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:	Laurel Lodge Nursing Home
Name of provider:	Templemichael Nursing Home Limited
Address of centre:	Templemichael, Longford, Longford
Type of inspection:	Unannounced
Date of inspection:	14 February 2022
Centre ID:	OSV-0005394
Fieldwork ID:	MON-0034243

About the designated centre

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

The designated centre providers 24 hour nursing care to 114 residents, male and female, who require long term and short term care (day care, convalescence, rehabilitation and respite). The centre is a two storey building containing three distinct lodges located on the outskirts of Longford town. Glencar Lodge is a 40 bed dementia specific unit. Lissadell Lodge is a 34 bed unit and Hazlewood lodge had 40 beds. The majority of bedrooms have full en-suite facilities. The centre is decorated and furnished to a high standard and a variety of sitting rooms and seated areas, dining rooms in each lodge, a spacious oratory/chapel, a meeting room and hair salon is available for residents use. Well-manicured secure and accessible garden courtyards are available along with a number of other surrounding outdoor planted areas. The centre's philosophy is one of optimization, aimed at facilitating residents to be the best that they can be, promoting independence and autonomy by placing residents at the centre of all decision making within a 'home from home' that is safe, caring and supportive.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	111

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 14 February 2022	09:30hrs to 17:30hrs	Leanne Crowe	Lead
Tuesday 15 February 2022	10:00hrs to 18:30hrs	Leanne Crowe	Lead
Monday 14 February 2022	09:30hrs to 17:30hrs	Kathryn Hanly	Support
Tuesday 15 February 2022	10:00hrs to 18:30hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Inspectors found that overall residents received person-centred care from a staff team who knew them well. Residents were very positive in their feedback to inspectors and expressed satisfaction about the standard of care provided and how kind and supportive the staff were in the designated centre. Residents and their families also commented on the cleanliness of the centre. This is a 114 bedded designated centre, however it is broken down into three distinct units; each with its own staff team. Each unit has communal lounges and a dining room, as well as enough communal bathrooms and showers for the residents accommodated on that unit.

Over the two days of the inspection, visiting restrictions were in place in one unit due to an outbreak of COVID-19. Staff regularly communicated with relatives regarding their loved one's well-being and informed them about the ongoing situation on that unit. Visiting restrictions were lifted in the other two units on the first day of the inspection. Residents in these units were enjoying meeting with their friends and family over the two days of the inspection. Visitors were observed complying with public health guidelines on arrival to the centre. Those visitors who spoke with the inspectors were satisfied with the visiting arrangements that were in place.

Overall, improvements were observed in the cleanliness of the environment since the last inspection. The centre was found to be homely and residents' bedrooms, communal areas, toilets, bathrooms and sluice facilities were visually clean and tidy. Residents were up and about in the centre, using the communal areas to socialise or to take their meals. The communal areas were bright and comfortable, although the dining room on Hazelwood unit had limited space for residents and staff to move between tables when it was full at lunch time. While the dining room on Glencar unit was spacious and bright, the full height ceiling meant that sounds could echo and increase noise levels, which would not be suitable for those residents who needed a quiet environment to take their meals.

The centre had a number of gardens available for residents to use and these spaces were accessible from all three units. However, the garden areas were not well maintained with little of interest for residents to encourage them to go outside. Ongoing works at the time of the inspection also meant that residents could not access these areas without being accompanied by staff.

Call bells were answered promptly and there was a calm and friendly atmosphere throughout the centre. It was evident that staff knew the residents well and were familiar with their care needs and preferences for daily routines. Overall, staff were respectful of residents' privacy needs and were observed to knock and wait for permission before entering a resident's bedroom. However, the inspectors observed a physiotherapy session being held in one of the communal lounges during which residents in receipt of physiotherapy were visible to other residents sitting in that

area. The person in charge told the inspector that it was the resident's choice to have these sessions in the lounge as they enjoyed the encouragement they received from the other residents sitting around them. In addition, the inspectors observed that nursing staff administered medications during lunch time in the dining room on Hazelwood unit which meant that residents were given their medications in front of other residents and staff. Furthermore, conversations between the resident and the nurse about the resident's medication could be overheard by others.

Residents who chatted with the inspectors were content and said that they felt safe living in the centre. Residents told the inspectors that they could talk with staff if they had any complaints or were worried about anything. Inspectors observed that staff interactions with the residents were empathetic and respectful.

One resident told the inspectors that their quality of life had improved significantly since their admission and that they had made good progress with their mobility and increased their confidence. The resident spoke highly of the staff and said that staff were always pleasant and "would do anything for you". Overall, the resident enjoyed their life in the designated centre but reported that they would like more opportunities for activities and outings into the community.

Residents who spoke with the inspectors were aware of the planned activities for each day, and some were observed participating these activities, such as a quiz or attending mass. However, there were periods of the day, particularly in the afternoon, where residents did not have something to engage with. In addition, those residents who spent significant periods of the day in bed had limited interactions with staff apart from when they were receiving personal care.

For the most part, residents told the inspectors that they enjoyed their meals and that there was a choice at meal times. Residents said that they "got plenty of food, especially vegetables" and that it was tasty. One resident described the food as "ok", but did say that they were happy with the portions of food they are served. The inspectors observed that meals were served appropriately. Specialist diets were catered to and meals were nicely presented for the residents. There were enough staff on duty at meal times to assist those residents who needed help with their meals. Residents were offered a choice of cold and hot drinks with their meals. Drinks and snacks were served throughout the day and could be requested at any time.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety headings.

Capacity and capability

This inspection was an unannounced risk inspection that took place over two days. Inspectors found that there were robust management systems in place to ensure

that the service provided was safe appropriate, consistently and effectively monitored. Significant improvements had been made since the last inspection in September 2021, however further improvements were still required to bring the designated centre into full compliance with the regulations.

