Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lake House Nursing Home
Name of provider:	Sheephaven Properties Limited
Address of centre:	Portnablagh, Dunfanghy, Donegal
Type of inspection:	Unannounced
Date of inspection:	06 November 2024
Centre ID:	OSV-0000353
Fieldwork ID:	MON-0043946

About the designated centre

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

The designated centre provides care and support to meet the needs of 47 male and female older persons who require long-term and short-term care. Residents assessed as having dementia can be accommodated. The philosophy of care is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. This includes providing a person-centred service, taking into account the wishes and suggestions of the residents and providing a living environment that takes account of residents' previous lifestyles. The centre is a two-storey building located in a coastal area. Resident bedroom accommodation is located on both floors and consists of single, twin and one triple room. The ground floor contains a number of communal spaces, dining areas, and household facilities, including a kitchen, sluice room, clinical room and offices. There are suitable sanitary facilities on each floor. The laundry is located nearby in a separate building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

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
Wednesday 6 November 2024	09:15hrs to 18:00hrs	Nikhil Sureshkumar	Lead
Wednesday 6 November 2024	09:15hrs to 18:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

The designated centre provides a homely environment for residents close to their local communities. Residents enjoyed a good quality of life in which their needs were met by a staff team who knew them well. However, the layout of ten twin-occupancy bedrooms and one three-bedded room in this centre did not provide adequate space and privacy for some of the residents accommodated in these bedrooms. This issue with some of these rooms was a repeat finding from previous inspections and has not been effectively addressed by the provider.

The inspectors spoke with several residents during this inspection, and the feedback from the residents was overwhelmingly positive about the care and services they received in this centre. Some of the residents' comments were that this is a good centre and that the staff were kind and attentive towards the needs, the food was exceptionally good and that they were happy in this centre. Residents were also happy about the cleanliness of their bedrooms. However, one resident who spoke with the inspectors expressed that they needed additional storage space in their room.

Upon arrival, the inspectors met the nurse in charge, and following a brief introductory meeting, the inspectors went for a walk around. The person in charge arrived later during the day and facilitated the inspection. The centre is registered for 47 beds, and there were 45 residents in this centre on the day of inspection. The centre is located in Dunfanahy and is close to local amenities.

The centre is in a two-storey building with five wings, namely Glenveagh, Rooskey, Sessiagh, Gartan and Glen wing. The communal areas of this centre were well-maintained. The centre had a welcoming and relaxing atmosphere, and the inspectors found the residents resting and relaxing in day rooms. The centre also has an internal courtyard, which was well-maintained and accessible for residents.

The centre had sufficient seating available for residents in communal areas. Many residents were found to be spending time together in these communal rooms, which created a sense of community as residents shared their interests, exchanged opinions, and enjoyed a moment of relaxation together. However, a small number of residents with higher dependencies stayed on the first floor of the building. This was a repeated finding from the previous inspection in 2023.

The residents were accommodated in a mix of single, twin rooms and one three-bedded room in this centre. Overall, residents' bedrooms were found to be appropriately decorated. The single rooms in this centre were well-laid out, and residents were able to access their personal belongings and clothes easily. However, ten twin-occupancy bedrooms and one three bedded room in this centre were not appropriately laid out to ensure residents had access to their personal belongings, comfort and needs.

The residents had access to a schedule of activities, which was displayed on a notice board in this centre. The inspectors observed that the planned activities occurred on the day, which included one-on-one sensory activity sessions and group activities programmes such as sing-along sessions. Several residents told the inspectors that they enjoyed the sing-along sessions, and the inspectors observed that the residents engaged well in these sessions, creating a lively and inviting atmosphere. Additionally, the provider facilitated residents' engagement with the community through various programmes, such as art projects and social outings.

Staff were observed attending to residents' personal care needs and engaging with residents in a respectful manner. Call-bells were attended to in a timely manner, and it was clear that staff were familiar with residents' care needs and that residents felt safe in their presence.

The inspectors observed the residents' dining experience during lunchtime. The dining area was well-organised, with the tables appropriately arranged and sufficiently provided with appropriate cutleries and condiments. There was sufficient staff available in the dining areas to assist residents during meal times. Residents could choose where they wished to eat, and many residents were observed to go to dining rooms in the centre for their meals. The menu for the day was available for residents, and residents were offered a choice of meals. Meals served to residents were well-presented and appetising. Refreshments and snacks were provided to residents at regular intervals, and residents had access to fresh drinking water.

