



# 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:	04 March 2025
Centre ID:	OSV-0000357
Fieldwork ID:	MON-0038750

## 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 six twin bedrooms and 35 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:	45
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 4 March 2025	09:30hrs to 16:00hrs	Celine Neary	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out over one day. The inspector observed that residents were kept central to the service provided and care was organised around their preferences and choices.

The inspector met with many of the residents living in the nursing home and they reported that the service met their individual needs to a good standard. Residents said that they enjoyed a good quality of life and they felt safe and comfortable living in the centre. Residents spoke of the kindness of the person in charge and staff towards them and were satisfied that their needs were met. There was a calm, happy and relaxed atmosphere in the centre and the environment was warm, homely and comfortable. Two small dogs lived in the centre and throughout the day the inspector observed residents watching the dogs interacting with the residents who were visibly amused and entertained by the dog's movements and antics.

Lough Erril Nursing Private Nursing Home is located on an elevated site in the countryside in County Leitrim, overlooking Lough Erril lake and green fields.

Residents' bedroom accommodation was arranged on the ground floor in six twin-occupancy bedrooms and 35 single-occupancy bedrooms. The majority of bedrooms had full en-suite facilities, except for some bedrooms, which had access to toilet and shower facilities, within a close proximity to their bedrooms. Call-bells were available by each resident's bed, in en-suites and in the communal toilets and shower. This equipment assisted residents with seeking staff assistance if required.

Residents and staff were observed to be comfortable in each others company. Staff responded promptly to residents' needs and cared for them in kind and respectful ways. Call-bells were answered promptly and staff were familiar with each residents' preferred care needs. It was evident that staff knew residents' preferred daily routines, life histories and personal interests well and they drew on this information to chat with individual residents. Residents told the inspector that staff were 'very kind', 'they always help me' and that they were 'great people'.

The inspector observed residents were participating in social activities taking place during the day in the sitting room and in the sensory room. Some of the residents were friends and liked to sit together in the communal rooms during the day and this was facilitated by staff. The inspector observed that residents were watching a local mart sale on an electronic device and other residents were reading the farmers journal, newspapers and magazines. These activities were in line with the resident's past lives and interests before they came to live in the designated centre.

The inspector also observed that those residents who needed higher levels of support and who were more comfortable in a quieter environment were facilitated to spend their time in the second sitting room. These residents were supervised and supported by staff throughout the day. The staff were observed to encourage those

residents, who wished to engage in one-to-one activities, such as drawing and arts and crafts.

Some residents said that they were very happy with being able to continue living in their local community and close to where their families and friends were living. Residents were also satisfied with the opportunities available to them to engage in social activities that interested them and the supports they received including support to keep in contact with their local community. The inspector observed that the centre was well maintained and adequately ventilated. The corridors and varied communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Traditional furnishings and various memorabilia were used to enhance residents' comfort in the communal rooms. Overall, the general environment and residents' bedrooms, communal areas and toilets, bathrooms were observed by the inspector to be visibly clean. Appropriate storage and other ancillary facilities were available.

A secure outdoor garden area was attractively landscaped with a variety of shrubs and plants and contained appropriate seating and shading for residents' use. Pathways were in place to facilitate the residents to access all areas of the garden safely. The doors to the enclosed garden were unlocked and were accessible to all residents as they wished.

Many of the residents had personalised their bedrooms with their family photographs and other items of value to them. Residents' bedrooms were bright, nicely decorated and most bedrooms contained suitable furniture to meet their needs. However, the placement of a bed for one resident in one twin-occupancy bedroom required review, to ensure the privacy and dignity of this resident was maintained.

Colourful murals were on the walls in some corridors, which created interest and colour in the centre and supported way finding for those residents who mobilised independently.

The inspector observed that hand sanitising stations were conveniently located throughout the centre and were used by staff to carry out their hand hygiene procedures as necessary. The centre was exceptionally clean and housekeeping staff were knowledgeable in their roles. The inspector observed staff performing appropriate hand hygiene at the required intervals, during care.

The inspector saw that the laundry, a sluice and a store room had been converted into two single-occupancy en-suite bedrooms, which were spacious, bright and finished to a high standard. The provider was in the process of completing these rooms, with some minor fittings and fixtures to be installed. The laundry had been relocated externally, within the grounds of the centre. The inspector found that this new laundry facility was well designed and appropriately segregated. The provider had installed a new sluice room which was centrally located in the centre and this was functioning on the day of inspection and was found to be fit for purpose.

Residents were involved in the running of the centre and their views were valued. Residents told the inspector that they would talk to the person in charge or any of

the staff if they were worried about anything or were not satisfied with any area of the service. Residents said that they felt safe and secure living in the centre. Residents confirmed that they were always listened to and any issues they ever raised were addressed to their satisfaction.

The inspector observed residents' watching two small dogs that lived in the centre and were visibly amused and entertained by the dog's movements and interactions.

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

## Capacity and capability

This unannounced inspection was completed over one day to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions the provider had committed to take following the previous inspection in May 2024 and on the statutory notifications and other information received since the last inspection. The inspection was to inform an application made by the provider to vary their conditions of registration and increase the occupancy of the centre from 47 residents to 49 residents.

There was a clearly defined management structure in place with effective management systems to ensure the delivery of a safe and quality service. The management team were proactive in responding to issues as they arose and used regular audits to monitor and inform service improvements. The centre continues to have a good history of compliance with the regulations and all non-compliances found on the last inspection had been addressed.

The registered provider of Lough Erril Private Nursing Home is Lakeview Retirement Home Limited. The person in charge was established in their role and had worked in the centre for many years. She was supported by the provider representative, a business manager, an assistant director of nursing, a clinical nurse manager and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable regarding their roles and responsibilities.

