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

Issued by the Chief Inspector

Name of designated centre:	Lough Erril Private Nursing Home
Name of provider:	Lakeview Retirement Home Limited
Address of centre:	Lough Erril, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	31 July 2023
Centre ID:	OSV-0000357
Fieldwork ID:	MON-0038908

About the designated centre

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

Lough Erril Private Nursing Home is a purpose built facility located near Mohill, Co Leitrim. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is over two levels. All resident accommodation is on the ground floor. There are four twin bedrooms and 36 single bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43

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
Monday 31 July 2023	09:15hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, feedback from residents regarding their clinical care was positive. The atmosphere in the centre was warm and calm and the environment was maintained to a good standard and was comfortable. The inspector observed staff interactions with residents throughout the day and observed that staff were respectful, patient and kind towards all residents.

While it was evident from the inspector's observations that residents and staff knew each other well and the residents were content and relaxed, some residents who spoke with the inspector were not satisfied with the opportunities they had to participate in social activities that interested them. Furthermore a number of residents told the inspector that staff were not always available to support them with their personal care needs during the day. This feedback was validated by the inspector's observations on the day.

Lough Erril Nursing Home is located on a elevated site, which gave residents views, especially from the communal sitting and dining rooms, of the local lake and surrounding countryside. A number of the residents told the inspector that they lived in the local area or the surrounding townlands before coming to live in the centre and were pleased that they were able to continue living in an area and community they were familiar with and was close to their relatives.

Residents' bedroom and communal accommodation was arranged on the ground floor in four twin and 36 single bedrooms. Three of the twin bedrooms and 24 single bedrooms had full en-suite facilities. Communal toilets and shower facilities were available close to the other twin bedroom and the 12 single bedrooms. Residents' dining and sitting room accommodation was conveniently located close to the reception area. The provision of two communal sitting rooms gave residents choice regarding where they wished to rest and relax during the day.

The dining room accommodated all residents in two sittings and while residents told the inspector they were generally satisfied with this arrangement, the residents were trialling an arrangement where they all dined together during one sitting at the time of the inspection. This was facilitated with dining tables also provided in each of the two sitting rooms. However, the inspector observed that assistance for a number of residents with eating was not timely and as a result some residents were waiting on staff being available to assist them with eating their meals.

The inspector observed that the provider had converted a staff room into a comfortable and well laid out family room for residents. The inspector was told that this room was also available to residents who wished to rest in a quieter area.

The inspector observed that a social activities schedule was displayed in the communal sitting rooms. On the day of this inspection, the schedule displayed advised residents that quizzes, art, bingo, hand massage and a newspaper review

were taking place. However, the inspector observed that only some of these activities were provided for the residents. These included; art activity, listening to music, one-to-one hand massage and singing. However the inspector observed that many of the residents did not participate in any social activity on the day.

The inspector observed the activity coordinator making efforts to encourage residents to engage with each other by arranging the seating in a circle in one part of the room for a singing activity. The inspector was told that residents were dissatisfied with previous efforts to rearrange the layout of the seating in this communal room which the inspector observed was arranged with residents sat around the perimeter and in a row across the middle of the room. Staff were aware that this seating arrangement did not support social interaction between the residents and continued to encourage residents to consider alternative seating whilst being mindful that residents' preferences were respected.

A small number of residents who spoke with the inspector said that they did not participate in any social activities as the activities on offer did not interest them with one resident telling the inspector that they did not like doing art. Some residents also told the inspector that there was not enough staff available and they regularly had to wait for staff to come into the sitting room to help them to go to the toilet. This was validated by the inspector on the day. In addition a small number of residents said they 'sometimes' had to wait for staff to come to assist them in the morning but that they understood that it was a 'busy time with other people getting up too'.

The inspector observed family and friends visiting residents in the centre throughout the day of the inspection and they were welcomed by staff.

Residents told the inspector that they felt safe and secure in the centre and that they liked their lived environment.