Overall, the centre's premises were found to be generally clean. However, during the morning, one communal residents' toilet required cleaning after use. This was addressed by staff when it was brought to their attention.

The corridors of the ground floor of the centre were wide, and handrails were available on both sides of the corridors, which supported residents to move around independently throughout the centre. The centre's first floor and the ground floor were interconnected by a staircase and a lift. There was a storage area available under the stairs; however, the fire precautions around this under-stair storage space were not sufficient, and this is further discussed in later sections of this report.

Visitors were coming and going on the day of the inspection, and a visitor who spoke with the inspectors said that this was a good centre. There were no restrictions on visiting in this centre.

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

The inspectors found that managers and staff were committed to providing a good standard of care for residents in which their rights and independence were upheld and promoted. However, a more focused approach is now required to address the known deficits in the layout of a number of shared bedrooms. The actions the provider had taken since the previous inspection in January 2024 had not brought these bedrooms into compliance with the regulations. These deficits were impacting on the privacy and dignity of the residents accommodated in these bedrooms. In addition, the oversight of fire safety required improvements to ensure residents were protected in the event of a fire emergency.

This was an unannounced monitoring inspection to review the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider is Sheephaven Properties Limited. The director of the company was in regular contact with the person in charge and attended the governance meetings, which were held bi-monthly. There is a clear management structure in place with the person in charge and a clinical nurse manager heading a team of staff nurses, care assistants, dedicated activities staff, housekeeping and catering staff and administrative and maintenance staff. A number of staff had worked in the designated centre for more than five years, which helped to provide continuity of care for the residents.

The person in charge (PIC) is a registered nurse with the required management experience and qualifications for the role. They are supported in their role by a clinical nurse manager who deputises in their absence. In addition, there is a housekeeping supervisor to provide support and supervision for the housekeeping and laundry team. Notwithstanding the structures that were in place, this inspection found that supervision of staff practices in key areas, such as cleaning of equipment and care planning, required improvement.

There was a quality assurance programme in place in the centre, which included an audit schedule, a clear complaints process and an annual review. These processes were informed by resident meetings and meetings with families as well as resident questionnaires, complaints and compliments. Audits of key areas, such as falls management and the use of restraints in the centre were used to inform changes in practice and improve resident outcomes. However, audits in other areas, such as care planning and fire safety, had not identified a number of the not-compliant findings identified on this inspection, and as such, required review to ensure they were effective in driving improvements and promoted a safe service.

Governance and management meetings were held regularly and attended by a director of the provider company and the person in charge. Records showed that most of the actions agreed upon in these meetings were followed up on and implemented; however, some actions did not have clear time frames for completion. Agenda items included incidents/accidents, safeguarding, complaints, HIQA compliance, staffing and falls. In contrast to the regular management meetings, staff meetings were infrequent, with only one or two meetings held since the previous inspection since the previous inspection in January 2024. This did not

ensure that staff had information in relation to key-quality issues and the planned quality improvement actions on the management agenda.

There had been five complaints made since the previous inspection. The complaints log showed that these had been followed up appropriately. The record gave a brief description of the outcome and the actions, if any that had been taken to resolve the issue and the complainant's satisfaction with the outcome.

There were enough staff on duty on the day of this inspection to ensure resident's needs were met in a timely manner. Staff demonstrated responsibility for their work and flexibility in their work routines. This helped to ensure that resident preferences for care and daily routines were upheld. It was evident that the staff knew the residents well, which supported a person-centred approach to care. There were clear performance management processes in place, including induction and probation for new staff and annual performance appraisals for all staff.

The annual review for 2024 was being compiled at the time of the inspection. The annual review is informed by feedback from resident and family questionnaires. The quality improvement plan developed as part of the annual review for 2023 was partly implemented; however, a number of actions to improve the lived environment for the residents remained outstanding.