The senior management team was kept informed about the performance of the service with key quality indicators and other relevant safety aspects reviewed on a weekly and monthly basis. The inspector found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate.

Systems were in place to manage risks associated with the quality of care and the

safety of the residents. Staff and management meetings were held regularly, and the minutes of those meetings were available for the inspector to review on the day of the inspection. This helped to ensure that there were robust governance and oversight processes in place to monitor key areas that impacted the quality of life and safety of residents and that where improvements were required these were identified and implemented. Audits completed included fire safety, analysis of falls, nutrition and restraints in use within the centre. These audits contained clear action plans and identified areas where minor improvements were necessary.

An comprehensive annual review had been completed for 2024 and it included feedback from residents.

The provider submitted an application to vary their conditions of registration to increase the occupancy in the centre from 47 residents to 49 residents in 2025. The changes the provider had made to increase occupancy with two additional single-occupancy en-suite bedrooms were completed to a high standard and the layout of these bedrooms met the needs of the residents and was compliant with the regulations.

There were adequate numbers of staff with appropriate skills to ensure consistency and continuity of care for residents. Records showed that all staff were facilitated to attend mandatory and professional development training. A system was in place to ensure new staff attended mandatory and additional training. Staff were appropriately supervised according to their roles. Staff had access to a programme of ongoing training. There was an induction process in place for new staff which included competency assessments and ongoing support.

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.

All the requested documents were available for review and found to be compliant with legislative requirements.

## Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training, to update their knowledge and skills to competently meet residents' care and support needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had been addressed by the provider. The annual review for 2024 was completed it and included feedback which had been sought from the residents in relation to the quality of the service they received.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies outlined in Schedule 5 were all available for review and all those reviewed had been updated within the past three years.

Judgment: Compliant

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 and condition 3 of the centre's certificate of registration was received by the Chief Inspector of Social Services. The proposed variation involved adding two bedrooms, thereby increasing the centre's capacity from 47 residents to 49 residents, renaming rooms and changing the functions of three rooms as follows:

- Laundry room to a single-occupancy en-suite bedroom number 17.

- A store and sluice room into a single-occupancy en-suite bedroom number 15.
- Hair salon to a sluice room.

The application was submitted with the required information and fee, and was under review.

Judgment: Compliant

## Quality and safety

Overall, residents' rights were supported and protected by kind and caring team of staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through comprehensive care planning, good access to healthcare services and opportunities for social engagement. Residents told the inspector they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and it was clear that staff knew the residents well, and were familiar with their needs and preferences for care and support.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those residents who may display responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff.

This purpose-built centre was clean and well maintained and appropriate to the number of residents living in it. Residents' living environment was well maintained and was decorated in a traditional style that was familiar to residents. Communal spaces were bright and comfortable and all were well used on this inspection by the residents. This centre had a family room, three spacious sitting rooms, a visitors room and a multi-purpose sensory room for residents to use. This was complemented by two enclosed courtyard gardens that were overlooked by many of the bedrooms and were maintained to a high standard.

The residents at the centre had access to a diverse range of media including daily newspapers, telephones, Internet, radio and television for communication and entertainment.

Records of residents transferred to and from the acute hospital were reviewed. The inspectors saw that where a resident had returned from the hospital, relevant information about the resident was provided to the designated centre by the acute hospital to enable the safe transfer of care. Staff ensured all relevant information

was obtained from the hospital and placed on the resident's record.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' records showed that a pre-admission assessment was carried out for each resident. Each resident had a care plan in place, and the inspector found that residents' care plans were personalised and contained information relating to the residents' life histories and personal preferences for care and support. Care plans indicated that the residents' needs were comprehensively reviewed at regular intervals and when changes were noted in their health or well-being. Staff demonstrated a strong understanding of the specific needs of the residents.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian and speech and language, as required.

There were systems in place to ensure that residents were safeguarded from different types of abuse and there was a good understanding amongst staff about what constitutes abuse, and what their obligations were with regard to preventing abuse occurring. Staff had garda vetting disclosures in place before starting work in the centre.

The provider had measures in place to ensure that residents were protected from risk of fire and staff were knowledgeable regarding the procedures they must follow in the event of fire to ensure residents' safety.

The centre was provided with appropriate fire fighting equipment, such as fire extinguishers and fire blankets. The fire detection and alarm system was regularly tested to ensure it functioned properly. Detailed records of fire incidents, drills, and arrangements were in place to ensure the maintenance of fire safety equipment. Staff who spoke with the inspector demonstrated good knowledge of the evacuation procedures.

## Regulation 17: Premises

The registered provider having regard to the need of the residents has provided premises which conform to the matters set out in Schedule 6.

The two new single-occupancy bedrooms were completed to a high standard and conformed to matters set out in Schedule 6.

The new laundry and sluice room were well designed and fit for purpose.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

A record was maintained regarding residents' temporary absence and discharge from the centre. Relevant information regarding residents' health and care needs was completed to ensure their needs were clearly communicated on transfer to hospital.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment. Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive.

Advisory signage for visitors was displayed in the event of a fire.

Training records evidenced that simulated fire evacuation drills were completed cognisant of night time staff levels and the size of compartments.

A sample of fire doors checked by the inspector were in good working order and had adequate seals in place. The escape routes were clear of obstructions on the day of inspection.

All residents had personal emergency evacuation plans in place which accurately reflected the care needed in the event of a fire emergency.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found that they met the requirements of Regulation 5. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

## Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Recommendations made by these health professionals were implemented in a timely manner.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems 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 and to ensure they were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and the reporting structures in place in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant