



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:	26 May 2021
Centre ID:	OSV-0000357
Fieldwork ID:	MON-0032821

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 Mohil, 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 five double rooms 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:	37
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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
Wednesday 26 May 2021	11:00hrs to 18:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, residents felt that this was a nice place to live and the inspector found that the residents received a good standard of care and support that met their assessed needs. Residents' medical and healthcare needs were being met. The inspector observed a relaxed and welcoming atmosphere. Residents appeared content and were well groomed. However, the inspector observed that the supervision of staff when assisting residents with their meals required review as some interactions observed were inappropriate.

This was an unannounced inspection. On arrival, a registered nurse guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and a temperature check.

On entering the centre there is a reception area. Throughout the day this area was busy with more independent residents moving around the centre. Seats were placed at the reception area to allow residents sit down and rest. This also gave them the opportunity to relax and to chat with people passing by.

Residents expressed gratitude that they had been kept safe throughout the pandemic. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the visiting restrictions and the COVID-19 pandemic. Residents were aware that there had been a small number of residents that had been confirmed positive with the virus and were aware that all residents had made a full recovery. At the time of inspection, no resident had passed away with a COVID-19 diagnosis. On the day of inspection residents had completed the vaccination programme.

Despite the challenges of the COVID-19 pandemic, the management and staff had facilitated window visits throughout and residents were very grateful. On the day of inspection there were three areas where visits could be accommodated. The inspector was informed that in the height of the pandemic, visits on compassionate grounds had been accommodated.

Residents reported that the food was good and that they were happy with the choice and variety of food offered. Residents also told the inspector that they were happy with the length of time it took to have their call bell answered when seeking assistance. Residents were aware of who to make a complaint to and although no resident had made any complaints, they were satisfied that any concerns they had would be addressed.

The inspector spent time observing residents with dementia and their engagement with staff. While none of the residents met with were able to tell the inspector their views on the quality and safety of the service, the inspector observed that the residents were relaxed. The communal rooms were supervised by staff. The

inspector observed that supervision of staff practice specific to the assistance given to residents when having a drink was not always positive or appropriate. For example, staff stood over residents when providing assistance and did not engage in any conversation. This poor practice was brought to the attention of the management team who took immediate action.

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

Capacity and capability

Overall, the inspector found that residents received a good standard of care that met their assessed needs. The inspector found that the governance and management of the centre was well organised and resourced. The management team were committed to quality improvement that would enhance and improve the daily lives of the residents. The lines of authority and responsibility were understood by all staff. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs.

Lakeview Retirement Home Limited is the registered provider of Lough Erril Private nursing Home. The inspector was informed the registered provider representative had maintained contact with the management team via electronic and phone contact throughout the pandemic. The person in charge (PIC) was supported on site by a business manager, a clinical nurse manager, registered nurses, an activities coordinator, care staff, kitchen, household, cleaning, laundry and maintenance staff.

The person in charge had responsibility for monitoring the direct provision of care. Records requested were made available in a timely manner. There was an audit schedule in place. Audits had been completed in a number of key areas including, care plan audits, the use of restrictive practices, environmental healthcare audits and hand hygiene audits. Audit findings relating to the provision of care were communicated to the care staff via the staff notice board. An annual review of the service delivered had been completed.

Staffing within the centre was stable and this had a positive impact on residents as staff knew their likes and dislikes. Staff told the inspector that they felt supported by the local management in the centre. The provider was committed to providing ongoing training to staff. The training matrix evidenced full compliance with mandatory training required by the regulations. Staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control, and hand hygiene.

Regulation 15: Staffing

On the day of inspection the staffing levels and skill-mix were sufficient to meet the assessed needs of the residents. The inspector reviewed the rotas, spoke with the residents and with the staff delivering the care. On the day of inspection there were 37 residents in the centre. Although the centre had eight vacancies the management team had not reduced the numbers of staff on duty to deliver the direct care.