Regulation 14: Persons in charge

There is a person in charge who meets the requirements of the regulations. The person in charge works full-time in the designated centre and has autonomy for the day-to-day running of the service. The person in charge is supported in their role by the clinical nurse manager who deputises in their absence.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff with appropriate knowledge and skills on duty on the day of the inspection to meet the needs of the residents. Rosters showed that staffing levels were reviewed regularly, and where additional staff were needed, these staff were rostered in addition to the baseline staffing level. This helped to ensure that there were enough staff on duty to respond to residents in a timely manner and in line with the residents' preferences for care and routines.

Rosters showed that there was a minimum of one registered nurse on duty at night and two registered nurses each day. This was in addition to the person in charge and the clinical nurse manager who worked Monday to Friday.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure that staff had access to mandatory training relevant to their role. Training records showed that staff had completed the required mandatory training.

Judgment: Compliant

Regulation 21: Records

Overall, Schedule 2,3 and 4 records were made available for the inspectors and were stored securely. However, inspectors found residents' personal information stored on a clipboard in a corridor where it was accessible to other residents and staff walking in this area.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not ensure that the centre was operating in line with the statement of purpose against which the designated centre is registered. This was evidenced by:

- The accommodation of residents who required assistive equipment in the bedrooms on the first floor. This was also a breach of the provider's own emergency plan, which stated that only ambulant residents were to be accommodated on the first floor because of the need to use the stairs as an escape route in the event of a fire emergency.
- The provider had failed to ensure that the resources were available to address the repeated non-compliant findings in relation to a number of shared bedrooms. This was impacting on the privacy and dignity of residents accommodated in these rooms.
- Residents were unable to use their prayer room for prayer or quiet reflection as this space had been re-purposed as a store room and was not accessible to residents.

The management systems in place to ensure that the service was consistently monitored were not fully effective. This was evidenced by:

- The oversight of care planning did not ensure that each resident had an up-to-date care plan in place for all of their needs. These findings are set out under Regulation 5.
- The management systems in place to address previously identified non-compliances were not effective. The general oversight of the physical environment and the centre's infection control and prevention was not robust as per Regulation 17: Premises and Regulation 27: Infection control.
- The oversight of fire safety was not effective and did not identified a number of findings from this inspection, which are set out under Regulation 28: Fire precautions.
- Oversight of residents' privacy and dignity rights and their right to choice and to undertake personal activities in private due to the layout of some of the twin-occupancy bedrooms were negatively impacted, as discussed under Regulation 9: Residents' rights.
- The systems for oversight to ensure that all residents in multiple-occupancy rooms have adequate space for their personal possessions is outlined under Regulation 12: Personal possessions.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated in July 2024. Further improvements were required to ensure that the revised document included the revisions that were required in the complaints process following changes to the requirements of Regulation 34 that were implemented in May 2024.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Records showed that three-day notifications were submitted to the office of the Chief Inspector within the required time frames. In addition, the quarterly notifications were submitted for Schedule 4 (2) events.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy had been reviewed in March 2024. However, this review did not bring the policy up-to-date with the additional requirements of Regulation 34. For example, the review officer was identified, but the review process and the time frames in which the review is required to be completed were not clearly set out. Neither did the policy clearly set out the required actions the provider must take if the complaint investigation is not completed within the 30-day time frame required under the regulation.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies were in place and were made available for staff. Although some policies had been updated within the last three years a number of policies, including the policy for responding to a major incident had not been reviewed since 2021.

Judgment: Substantially compliant

Quality and safety

Overall, the care and support the residents received in this centre was good. However, significant actions were required to ensure compliance with premises, personal possessions, fire safety and individual assessment and care planning to ensure the service provided was safe at all times.

This inspection found repeated non-compliance in relation to Regulations 17: Premises and Regulation 9: Residents' rights as the provider had failed to address the findings of previous inspections in relation to the layout of ten twin bedrooms and one three-bedded room, which did not ensure that these bedrooms met the needs of the residents. Additionally, the provider had not assured that there was sufficient appropriate storage space within the centre, resulting in the storage of equipment in resident communal areas such as shower rooms. This posed a trip hazard for residents accessing these bathrooms. The resident's access to their prayer room was also found to be restricted on the day of inspection due to various items being stored in this room.