The inspector observed the residents' dining experience on the day of the inspection and noted that this was a social occasion for many of the residents who enjoyed chatting together while eating their meal. Residents told the inspector that the food was 'beautiful', 'very nice', 'well cooked' and 'tasty'. Residents confirmed that they could have an alternative meal to the menu offered if they wished and they were provided with a variety of snacks and drinks between their mealtimes. Residents had requested that their lunch mealtime was changed to 13:00hrs each day and this was being trialled on the day of the inspection.

The dining room accommodated all residents in two sittings and while residents told the inspector they were generally satisfied with this arrangement, they were trying an arrangement where they all dined together during one sitting at the time of the inspection. This was facilitated with dining tables also provided in each of the two sitting rooms. However, the inspector observed that assistance for a number of residents with eating was not timely and as a result some residents were waiting on staff being available to assist them with eating their meals.

Handrails were available along all the corridors which residents were observed using to navigate their way around the centre on the day of the inspection. This helped to

maintain residents' safety and independence. The inspector observed that residents who required assistance with mobilising were well supported by staff.

Call bells were available by each resident's bed, in en-suites and in the communal toilets and showers to assist residents with seeking staff assistance if required.

Residents told the inspector that they were not worried about anything but would speak to the person in charge or any of the staff if or were not satisfied with any aspect of their care or the service provided. Residents said that they were always listened to and that any issues they ever raised were addressed to their satisfaction without delay.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the regulations and to follow up on the actions taken to address non-compliances found on the previous inspections completed in July 2022. This inspection found that there was a clearly defined management structure in place. There was a monitoring and management systems in place to ensure the delivery of a safe and quality service. The management team were for the most part proactive in responding to issues as they arose and used regular audits to monitor and inform service improvements, however, actions were found to be necessary on this inspection to ensure the monitoring systems in place comprehensively informed all areas that needed improvement.

Most of the actions to address the non-compliances found on the last inspection in July 2022 were completed. However, compliance was not sustained with Regulations 9: Residents' Rights, 15: Staffing and 23: Governance and Management.

Lakeview Retirement Home Limited is the registered provider of Lough Erril Nursing Home. The person in charge had been in this role since 2009.

She is supported by the provider representative who is a director of the provider company, a business manager who works full-time in the centre, an assistant director of nursing who deputising on the day of this inspection and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. The lines of accountability and individual responsibilities were clearly defined and staff were knowledgeable regarding their roles and responsibilities.

The inspector reviewed the staff rosters and spoke with residents and staff in relation to staffing in the centre and found that the provider had failed to ensure that there were adequate numbers of staff available to ensure that residents' needs

were met. This was validated by the inspector's observations and residents' feedback on the day and was negatively impacting on support for residents and their quality of life in the centre. Furthermore supervision of staff did not ensure residents' needs for assistance were responded to promptly and that residents were provided with opportunities to participate in social meaningful activities that met their interests and capacities.

Staff who spoke with the inspector were familiar with the residents and the inspector's observations of staff practices gave assurances that staff were competent with carrying out their respective roles.

Staff were facilitated to attend mandatory and professional development training including additional training to ensure that staff were skilled in meeting residents' clinical needs. Although the inspector was told that dementia training attended by staff included training on managing residents' 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), this was not referenced in the staff training record. Furthermore, no additional information was made available to the inspector to confirm that staff had completed this training.

Residents' information and records were held securely and the records as required by Schedules 2, 3 and 4 were maintained and were available in the centre.

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 low number of complaints received by the service and procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy. Advocacy services were available to support residents as needed.

Residents' 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. The annual report on the quality of the service had been completed for 2022 in consultation with residents and a quality improvement plan had been developed to address areas identified by the service as needing improvement. While feedback from residents was valued and for the most part had been used to improve the service, residents’ feedback on staffing levels in the centre still needed action by the provider.