As a result of the pandemic the hours allocated to the cleaning of the building was increased.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge held responsibility for the ongoing supervision of staff. In the main, interactions between staff and residents observed throughout the day were respectful and kind. However, poor practice was observed specific to the assistance given to residents at meal times. For example;

- Staff stood over residents when providing assistance with meals.
- Staff were seen lifting drinks to a residents mouth without any prior notice given to the residents.
- Staff were observed providing assistance while sitting out of view of the resident.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found the centre was delivering a high standard of care to the residents. The management team that interacted with the inspector throughout the day was organised and familiar with the systems in place that monitor the care. The information requested was made available in a timely manner and presented in an easily understood format. Care audits had been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with told the inspector that they would not hesitate to make a complaint. Residents said they were confident their concerns would be listened to and action taken if required. Feedback from residents was welcomed by the management team. There was a suggestion box in the reception area. The Inspector reviewed the complaints log and found that there was a total of four complaints logged in 2021. On the day of inspection all complaints were closed. There was good evidence in the documentation that appropriate actions were taken when a complaint was received.

Judgment: Compliant

Quality and safety

In the main, residents were safe and most were supported and encouraged to have a good quality of life. Notwithstanding the overall findings, the inspector found a repeated non compliance under regulation 28 fire precautions. In addition, the provider is required to review the design and layout of a multi-occupancy bedrooms to ensure that they meet the needs of residents.

Residents' told the inspector that their lives had been impacted by the COVID-19 restrictions. Residents reported that they felt the care and support they had received was of good quality. Residents' medical and health care needs were met. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. All staff had received training in standard infection control precautions, including hand hygiene, transmission-based precautions and the appropriate use of personal protective equipment (PPE). Audits on hand hygiene had been completed by the person in charge.

The centre had an outbreak of COVID-19 in the centre. The management had implemented its COVID-19 contingency plan. The person in charge had put infection control procedures and protocols in place to mitigate the effects of the outbreak in the centre. These included an isolation area for COVID-19 residents who were cared for by a separate team of staff who knew them well. The outbreak had been

contained and all residents had made a full recovery.

The inspector reviewed resident files. In the main, care plans were found to be individualised and person-centered. The electronic documentation system in place was clearly laid out and the information was easily retrieved. Residents had access to medical and allied health care supports. Assessment and care plan updates were undertaken and outcomes discussed with residents and their representatives.

The inspector walked the premises. The centre was cleaned to a high standard. Following a review by an external infection control specialist the centre had introduced a new system of auditing infection prevention and control practices. In addition, a new color coded cloth and mop system was introduced. This system utilises one cloth per room to ensure that each floor is cleaned with a new cloth on every occasion. The inspector spoke with staff who were very clear on the policy, procedures and new practices in place. The allocation of household staff for the cleaning of the building was increased.

On the day of inspection an external company were completing a risk assessment of the management of fire safety within the centre. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed emergency evacuation plan in place to guide staff. The inspector found that further improvements are required. The detail is outlined under regulation 28 Fire precautions.

Residents had access to information and news, a selection of newspapers, radio, television and Wi-Fi were available. There was evidence that resident meetings took place monthly. In addition, the residents had a resident representative who attends each meeting. There was evidence of ongoing discussion on the activities in the centre. As a result of the feedback, activities were now scheduled for Monday - Friday. The resident meetings were attended by upto seven residents. At the time of inspection there were 26 residents with a confirmed diagnosis of dementia. The inspector requested a review of this change as the risk was that residents with advanced dementia did not have a voice in this decision and so consequently could miss out on the opportunity to have one to one opportunities to participate in activities in accordance with their capacities.

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register that was kept under review by the person in charge was comprehensive and detailed. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

Regulation 27: Infection control

Overall the building was found to be clean. As a result of the COVID-19 pandemic a deep clean and de clutter of the premises had occurred. Corridors were free of obstacles.

Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded twice a day and staff temperatures were monitored to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. Appropriate infection control procedures were in place. Regular infection control reviews were carried out to ensure compliance with policies and best practice.