The inspectors reviewed a sample of care plans and assessments for residents and found that validated assessment tools were generally used to inform comprehensive assessments; however, the oversight of care planning was insufficient in relation to the care of residents with wounds. For example, the inspectors reviewed the care records of three residents with wounds. Among these residents with wounds, two

were identified as pressure ulcers. While all these residents had been receiving wound care in the centre, the documentation surrounding the management of these wounds was not adequately maintained. For example, there was no care plan in place to guide staff in consistently and effectively providing wound care for these residents. As a result, the inspectors were not assured about the quality of care being provided in relation to wound care. This is further discussed under Regulations 5 and 6.

Nevertheless, the inspectors found that residents were generally well-supported in accessing their general practitioners (GPs) from local practices, health and social care professionals, and specialist medical and nursing services.

Overall, the environment in this centre appeared clean and generally well-maintained. The inspectors also observed staff demonstrating hand hygiene at appropriate intervals throughout the day. However, some improvements were required to ensure that the infection prevention and control procedures in this centre were fully consistent with the National Standards for Infection prevention and control in community services (2018).

The inspectors reviewed the arrangements in place at the centre to protect residents from the risk of fire. The provider had maintained a fire safety register, and personal evacuation plans (PEEPs) were available for residents. Additionally, the provider had engaged with an external contractor, and a fire safety risk assessment had been completed, and their recommendations were found to be implemented. However, the inspectors found additional fire safety issues during this inspection. For example, flammable materials were stored inside an under-stairs storage space without sufficient fire precautions in place and near a means of escape in this centre. This posed a fire safety risk for residents, staff, and visitors in the event of an emergency in this centre, and the provider was required to address this issue on the day of the inspection. The provider addressed the issues on the day, and the inspectors verified that these items had been removed. Additional findings are further discussed under Regulation 28.

Regular meetings for residents were facilitated, providing residents with the opportunity to participate in the organisation of this centre. Residents had access to information concerning advocacy services and were supported to access these services where required.

There were facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. However, some areas for improvement were identified with respect to residents' choices and undertaking activities in private, as discussed under Regulation 9: Residents' rights.

Regulation 12: Personal possessions

The inspectors found that the residents accommodated in six twin-occupancy rooms and one three-bedded room had insufficient space to store their personal items of significance. For example, residents in these rooms had to keep their personal belongings on window sills or on shelving that was outside their personal bed space, which meant that they could not see or easily access their photographs and other items.

Additionally, residents in one twin-occupancy room, bedroom 15 were sharing one double wardrobe.

Judgment: Not compliant

Regulation 17: Premises

The premises were not used in line in accordance with the statement of purpose prepared under Regulation 3. For example, the centre's oratory was re-purposed to be used as a storage area and was cluttered with various items such as zimmer frames, unused tables, and chairs.

The centre's premises did not currently conform to the matters set out in Schedule 6 of the Care and Welfare Regulations 2013. For example:

- The design and layout of ten twin-bedded rooms and one three-bedded room did not provide sufficient space for residents with mobility needs who were assessed by the health care professionals to use mobility assistive equipment for safely transferring residents in and out of bed. Several residents accommodated in these rooms required the use of large specialised chairs and a full-body hoist. The inspectors observed staff members manoeuvring these equipment and were not assured that these manoeuvres could be carried out safely as they posed injury risk to residents. Consequently, these bedrooms did not meet the needs of these residents.
- The inspectors were not assured that the provider had a sufficient supply of piped hot water in one section of the building. For example, the inspectors found that the piped hot water had been disrupted during the morning hours in one section of the building, and staff had to seek assistance to fix this issue.
- Inspectors observed signs of wear and tear on some of the beds used by residents. For example, a number of bed frames in the centre had been scuffed, and the headboard of a bed located in a twin-bedded room on the first floor appeared visibly damaged.
- There was not sufficient appropriate storage available for storing equipment and other items. For example, the inspectors observed that linen trolleys were stored in communal toilets.
- There was inadequate ventilation with a malodour in three communal shower rooms, which had not been reported and addressed in a timely manner.

- The inspectors measured the floor space available for each resident in ten twin-bedded rooms and one three-bedded room and found that the space allocated to each resident was below the minimum floor space requirement of 7.4 square meters.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy in place, which covered the risks and management of risks as required under the regulation. The policy was last updated in April 2021 and was overdue for review. This is addressed under Regulation 4.

