarm system and emergency lighting was provided to the inspector on the second day of inspection, Going forward the contracted -------will ensure all these certificates are updated and kept on file | |
| Regulation 23: Governance and | Not Compliant |

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| management | |

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Following the inspection an audit policy and program was compiled.
This will be carried out as per the timeframes stated in the audit program. The audit cycle involves five stages: Identifying audit; selecting standard; collect data; analyse change; Implement change. Our main aim is to grow on our audit system for improving standards of clinical practice and aspects of resident care. Then these can be evaluated against expected standards of care and where necessary, changes are made at an individual, team or management level. A re-audit will be used to confirm that improvements have been effective which is an area where we acknowledge needs to be developed and delivered, and all staff will be informed

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| Regulation 24: Contract for the provision of services | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
The resident's contract is in the process of been reviewed and the proportion of the overall nursing fee to be charged to individual residents in receipt of the Nursing home Support scheme will now be included in the contracts going forward
The bedroom number will be added to the contract and whether it is a single room or a double room.

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| Regulation 17: Premises | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 17: Premises:
The shelfing area that was used to store reading material has now been relocated to a more visible area for residents to access the library, and the shelfing area has been removed as logically this area is an accessible area for storage of wheelchairs, as staff are able to access promptly if residents needed assistance.

There is always good maintenance carried out in the home, we always aim to ensure a warm, cosy atmosphere and engage residents in picking colors for their room and involving them in the upkeep of the home. Management have liaised with maintenance and a plan around redecorating the small areas highlighted by inspectors will be rectified.

A risk assessment was carried out in regards the small carpet area (4inches by 4inches)

that had to be lifted due to a plumbing issue which was rectified. The carpet was glued by carpenter professionally and there is no indents. It is directly at the skirting board and underneath side rail, posing little risk to resident. There is plans next year to replace the carpet in the compartment 4
The small hole in the floor directly at skirting board and where there is a seating area in the sitting room has been fixed.
The leather chair which was showing signs of wear and tear has now been removed.

| Regulation 27: Infection control | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:
Our policy and procedures have been reviewed with clear lines of accountability throughout the residential service. All staff receive education and training in infection prevention control on a yearly basis. High standards of hand hygiene are promoted in the nursing home among residents, staff and visitors. Alcohol hand gels, disposable towels and PPE are available.
The open top bins have been replaced with pedal closed bins in all ensuites.
The Governance systems in place have been reviewed with roles and responsibilities defined to provide oversight of all matters in relation to Infection Control Practices.
There is a system of ongoing Infection Prevention and Control audits in place.
Appropriate cleaning of fabric covered seating which is in our current cleaning manual has been discussed with housekeepers ensuring they are clear on all surface cleaning.
In the refurbishment plan hand hygiene sinks separate from ensuite sinks will be purchased and a risk assessment completed
The storage of continence wear and cleaning wipes on the shelves in resident's bedrooms and bathrooms has been discontinued. They are now stored in a closed container, with a refurbishment plan to put in a closed unit in all bathrooms for incontinence wear which has already commenced.
Boxes has now been stored in new units raised of the ground which have been installed in the storage area.
Assistive equipment has an updated and more transparent cleaning regime to ensure decontamination after each use. Eg hoist, wheelchair

| Regulation 28: Fire precautions | Not Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Following day one of inspection, a compliance plan was gathered, and a detailed report was sent to HIQA which assured that fire precautions are in place now.

A competent person has inspected doors and seals have been replaced on doors where necessary, thus ensuring doors close in line with fire regulations, Clear and concise checklists have been devised and are in place
A more robust fire log is now in place alongside relevant certs which are up to date and a competent person is ensuring all certs are furnished at quarter and annual inspections.
The fire safety checks have been expanded with a more detailed approach is now in place detailing all relevant record.
Management and staff worked together, and simulated fire drills were carried out between inspections, and a more in-depth approach to fire drills is documented going forward. We are satisfied that from ongoing drills with particular focus on the two largest compartments that safe horizontal evacuation is achievable in a timely manner with three staff.
A detailed personal emergency evacuation plan (PEEPS) is in place for each resident reflecting their day and nighttime emergency evacuation needs, this will be assessed 3 monthly or more often, if residents needs change. PEEPS is in each resident's bedroom, and staff on duty have access to a folder which is located at a central point in the home.