Regulation 15: Staffing

The numbers of staff available was not adequate to meet the needs of residents. This was evidenced by the following findings;

- Although there were two nurses and eight care staff on duty on the day of inspection, the inspector heard some residents call bells ringing for long periods in the morning. This was validated by some residents who said that they sometimes had to wait for staff to become available when they called.
- There was one member of staff available to provide activities and entertainment for 43 residents on the day of the inspection. The inspector observed that there were no staff available to facilitate activities for those residents with more complex cognitive needs who were unable to participate in the activities that were provided on the day.
- Staff were not present in the one of the two sitting rooms to respond to residents' needs for assistance. This was validated by feedback from residents and the inspector's observations on the day of the inspection.
- The inspector observed that some residents with needs for assistance with eating their meals were waiting for up 30 minutes for staff to be available to assist them.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to carry out their duties to promote the care and welfare of all residents. This was evidenced by the inspector's observations on the day including call bell waiting times, limited opportunities provided for residents to participate in social activities as scheduled and delays with assisting residents with eating their meals, which were not being addressed by senior staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents in the centre was maintained and included all specified information regarding each resident as required by the regulations.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The oversight and management of the staffing resources did not ensure that there were enough staff provided to meet residents' needs and that staffing levels were in line with the centre's statement of purpose. This was evidenced by the following findings;

- The allocation of staff on duty did not ensure that staff were available in the communal rooms to supervise residents and to ensure their needs were met in a timely manner.
- Further to a review of falls by residents in the centre, the provider rostered a healthcare assistant instead of the second staff nurse on night duty to increase supervision of residents. However, this meant that there was only one staff nurse on duty each night for 43 residents and did not provide assurances that residents' clinical needs could be met in a timely manner.
- Nursing and care staff numbers working in the centre at the time of this inspection were less than the provider committed to in their statement of purpose. The inspector found that was negatively impacting on residents' quality of life and care. For example, The centre's statement of purpose dated 24 April 2023 stated that nine staff nurses and 31 healthcare assistants were available to meet residents' needs. However, the staff roster evidenced that there was seven staff nurses and 30 healthcare assistants available at the time of this inspection.

Oversight of the medication audits was not effective. For example, the findings of this inspection and set out under Regulation 29 had not been identified through the audit process.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents nursing and health care needs were met to a satisfactory standard. However actions were necessary to ensure that residents' social care needs were adequately met.

There was good evidence that residents' needs were comprehensively assessed and their risk of deterioration was regularly monitored. Records showed that a variety of accredited assessment tools were used by staff to identify risk to individual residents of developing pressure related damage to their skin, falling and malnutrition. This information was used to develop care plans to direct staff on the actions they must complete to meet residents' needs in line with their preferences and wishes.

Residents had timely access to their general practitioners (GPs) and allied health services chiropody, dieticians, speech and language therapy, tissue viability services, the optician and dental services. Residents were supported to attend out-patient appointments as scheduled.

Other than painting needed on the doorframes into a number of residents' bedrooms, residents' living environment was well decorated in a traditional style that was familiar to the residents in the centre. The provider had installed additional hand hygiene sinks along the corridors since the last inspection. Alcohol hand gel dispensers and personal protective equipment (PPE) were also readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately.

Residents were accomodated in single and twin bedrooms and although the provider had made some improvements to the layout of two twin bedrooms, This is a repeated finding from the last inspection.

The inspector also observed that many of the residents had decorated their bedrooms with their personal photographs and other items. The provider had fitted shelving in the bedrooms since the last inspection and the shelves were being used by the residents to display their possessions. Residents had adequate storage in their bedrooms for their clothes and other possessions.

The provider had reviewed the layout of two twin bedrooms since the last inspection and this action ensured that there was adequate space for a chair by each resident's bed if they wished to relax in these bedrooms. However, the inspector observed that one side of both beds in these bedrooms was placed against the walls and therefore the inspector was not assured that the screen curtains adequately protected residents' privacy during their transfer into and out of their beds whilst using assistive equipment.

Although equipment was neatly stored in designated storage areas, there was some evidence of inappropriate storage of equipment in one storage room which was addressed on the day of the inspection.

Residents' nutrition and hydration needs were monitored and they were appropriately referred to the dietician for additional expertise with managing any needs identified. Meals were prepared for residents with special dietary needs and with needs that required their food to be modified. However, actions were necessary to ensure residents were served their meals in a way that supported their balanced nutritional intake.