There was also a policy in place for responding to major incidents, including serious disruption to the designated centre or services.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre were insufficient to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example:

- The practice of storing medicinal products, such as barrier creams, in communal toilets posed a potential risk of these medicinal products being shared among residents, posing in a cross-contamination risk.
- Incontinence products were stored loosely in communal bathroom cabinets, which posed a risk of cross-contamination to residents.
- The inspectors observed that a communal toilet was soiled and visibly dirty. This was reported to staff members on duty; however, this issue was not addressed, and the issue had to be raised a second time before staff attended and cleaned the toilet.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider's arrangement to contain the spread of smoke and fire in the centre was not sufficient. For example:

- Three cross-corridor fire doors had not been closing properly and were misaligned. Additionally, the inspectors observed that there were significant gaps between the underside of the doors and the floor. As a result, the inspectors were assured that these fire doors were effective in containing smoke and fire.
- In addition, the inspectors saw electrical cables penetrating the ceiling of a storage room where an electrical distribution board was kept, and these service penetrations were not adequately fire-stopped.
- The bedroom fire doors on the ground floor did not meet the required fire door specification as they were fitted with domestic-style door locks with keyholes. As a result, the inspectors were not assured that this type of ironmongery effectively contains smoke in the event of a fire in these areas.

The provider had not taken adequate precautions against the risk of fire. For example, appropriate fire detection systems had not been installed in an under-stair storage space.

The provider had not sufficiently reviewed the fire precautions in the centre. For example:

- The inspectors observed that an under-stair storage space had been used to store combustible items, such as bags, musical instruments and cleaning equipment. Additionally, a room where an electrical distribution board was kept was used to store combustible items such as clothes, aerosol sprays and perfumes were stored, posing a fire hazard. The provider addressed these issues on the day of inspection.
- There was no signage in place to alert staff and residents regarding the storage of oxygen in a treatment room located near a corridor.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The provider's arrangements to develop appropriate care plans for the assessed needs of residents were not sufficient. For example, two residents did not have a wound care plan in place to guide staff in managing these wounds and providing the most appropriate care for the residents. This is further discussed under Regulation 6.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Additionally, one-on-one staff support was available for those residents who required support for their care needs. Records showed that, where restraints were used, these were implemented following a thorough risk assessment.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate systems in place to ensure that residents were protected from abuse. Staff had access to mandatory training on safeguarding vulnerable adults. Staff who spoke with the inspectors were knowledgeable about recognising, responding and managing safeguarding concerns in the centre. The inspectors reviewed a sample of staff records, which indicated that appropriate An Garda Síochána (police) vetting was in place to ensure required background checks had been completed before staff commenced their employment in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors were not assured that residents' rights were being upheld at all times. This was evidenced by:

- The layout of a twin-bedded room was such that when one resident near the window decided to close their privacy curtain, the second resident did not have access to natural daylight in this room as there was only one window in this room. This was a repeated non-compliance finding. Additionally, the layout of this twin-bedded room restricts the occupant of the first bed space from enjoying outdoor views. This restriction on the resident's choice occurs when the other resident located in the bed beside the window closes their privacy curtain.
- The layout of 10 twin-occupancy bedded rooms and one three-bedded room did not afford each resident accommodated in these bedrooms sufficient space to undertake personal activities in private. For example, there was insufficient space to use assistive equipment, such as hoists or a large comfort chair, without encroaching on the bed space of the neighbouring resident. Some of the residents accommodated in these bedrooms were using these types of equipment, and the inspectors were not assured that these

residents could carry out personal activities in private. This was a repeated non compliance finding.

Judgment: Not compliant

Regulation 6: Health care

The inspectors were not assured that the nursing practices in relation to the management of wounds ensure that these residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. For example, there was no documentary evidence to indicate that a comprehensive assessment had been carried out for two residents when they developed wounds. Additionally, baseline and serial photographs had not also been maintained for these residents' wounds to review the effectiveness of the treatment provided to the residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for Lake House Nursing Home OSV-0000353

Inspection ID: MON-0043946

Date of inspection: 06/11/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • All staff have been educated about the importance of storing residents' personal information properly- complete. • When weights are taken from now on each individual weight is to be recorded by the nurse directly onto the electronic record system. The clipboard has been removed from use – complete.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23: Governance and management Not Compliant Outline how you are going to come into compliance with Regulation 23: Governance and management: • One resident requiring assistive equipment for transferring has now been accommodated on the ground floor – complete. • One further resident was admitted to the first floor when fully ambulant, however recent changes in their mobility status mean that they will now require a room transfer also. This resident is to be transferred to a single room on the ground floor on 11/3/2025 • The admission policy and Statement of Purpose has now been updated to ensure that	

any resident being admitted to the first floor must be fully ambulant and if their needs change, they will be accommodated on the ground floor as soon as possible – complete.