Judgment: Compliant

Regulation 28: Fire precautions

Simulated fire drills had taken place. However, a simulated drill to reflect night time conditions had not been completed. This was requested on the day of inspection.

On arrival to the centre, multiple fire doors were wedged open by pieces of furniture. This is a restated non compliance from the last inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were assessed on admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. These assessments informed care plans to meet each resident's needs. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences.

Judgment: Compliant

Regulation 6: Health care

On site medical reviews and individual one to one consultations had been completed throughout the pandemic. Assessments from Allied Healthcare Professionals had continued via electronic communication. The inspector found that the recording of the resuscitation status of each resident had been completed. The information was retrievable in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that there was a positive culture in the centre towards promoting a restraint-free environment. Overall the inspector found that the person in charge was clear in their understanding of the risks of restrictive practices and their potential impact on residents.

The person in charge had a restraint record that was used to record restrictive practices currently in use in the centre. Each resident had a risk assessment of need completed. The inspector found that when bedrails were in place at the request of the resident, there was evidence of consultation and a signed consent form.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the design and layout of a double bedroom did not allow for the privacy and dignity of the residents at all times. This was evidenced by;

- The beds are in too close proximity. The bed ends are touching. When the inspector moved the beds to a different layout the space remained insufficient. For example; there was insufficient space for a person to walk past without disturbing their neighbouring resident.
- There was insufficient room for residents to have a chair at their bedside.
- One residents locker was not within easy reach of their bedspace.
- When screening is pulled it impacts negatively on the neighbouring resident occupying the room.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lough Erril Private Nursing Home OSV-0000357

Inspection ID: MON-0032821

Date of inspection: 26/05/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A meeting was held with all staff to communicate the Nursing Home Food and Nutritional Policy and Procedure and to emphasize the importance of adherence to the policy. The Policy includes specific guidance to how to provide assistance to residents at mealtimes, this includes how to:</p> <ul style="list-style-type: none"> a) gently approach the resident at mealtimes b) provide explanation to the resident and gain their consent before providing assistance with the meal c) ensure eye contact by sitting next to the resident d) engage with the resident throughout the meal by talking to them <p>A specific inhouse training session was provided to relevant staff to remind and ensure all staff were very clear on this particular aspect of their role. This included role play, trouble shooting scenarios surrounding nutrition, diet and communication with residents who have dementia, and who present with behaviors that challenge or, are non verbal.</p> <p>The Person in Charge has reviewed the supervision of staff at mealtimes. Nursing staff will be responsible for supervising staff at mealtimes.</p> <p>The Person in Charge and CNM will carry out ward rounds at meal times to ensure compliance to this Policy and Procedure.</p>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

The Registered Provider has engaged the services of a Competent Person who completed a full Fire Safety Risk Assessment in Lough Erril Private Nursing Home on 28/04/21. Following on his report, the Registered Provider engaged another external company to upgrade our doors with wireless hold open devices which are linked to the L1 system and will release in the case of a fire. This upgrade will eliminate the risk of doors being wedged open by pieces of furniture in the future.

A simulated night time fire drill by three staff involving the largest compartment has been completed on 05/07/21. This involved the evacuation of nine residents to a safe place and in a timely manner i.e. five minutes.

The number of residents in the largest compartment has been reduced from ten to nine. The dependency levels of residents in the largest compartment have been reviewed and most are now in the Low Dependency category.

The simulated fire drill was organized and supervised by the Person in Charge. The staff demonstrated full competency to evacuate this group of residents and each staff member is clear on their role involving the above process, including a designated staff member to alert the Emergency Fire Services.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following consultation with the residents who occupied this particular bedroom, the residents agreed and were happy to move to an alternative double bedroom as they both wished to remain together. This bedroom meets the requirements outlined in Regulation 9.

The Provider has sought an external company to carry renovations to the double bedroom mentioned in the inspection report, so that it meets the requirements of Regulation 9.

This bedroom will not be used as a double bedroom until the design and layout of the bedroom has been reconfigured.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/07/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/07/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	06/07/2021
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	01/11/2021

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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