Although, residents were protected by safe medicines management practices and procedures, some improvements were necessary. These findings are discussed under Regulation 29.

Residents were encouraged to be involved in the running of the centre and monthly residents' meetings were convened to facilitate this process.There was evidence that some actions from these meetings were addressed however, a review of resident meetings showed that staff availability had been raised by residents and had not been addressed at the time of this inspection.

Staff took a positive and supportive approach with residents who presented with responsive behaviours and demonstrated in their care of residents that they were aware of the most effective strategies to effectively de-escalate individual resident's responsive behaviours.

Although, there was a small increase in use of restrictive full-length bedrails in use in the centre, practices in place reflected the National Restraint Policy guidelines and there was evidence of regular assessment of need and trialling of alternative in efforts to minimise restrictive equipment used.

Residents had access to television and radio. The inspector was told that newspapers were purchased by an allocated staff member every day. However, no newspapers were observed as being available for use by residents on the day of inspection. This observation was validated by some residents who told the inspector that they did not have newspapers to read on the day.

Residents were supported to practice their religious faiths and were facilitated to attend services in the centre.

There was an activities programme displayed which set out a range of one to one and small group activities. While there was staff support available for residents to participate in social activities this was not sufficient and did not ensure that residents were facilitated to participate in the social activities scheduled. The inspector observed that many periods of the day where residents did not have much to do apart from watching television or listening to music. Furthermore recording and oversight of one-to-one social activity provision for residents especially those residents with increased cognitive impairment was not robust and did not ensure

that these residents were provided with meaningful social activities in line with their interests and capacities.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre.

The provider had fire safety measures and procedures in place to ensure residents were safeguarded from risk of fire. Assurances were provided that the evacuation strategy in the centre ensured residents' safe and timely evacuation in the event of an emergency.

Infection prevention and control measures were in place and monitored by the management team. There was evidence of good infection prevention and control practices to ensure residents were protected from risk of fire

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre.

Regulation 11: Visits

Residents visitors' were welcomed and residents' access to their visitors was not restricted. Practical precautions were in place to manage any associated risks and facilities were available to ensure residents could meet their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and were supported to maintain control of their own personal clothing and possessions. Residents were provided with adequate space to store their clothes and personal possessions. The provider had fitted new shelving in residents' bedrooms since the last inspection and this action ensured residents had a suitable surface space to display their photographs and other items.

Residents clothing was laundered in the centre and were returned to the residents without delay.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not conform to the matters set out in Schedule 6 of the regulations in the following area:

- The inspector was informed that there was a planned painting schedule to maintain paint works in the nursing home. However, the inspector found that paint was damaged/missing on the doorframes into a number of residents' bedrooms. This meant that these surfaces could not be effectively cleaned. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector 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.

- A hazardous waste bin was not available in a sluice room. This posed a risk that potentially hazardous risk would not be appropriately disposed of.
- Access to a clinical hand-wash basin for staff use was partially blocked by designated hoist storage in an alcove area off a circulating corridor.
- Additional clinical hand wash sinks had been installed following the last inspection. However, hand hygiene sinks in the sluice, laundry and cleaning rooms did not comply with the recommended specifications for hand wash basins.
- Some items of residents' equipment were not appropriately segregated in one storage area. A vacumn cleaner was being stored alongside drip stands in the wheelchair store room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to protect residents from risk of fire and the fire safety policy was up-to-date and available to staff. Each resident's evacuation needs were assessed, documented and updated. Simulated emergency evacuation records made available to the inspector confirmed timely evacuation of residents with four staff as rostered on duty each night. All emergency exits were free of obstruction. Fire safety checking procedures were regularly completed and there were no gaps in the records viewed by the inspector. The centre's fire alarm was sounded on a weekly

basis to ensure it was operational. Regular servicing of the fire alarm and emergency lighting systems were completed.