• The prayer room/recreational room has been reinstated for residents and is no longer being used inappropriately as a storeroom – complete.

• One multi-occupancy (triple) room has now been reduced to a twin room (Room 12). This has now reduced the maximum occupancy of the center to 46 residents, which has been updated in the Statement of Purpose - complete.

• Privacy curtains and furniture in other twin rooms are being reconfigured to ensure each resident has the required 7.4m2 floor space and the room is suitable for the assessed needs of each resident
These rooms include
Room 2 which is to have the privacy curtains reconfigured.
Room 7, which has a sink now installed and the privacy curtains are to be reconfigured as well as furniture moved in the bedroom.
Room12, which has been reduced from a three bedded room to a twin is to have the privacy curtains reconfigured, furniture has already been rearranged.
Room 14 is to have the privacy curtains reconfigured and furniture altered.
Room15 is to have the privacy curtains reconfigured and the furniture rearranged. – plans of all these bedrooms will be submitted by the 11/3/2025. Work will be completed by the 30/04/2025 as new curtain rails have to be ordered from an external company.

• Detailed and costed plans are being drawn up for structural changes to increase the floor space of the remaining twin rooms, that is
Room 30, which is to have the en-suite removed from the room to allow for more space in the bedroom. There is a bathroom adjacent to this room which will have a shower installed for the use of the residents in room 30.

Room 31 and Room 33 are to have an extension built on to the rooms to allow the rooms to be compliant in size, these bedrooms will have privacy curtains erected to divide the room properly and furniture will be installed to meet the residents' needs, as well as new floor covering. Planning permission has been applied for for these two rooms.

Room 37 is to have an extension added to the very back of the building to allow more floor space for this room, then the privacy curtains and the furniture and floor covering will be organized for this room.

Room 34 is to have the en-suite removed to allow more space in the bedroom and a toilet and wash hand basin is to be fitted into the shower room adjacent for the use of the residents in room 34, then the privacy curtains and the furniture and floor covering will be organized for this room.

Room 35 and Room 36 are to have an extension built to then to make the rooms bigger. These bedrooms will have privacy curtains erected to divide the room properly and furniture will be installed to meet the residents' needs, as well as new floor covering. Planning permission has been applied for these two rooms.

We plan to reduce two residents while this work is carried out and then work on a room at a time. An application to vary Condition 1 will also be applied for.
These plans (together with proposed changes to the floor plans and proposed timelines) are being submitted to the Authority by 4/03/2025.

• Disruptions to the piped hot water on the day of the inspection were temporary due to water pressure and were immediately resolved. No further disruptions have been noted since – complete.

• The headboard in one twin-bedded room has been replaced and maintenance will address any bedframe that appears scuffed – complete and ongoing.

• The Provider has been granted planning permission to extend the centre which will create additional bedrooms to the required specifications and extra storage space – building works are expected to commence following a tender process.

• Linen trolleys will be accommodated in a storage container outside the building while they are not in use – 30/4/2025.

• Malodours in the three communal shower rooms have now been resolved – complete.