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
There is a robust medication policy and system in Shannon lodge with good services and support from pharmacy and the GP. The two eyedrops that were opened for individual residents were immediately dated following the inspection. All eyedrops are replaced monthly by the pharmacy service which ensures they will never go out to date

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| Regulation 5: Individual assessment and care plan | Not Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
In Shannon lodge we pride ourselves with the fundamentals of nursing care, always giving time to residents and providing that one-to-one care which ensures their needs are met. Unfortunately, sometimes that one to one care which will always be paramount shows shortcomings in the information written due to time constraints, however we acknowledge this and will strive to put additional time into more comprehensive assessments as outlined in our policy and procedures. Staff nurse training has been

scheduled in October on care planning and assessments to ensure knowledge and skills are up to date within the team. All staff have a comprehensive knowledge of residents through daily handovers. However, care plans will reflect all appropriate care interventions including residents' preferences and wishes.
A comprehensive assessment on Epic care will be carried out on all new residents within 48hrs of admission.
Each resident has a care plan based on the comprehensive assessment which is implemented, evaluated and reviewed, reflecting the residents changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
Nutritional assessments have been reviewed and more robust care planning and reviews are now in place
Allied health services such as OT services do not see residents in private nursing homes, however we will continue to refer and keep copies in file, other allied health services will be updated or discontinued, and clear recommendations written in careplans will be implemented.

The assessments and care plans will be reviewed 4 monthly or more often if required.
A new audit tool for care plans has been compiled and all care plans will be audited at least 6 monthly.

All staff are aware to document any episodes of responsive behavior and training will continue annually to ensure staff understand same.
Due to very small number of residents exhibiting responsive behaviors, The management have reviewed the observational behavioural assessment tool in place and communicated with staff to document information for possible ways to respond to responsive behaviours and/or also for the POLL team to examine if they needed more in-depth information on triggers.

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| Regulation 6: Health care | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 6: Health care:
Wounds remains very low in Shannon lodge, and we are very proactive if we see deterioration or decline among the residents. We have reviewed our documentation and have a clear system in place in relation to wound care with progress and evaluations. Referrals are filed accordingly with residents wound documentation, and TVN and dietician support is available and care plans are updated accordingly. The GP visits the home twice weekly
Education on Wound care is scheduled for November to ensure staff are up to date with best evidenced based practice.

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| Regulation 9: Residents' rights | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
There is two activities coordinators employed in Shannon lodge.
Activities take place 7 days a week and form an integral part of life for residents in Shannon lodge. We offer a broad range of meaningful activities and enjoys trips out in the community, with local walks and trips to the café, and only in recent days, we have residents who went to Knock, St Mel's cathedral, and drives to where they were born, or grew up which forms a great conversation reminiscing on times past and the history of Ireland, At the Strokestown show which was a huge gathering, one resident did part of the opening speech to open the show and gave a history lesson to hundreds of people. Residents are involved in the planning of activities and the programme of activites is displayed in suitable formats and appropriate locations so that residents living in the Shannon lodge are up to date. A monthly newsletter also includes events and activities for the month.
Following inspection, the activity coordinators will ensure more informative information is recorded ensuring their level of engagement is recorded.

Residents in twin rooms if the so wish can always avail of an individual television, and this will be provided by the nursing home.

## 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 |
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| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 20/11/2022 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 20/08/2022 |
| 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. | Substantially Compliant | Yellow | 30/01/2023 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief | Substantially Compliant | Yellow | 20/07/2022 |

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| | Inspector. | | | |
| Regulation 23(b) | The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. | Not Compliant | Orange | 20/08/2022 |
| 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. | Not Compliant | Orange | 20/12/2022 |
| Regulation 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre. | Substantially Compliant | Yellow | 20/10/2022 |
| Regulation | The agreement | Substantially | Yellow | 25/07/2022 |

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| 24(2)(c) | referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies. | Compliant | | |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 30/03/2023 |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Not Compliant | Red | 19/07/2022 |
| Regulation 28(1)(c)(iii) | The registered provider shall make adequate arrangements for testing fire equipment. | Not Compliant | Red | 19/07/2022 |

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| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Not Compliant | Red | 19/07/2022 |
| 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 to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product. | Substantially Compliant | Yellow | 20/07/2022 |
| Regulation 5(2) | The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, | Not Compliant | Orange | 28/08/2022 |

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| | personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. | | | |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | Not Compliant | Orange | 25/08/2022 |
| 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 | 30/01/2023 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health | Substantially Compliant | Yellow | 20/12/2022 |

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| | 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. | | | |
| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment. | Substantially Compliant | Yellow | 20/12/2022 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 20/10/2022 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Substantially Compliant | Yellow | 20/01/2023 |