Staff were facilitated to attend fire safety training and staff who spoke with the inspector were aware of the evacuation procedures in the centre. A floor plan of the centre clearly identified the centre's fire compartments to inform the centre's evacuation procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Assurances that residents were protected by safe medicines management practices and procedures or that the centre's medicines management policy was adhered to was not available. This was evidenced by the following findings;

- One resident's medicines were being administered in a format that was not prescribed.
- The indication for administration of PRN (as required) medicines was not detailed in some residents' prescriptions.
- A record was not maintained of out of date or unused medicines returned to the pharmacy for disposal. This meant that the person in charge could not be assured that these medicines were appropriately returned to the pharmacy for disposal.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The information in some residents care plans did not clearly direct staff on the interventions they must complete to meet residents' needs. For example, a care plan for one resident on insulin therapy for diabetes did not have the parameters their blood glucose should be maintained within stated. Another resident with more than one wound did not have a separate care plan in place to inform care and monitoring procedures for each wound This posed a risk that this pertinent information would not be communicated among all staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents nursing and healthcare needs were met and they had timely access to their general practitioner (GP). Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented. An on-call medical service was accessible to residents out-of-hours as needed. Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents who experienced responsive behaviours. However, adequate assurances were not available that staff had attended training to ensure they had the necessary knowledge and skills to manage residents' responsive behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard residents from abuse. 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

The provider had a social activity schedule in place that included group and one-to-one social activities. However, there were not enough staff on duty to ensure that the social activities planned on the day of the inspection were provided. Furthermore residents with increased cognitive impairment were not given an opportunity to participate in meaningful social activities to meet their interests and capacities. This observation by the inspector and feedback from residents was validated by records

reviewed by the inspector which showed that many of these residents had not attended social activities for a number of days.

Residents did not have access to newspapers. For example, a review of the newspaper was scheduled as a social activity on the day of the inspection but did not take place. Furthermore none of the residents received a newspaper on the day.

Residents' privacy was not assured in two twin bedrooms as the privacy curtains were positioned closely around each of the two beds and did not allow for staff or residents to move freely around the bed space when the bed was pulled away from the wall. As a result the inspector was not assured that the space available and the layout of these bedrooms would ensure residents' privacy during transfer with assistive equipment into and out of bed or during personal care activities.

Judgment: Not compliant

Regulation 18: Food and nutrition

While, most of the staff were available in the dining areas at mealtimes, they were also involved in serving residents' meals and some residents who needed assistance with eating their meals were waiting for up to 30 minutes for staff to be available to assist them.

The inspector also observed that residents dining in the communal sitting rooms were served their desert at the same time as their main meal and that some of them ate their desert in preference to their main meal. This meant that some residents were at risk of not eating a balanced diet.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 18: Food and nutrition	Substantially compliant

Compliance Plan for Lough Erril Private Nursing Home OSV-0000357

Inspection ID: MON-0038908

Date of inspection: 31/07/2023

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
1. A key to Me assessment is completed for each resident upon admission. An "individual activity bag" has been implemented and includes key information about the resident including their choices and preferred hobbies. Activities that are of interest and individual to each resident is planned for each resident. This is led by our specifically qualified Activity Co-Ordinator and implemented by her together with the Health Care Assistants. Suitable one to one activities, are performed with our current residents with advanced cognitive impairment at 3 hourly intervals during the day. This is allocated to Health Care Assistants. Nursing and care staff use "butterfly moments" when assisting residents throughout the day.
Activities such as bingo,sonas, music, exercise, art, poems, quizzes, sing song, ,newspaper review, knitting are examples of those activities carried out with the other residents
2. A record of the resident's participation in their activities is maintained by the Activity Co-Ordinator and Health Care Assistant.
3. Senior Management will oversee the residents participation in activities and this will be added to the weekly auditing schedule. Findings of the audit will be highlighted to all staff and at the Monthly Management Meeting.
4. The addition of a new sensory engagement area which will provide a quiet separate place to facilitate sonas or a quiet sensory private space for our residents is planned in the current refurbishment works.
5. Introduce dementia friends for those residents with advanced dementia.
6. Engage with local community groups to promote more interaction with the residents and the community
7. A Health Care Assistant will be allocated daily to supervise the small dayroom to ensure the safety and comfort of the residents at all times.