• The audit schedule and detail of individual audits have been enhanced to ensure there is a more robust governance and management oversight of assessments and care plans, premises, infection prevention and control, fire safety and residents' rights – commencing from 31/03/2025

• Each resident residing in a twin room (and/or their family) has been consulted on their level of satisfaction with their current bedroom accommodation using a detailed survey. The results of which will inform additional actions that may be required in these rooms and/or to include the option of a room transfer when available – consultation commenced from 16/03/2025

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The Statement of Purpose has been reviewed and updated to include admission criteria/ room suitability on the first floor, changes to the facilities section and maximum occupancy accommodated – complete.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • The complaints Policy has been updated in compliance with regulation 34 to include specific details of the review process and how complainants are to be kept informed should the investigation be expected to take longer than 30days - complete..	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • All Schedule 5 policies have been reviewed and all other policies that had not been updated in the previous 3 years have now been fully updated. Staff have received a copy of the revised policies – complete.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • A Cabinet Fitter has been appointed to install additional shelving in the 11 bedrooms and to review the overall personal storage provision in each bedroom – complete by 30/04/2025 • There are five bedside lockers ordered to replace damaged ones that have been removed. They will be completed by 30/04/2025.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The prayer room/recreational room has been reinstated for residents and is no longer being used inappropriately as a storeroom – complete.

• One multi-occupancy (triple) room has now been reduced to a twin room (Room 12). This has now reduced the maximum occupancy of the centre to 46 residents, which has been updated in the Statement of Purpose - complete.

• Privacy curtains and furniture in other twin rooms are being reconfigured to ensure each resident has the required 7.4m2 floor space and the room is suitable for the assessed needs of each resident
These rooms include
Room 2 which is to have the privacy curtains reconfigured.
Room 7, which has a sink now installed and the privacy curtains are to be reconfigured as well as furniture moved in the bedroom.
Room12, which has been reduced from a three bedded room to a twin is to have the privacy curtains reconfigured, furniture has already been rearranged.
Room 14 is to have the privacy curtains reconfigured and furniture altered.
Room15 is to have the privacy curtains reconfigured and the furniture rearranged. – plans of all these bedrooms will be submitted by the 04/3/2025. Work will be completed by the 30/04/2025 as new curtain rails have to be ordered from an external company.

• Detailed and costed plans are being drawn up for structural changes to increase the floor space of the remaining twin rooms, that is
Room 30, which is to have the en-suite removed from the room to allow more space in the bedroom. There is a bathroom adjacent to this room which will have a shower installed for the use of the residents in room 30.

Room 31 and Room 33 are to have an extension built on to the rooms to allow the rooms to be compliant in size, these bedrooms will have privacy curtains erected to divide the room properly and furniture will be installed to meet the residents' needs, as well as new floor covering. Planning permission has been applied for these two rooms.

Room 37 is to have an extension added to the very back of the building to allow more floor space for this room, then the privacy curtains and the furniture and floor covering will be organized for this room. Planning permission has been applied for this room.

Room 34 is to have the en-suite removed to allow more space in the bedroom and a toilet and wash hand basin is to be installed into the shower room adjacent for the use of the residents in room 34, then the privacy curtains and the furniture and floor covering will be organized for this room.

Room 35 and Room 36 are to have an extension built to then to make the rooms bigger. These bedrooms will have privacy curtains erected to divide the room properly and furniture will be installed to meet the residents' needs, as well as new floor covering. Planning permission has been applied for these two rooms.

We plan to reduce two residents while this work is carried out and then work on a room at a time. An application to vary Condition 1 will also be applied for.
These plans (together with proposed changes to the floor plans are being submitted to the Authority by 04/03/2025.

• Disruptions to the piped hot water on the day of the inspection were temporary due to water pressure and were immediately resolved. No further disruptions have been noted since – complete.

• The headboard in one twin-bedded room has been replaced and maintenance will address any bedframe that appears scuffed – complete and ongoing.

The Provider has been granted planning permission to extend the centre which will create additional bedrooms to the required specifications and extra storage • space – building works are expected to commence following a tender process.

• Linen trolleys will be accommodated in a storage container outside the building while they are not in use – 30/4/2025.

Malodours in the three communal shower rooms have now been resolved – complete

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• All resident toiletries and creams are now individually labelled and returned to each residents' bedroom after use – complete and ongoing.

• Incontinent products are no longer stored in communal bathrooms – complete.

• Domestic staff have a rota of cleaning toilets throughout the day which is documented by staff and monitored by the Domestic Supervisor. Staff have been informed that they are to respond immediately should any staff member identify a cleaning issue to be addressed. All staff have also been reminded of their duties under the Health, Safety and Welfare at Work Acts to mitigate any identified risks as soon as these are identified – complete and ongoing.

• Infection prevention and control audits have been reviewed and updated to include all the above. These audits will take place monthly – complete and ongoing.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The Provider has arranged for the services of a 'Master Fire' in fire safety to attend the centre to assess required works and set out a detailed remedial plan to address fire doors, firestopping and deficits in the fire detection systems, this has been completed, and commencement of these works is planned for the 31/03/2025.

• Combustible items have all been removed from the under-stair storage space – complete.

• Oxygen signage is now in place on the treatment room door – complete.

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:
• A full review of all residents' assessed needs has been conducted, and care plans have been initiated for the two identified residents' wounds – complete..

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The Architect has drawn up a plan for this additional window. As this bedroom is at the front of the building, we are required to apply for planning permission before we are permitted to install the window – complete by 31/08/2025 subject to planning permission being granted.

• Privacy curtains and furniture in other twin rooms are being reconfigured to ensure each resident has the required 7.4m2 floor space and the room is suitable for the assessed needs of each resident
These rooms include
Room 2 which is to have the privacy curtains reconfigured.
Room 7, which has a sink now installed and the privacy curtains are to be reconfigured as well as furniture moved in the bedroom.
Room12, which has been reduced from a three bedded room to a twin is to have the privacy curtains reconfigured, furniture has already been rearranged.
Room 14 is to have the privacy curtains reconfigured and furniture altered.

Room15 is to have the privacy curtains reconfigured and the furniture rearranged. – plans of all these bedrooms will be submitted by the 04/3/2025. Work will be completed by the 30/04/2025 as new curtain rails have to be ordered from an external company.

• Detailed and costed plans are being drawn up for structural changes to increase the floor space of the remaining twin rooms, that is
Room 30, which is to have the en-suite removed from the room to allow for more space in the bedroom. There is a bathroom adjacent to this room which will have a shower installed for the use of the residents in room 30.

Room 31 and Room 33 are to have an extension built on to the rooms to allow the rooms to be compliant in size, these bedrooms will have privacy curtains erected to divide the room properly and furniture will be installed to meet the residents' needs, as well as new floor covering. Planning permission has been applied for these two rooms.

Room 37 is to have an extension added to the very back of the building to allow more floor space for this room, then the privacy curtains and the furniture and floor covering will be organized for this room. Planning permission has been applied for this room.

Room 34 is to have the en-suite removed to allow more space in the bedroom and a toilet and wash hand basin is to be installed into the shower room adjacent for the use of the residents in room 34, then the privacy curtains and the furniture and floor covering will be organized for this room.

Room 35 and Room 36 are to have an extension built to then to make the rooms bigger. These bedrooms will have privacy curtains erected to divide the room properly and furniture will be installed to meet the residents' needs, as well as new floor covering. Planning permission has been applied for these two rooms.

We plan to reduce two residents while this work is carried out and then work on a room at a time. An application to vary Condition 1 will also be applied for.
These plans (together with proposed changes to the floor plans are being submitted to the Authority by 04/03/2025.

• Each resident residing in a twin room (and/or their family) has been consulted on their level of satisfaction with their current bedroom accommodation using a detailed survey. The results of which will inform additional actions that may be required in these rooms and/or to include the option of a room transfer when available – consultation commenced from 16/03/2025.

• All residents that may require a room transfer will be consulted with and all transfers will take place in accordance with the terms of their individualized contract of care – ongoing.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• Wound care plans have been created for the two residents concerned - complete.

• Photographs have been taken and uploaded, and new photographs will be recorded weekly or if a considerable change has taken place - complete and ongoing.

• Additional wound care training has been scheduled for all staff with an external training agency – scheduled for 5th March 2025.
• A wound care audit will be carried out on a 3 monthly basis to ensure wound care assessments/ care plans, photographs and any required referrals to specialist nursing services are in place – commencing from 23/02/2025.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	01/03/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Not Compliant	Orange	30/12/2025

	under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/12/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	07/11/2024
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.	Not Compliant	Orange	30/12/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	11/11/2024

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	10/05/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/11/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints	Substantially Compliant	Yellow	11/11/2024

	procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.			
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	11/11/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	11/11/2024

Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/01/2025
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	11/11/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais	Substantially Compliant	Yellow	06/03/2025

	from time to time, for a resident.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/08/2025
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	31/08/2025