8. A trial of 2 seatings for meals has been introduced. All residents who are more dependent and require extra assistance will have the option of being accommodated in the first seating in the dining room. A weekly dependency and staffing guideline is used to assess the number of staff and skill mix required to meet all the needs of the

residents including assistance at meal times. The weekly roster is completed to incorporate this requirement. These optional separate mealtimes allow staff to assist residents discretely thus allowing the dining experience to be social, relaxed and enjoyable. All residents will be given the choice of when they would like to eat their meals, and if any resident wishes to eat in the first or second sitting, this will of course be facilitated. This issue will be kept under constant review and discussed at management meetings.

Senior Management will supervise staff assisting at mealtimes and gain feedback from residents about their thoughts and experience regarding their meals.
This observation and feedback will be communicated to all staff.

9. Regarding staff nurse and care assistant numbers, we are continually actively recruiting both nationally and internationally. We are in direct competition with HSE care homes and hospitals for all staff. This is discussed in detail and at length, with the two Directors and the Nursing and Non-Nursing management team, at each monthly Management Meeting. A weekly dependency and staffing guideline is completed each week. Our current staffing includes part time staff whose hours will be increased as necessary on the rosters to meet the needs of the residents.
We will at all times take appropriate action to provide adequate staffing to meet the needs of our residents living in Lough Erril. Since the HIQA inspection we have reviewed our night nurse roster and allocation again, and we are increasing night nurse availability at busy times such as drug dispensing times, rising and bedtimes, and extended overlap periods, when additional nursing staff may be of benefit to residents. We are extending the shift of one daytime staff nurse to work up until 10pm, and our second daytime staff nurse will start at 7am, thus providing increased staff nurse cover. There will be provision in place for extending the duration of the shift of the day nurse finishing at 10pm, to a later time, should there be any resident whose clinical needs increase. We are keeping this situation under constant review. Thankfully, due to our reviewed rosters since the previous HIQA inspection, and our implementation of a third care assistant at night time, we have had a reduced number of falls and adverse incidents.
Our current staffing includes 1 DON, 1 ADON, 1 CNM (a new upskilling appointment since the HIQA inspection), and 6 staff nurses. Thanks to our continuous ongoing recruitment, we have 2 newly recruited staff nurses joining our team. The first additional staff nurse is expected to join the nursing team and commence work as a Staff Nurse before the end of October 2023. A second new staff nurse is also arriving in Leitrim before the end of October 2023. Once her PIN is in place, she will commence working as a Staff Nurse in Lough Erril – we will assist her in every way we can to expedite this registration.
As our nursing recruitment drive is ongoing and continuous, there is every chance that we will be in a position to employ a 3rd new staff nurse in the coming weeks, and we have an interview planned for early November, to bring the numbers up to the level committed to in the SOP. In exceptional situations where there is a deficit of staff nurses available to cover a given shift, we will consider the use of agency nursing where appropriate. We are registered with an agency who can provide staff nurse cover at short notice. We will keep this situation under constant review.

We currently have 31 health care assistants, however we are losing one HCA who is

retiring in November. We are continuously recruiting new health care assistants, and have recruited 2 new HCAs to join our team before the end of October. We can give HIQA our assurance that we will maintain our care assistant numbers at 31 as per our SOP.

All correspondence relating to recruitment, and indeed the recruitment cost analysis of recruiting and replacing staff nurses and care assistants can be shown to HIQA at any time. This will ensure there is complete transparency, thereby allowing us to prove that we are making significant ongoing efforts at recruiting new capable and caring staff. We give the inspector our full assurances, that all efforts are being made by both nursing and non-nursing management, and the directors, in recruiting new staff nurses and care assistants, in the timeliest fashion and as quickly as possible, in what is a very challenging environment for hiring new staff. Likewise, we give our assurances that we will meet our statutory obligations in having the required number of nurses on duty at all times.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
1. Increased supervision daily by senior staff.
2. Reconfigured daily allocations to ensure call bell answering and dayroom supervision is allocated to specific staff.
3. Senior Management to audit Call bell answering response times and dayroom supervision by staff.
4. Gain Feedback from residents and their nominated representative and audit findings to enable improvements to be introduced going forward.
5. Performance review to manage and address any poor performance identified in the above.
6. Education and support for staff for all of the above.
7. Introduce dementia friends for those residents with advanced dementia.
8. Engage with local community groups to promote more interaction with the residents and the community.
9. Staff meeting to alert all staff of the improvement plan.
10. Continued provision of responsive behaviour management training for staff.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. With regards to re-allocation of staff, specifically evening and night rosters, we as a management team (the DON, ADON, and 2 directors), made a decision to change the evening and night roster on a trial basis. This was targeted at reducing falls risk and increasing person to person care in the evening and night time, and was introduced on a trial basis, after a detailed risk assessment and at least 2 exceptional management meetings (in addition to our usual monthly meetings on site). We believe that the above structure of monthly review, auditing and planning which is discussed at each management meeting, reflects good governance and shows a clear management structure and a clear decision-making process. This logical process, along with assistance and advice from HIQA, will help us to continue to provide excellent care for our residents and reduce the occurrence of adverse events. Specifically, we will continue to provide the required number of Night Nurses at all times to ensure the care and safety needs of our residents are met. We will at all times take appropriate action to provide adequate staffing to meet the needs of our residents living in Lough Erril. Since the HIQA inspection we have reviewed our night nurse roster and allocation again, and we are increasing night nurse availability at busy times such as drug dispensing times, rising and bedtimes, and extended overlap periods, when additional nursing staff may be of benefit to residents. We are extending the shift of one daytime staff nurse to work up until 10pm, and our second daytime staff nurse will start at 7am, thus providing increased staff nurse cover. There will be provision in place for extending the duration of the shift of the day nurse finishing at 10pm, to a later time, should there be any resident whose clinical needs increase. We are keeping this situation under constant review. Thankfully, due to our reviewed rosters since the previous HIQA inspection, and our implementation of a third care assistant at night time, we have had a reduced number of falls and adverse incidents. Regarding staff nurse and care assistant numbers, we are continually actively recruiting both nationally and internationally. We are in direct competition with HSE care homes and hospitals for all staff. This is discussed in detail and at length, with the two Directors and the Nursing and Non-Nursing management team, at each monthly Management Meeting. A weekly dependency and staffing guideline is completed each week. Our current staffing includes 1 DON, 1 ADON, 1 CNM (a new upskilling appointment since the HIQA inspection), and 6 staff nurses. Thanks to our continuous ongoing recruitment, we have 2 newly recruited staff nurses joining our team. The first additional staff nurse is expected to join the nursing team and commence work as a Staff Nurse before the end of October 2023. A second new staff nurse is also arriving in Leitrim before the end of October 2023. Once her PIN is in place, she will commence working as a Staff Nurse in Lough Erril – we will assist her in every way we can to expedite this registration.
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2. Medication audit will include a thorough review of the medication management process including disposal of medication to the pharmacy, prn prescriptions, and prescription change of formulation of medication.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. 4 monthly painting schedule continues to maintain and upkeep paintwork within the nursing home.
2. Environmental audits will be carried out monthly and its findings will direct ongoing kpi and resulting action plans.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. All staff were informed of the following:
• that a hazardous waste bin must be maintaining in the sluice room
• that the access to the clinical hand sink should be obstructed by a hoist and appropriate signage is in place to indicate the same
• the vacuum cleaner is stored in an allocated storage area
• the drip stand is now stored in a clean equipment storage area

2. Hand hygiene sinks are planned in the schedule of works for 2024 and this has been risk assessed with an interim plan of action.
3. The monthly environmental auditing process will incorporate the areas identified above to ensure a non-recurrence of these areas and resulting in the development of appropriate action plans as required to direct KPI.
4. Audit findings will be highlighted at all of the staff meetings, including the daily safety pauses, monthly staff meeting and the monthly management meeting.
5. Infection control, including transmissible illnesses, will continue to be discussed as an important issue on our monthly management meetings.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
1. Medication Policy and Procedure has been reviewed and updated to include:
• Residents whose medication requires changing the form of the medication.
• PRN medication has max/min dose in 24 hrs along with the indicated reason for the medication
• Medication that is disposed of and returned to the pharmacy is recorded.
2. All staff are alerted to adhere to the Policy and Procedures
3. A medication audit tool has been adopted to check that this policy is being followed by staff, and the person in charge will oversee this auditing process.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. The person in charge will ensure oversight of this issue. Any resident who is prescribed insulin, and the parameters that the resident's blood sugar should be maintained at, is now documented in their individual care plan.

2. Any resident who needed a separate care plan, to inform the carer of the care and management procedures that should be followed for different types of wounds, is now in place.

3. The care planning auditing process will incorporate the areas identified above, to ensure a non-recurrence of the issues listed above and direct KPI resulting in the development of appropriate action plans as required, including redirecting staff to appropriate training.

4. Audit findings will be highlighted at all of the staff meetings, including the daily safety pauses, monthly staff meeting and the monthly management meeting.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
1.Training needs analysis has been completed and training on managing residents' responsive behaviors has been included.
2. All staff will attend managing residents responsive behavior.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. A key to Me assessment is completed for each resident upon admission. An "individual activity bag" has been implemented and includes key information about the resident including their choices and preferred hobbies. Activities that are of interest to each individual resident is planned for each resident. This is led by our specifically qualified Activity Co-Ordinator and implemented by her together with the Health Care Assistants. Appropriate activities are performed with our current residents with advanced cognitive impairment at 3 hourly intervals during the day . This is allocated to Health Care Assistants. Nursing and care staff use "butterfly moments" when assisting residents throughout the day .
Activities such as bingo,sonas, music, exercise, art, poems, quizzes, sing song, ,newspaper review, knitting are examples of those activities carried out with the other residents. We can assure the inspector that all residents including residents with increased levels of cognitive impairment, will be supported to participate in meaningful social activities, to meet their interests and capabilities.

2. A staff member is allocated to purchase newspapers each day and to support the residents who wish to have access to the newspaper daily.

3. An activity audit will be incorporated in the auditing process to ensure residents have access to social activities and in line with their interests and capacities and that there is daily access to newspapers. Action plans will be completed where required to direct KPI. This will be highlighted at all of the staff meetings, including the daily safety pauses, monthly staff meeting and the monthly management meeting. Resident satisfaction surveys will also be used to gain further feedback from residents and their families. The person in charge will be responsible for coordinating these audits.

4. With regards to residents' privacy in the twin bedrooms, this will be maintained by

having 2 residents accommodated there, who do not require assistive equipment for mobilising. This means beds, furniture or curtains will not need to be moved to assist the residents with mobilisation, and the privacy of both residents will be maintained at all times. Of note, we will ensure our resident contract and our SOP reflect this important detail. Also, if a resident's care needs change, and they require (for example) full hoist transfer, we will accommodate that resident in a room which is more suitable for that purpose.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
1. We are having a trial of an optional second seating for meal times, to improve resident choice, and to enable staff to assist residents with their meals in a timely fashion.
2. Desserts are served with tea/coffee following the main meal.
3. Ongoing supervision will be provided by senior nursing management at meal times, and any issues will be raised at management meetings. Mealtime options, and the timely and safe provision of meals for residents, will be kept under constant review by the person in charge and the management team and directors.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/11/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/11/2023
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	01/11/2023
Regulation 18(1)(c)(i)	The person in charge shall	Substantially Compliant	Yellow	01/11/2023

	ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	01/11/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/11/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	01/10/2023

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	01/11/2023
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	Substantially Compliant	Yellow	01/11/2023

	risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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.	Substantially Compliant	Yellow	01/10/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	01/10/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	01/11/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	01/11/2023

Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	01/11/2023