Inspectors also followed up on unsolicited information of concern that had been received prior to the inspection, which alleged deficits in relation to quality of care, staffing and governance and management. These were partially substantiated on inspection but inspectors found that the management team had already identified these issues and were working to address them.

Templemichael Nursing Home Limited is the registered provider of Laurel Lodge Nursing Home. The registered provider had submitted an application to vary the condition of the designated centre's registration relating to the configuration of the premises. The provider had upgraded several rooms within the existing footprint of the building to provide additional or enhanced bedroom and sanitary facilities to residents. Additionally, the provider had converted a store room into additional laundry facilities for Hazelwood Lodge to support good infection control practices.

The last inspection of the centre took place in September 2021, during an outbreak of COVID-19. While non-compliance had been identified regarding a number of regulations during that inspection, inspectors found that significant progress had been made in terms of increasing compliance across multiple areas. For example, compliance with regulatory requirements had increased in relation to governance and management, staffing, training and development, infection control and fire safety.

The governance and management structure had changed significantly since the previous inspection. A new director of nursing and assistant director of nursing had commenced in December 2021. The director of nursing was the person in charge of the designated centre and reported to a director within the registered provider entity, who was also a person participating in management and worked in the centre at least two days per week. The director of nursing and assistant director of nursing were supported by four clinical nurse managers, three of whom were responsible for the management of three respective units within the nursing home and the fourth who supported nursing administration. The nursing management team oversaw the work of a staff team of nurses, health care assistants, activity staff, catering and cleaning staff.

Regular meetings were taking place at all staff levels in relation to the operation of the service, including clinical governance meetings which were attending by representatives of the nursing management team and senior management within the provider entity. Records had been maintained for the majority of these, which detailed the attendees, the agenda items discussed and the actions that were agreed. Inspectors noted that meetings between the director representing the provider entity and person in charge were not currently recorded and therefore could not ascertain what items were discussed or actioned during these meetings. A programme of auditing was in place which monitored key areas of the service.

A suite of policies and procedures were in place, in line with the regulations. The management team were in the process of revising the policies and many of these had been completed in January and February 2022. However, a small number that had been due for revision since September 2020 or June 2021 were still outstanding at the time of the inspection.

There had been some turnover in staffing in the centre over the past year and there were ongoing recruitment efforts in place to maintain safe and consistent staffing levels. However, inspectors noted that staffing levels on the day of the inspection did not reflect the staffing set out in the statement of purpose and had not been recently reviewed to ensure that they were sufficient staff to meet the needs of residents, in line with their assessed needs and dependencies.

The management team was committed to providing ongoing training to new and existing staff. There were systems in place to support the induction and supervision of staff. There was a training schedule in place and training was scheduled on an ongoing basis, which included modules on infection prevention and control and the donning and doffing of personal protective equipment (PPE). There were some gaps in relation to refresher training which were in the process of being addressed at the time of the inspection.

Regulation 14: Persons in charge

The person in charge of the centre had recently been appointed and worked full-time in the centre. They were a registered nurse with the necessary experience and qualifications required by the regulations. The person in charge was knowledgeable regarding the specific care needs of the residents accommodated in the centre.

Judgment: Compliant

Regulation 15: Staffing

Although there were a number of vacancies at the time of the inspection inspectors found that there were sufficient staff available on both days to meet the needs of the residents taking into account the size and layout of the designated centre. However inspectors were not assured that the current staffing resource was sustainable which is addressed under Regulation 23.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that a small number of staff required updated training in safeguarding or moving and handling practices. Inspectors acknowledged that some training had been scheduled to update these staff, but required rescheduling due to the ongoing COVID-19 outbreak.

In addition 22 staff had not attended mandatory fire training in line with the centre's own policy and the regulatory requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

Due to a high number of vacancies at the time of the inspection, the centre's staffing resource was not in line with the designated centre's statement of purpose and did not ensure sustained effective delivery of person-centred care for all residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose had recently been updated and contained all of the information required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place to manage complaints. While this was mostly in line with the regulations, the policy required amending to ensure that someone other than the complaints officer was responsible for auditing the management of complaints. This was addressed during the first day of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspectors reviewed the range of policies required by the regulations. Approximately 25% of these required updating and work was ongoing at the time of the inspection to address this.

Judgment: Substantially compliant

Quality and safety

Inspectors found that the care and support the residents received was of a good quality and was person-centred. The improvements that had been made in relation to fire precautions and infection prevention and control since the previous inspection in September 2021 helped to ensure that the residents were safe, but further efforts were required to bring the centre into full compliance with these regulations.

Residents were consulted with in relation to the day-to-day operation of the centre. Resident forums were held in each unit, with the most recent of these occurring one month prior to the inspection. Residents provided feedback regarding their bedrooms, the food served to them, visiting arrangements and activities.

An activity programme was in place which was facilitated by dedicated activity staff. While residents were observed engaging in some activities during the inspection, such as reading the newspaper, arts and crafts and mass, there were times during both days of the inspection where residents had few opportunities for occupation or social interaction. This was particularly relevant for those residents who spent much of their day in their bedrooms.

The inspectors reviewed a sample of care records on each of the three units in the designated centre. Records showed that each resident had an assessment of their needs when they were admitted to the centre. Assessments were completed using validated assessment tools. The assessments were used to develop care plans with the resident and/or their family. Care plans were reviewed regularly or if a resident's needs changed, which meant that most care plans were up to date. In line with the centre's own policy, care plans were reviewed regularly with the resident and/or their family. However, inspectors were not assured that care plan reviews for those residents accommodated in the specialist dementia unit had been discussed with the residents' family or advocate.

Residents had access to a general practitioner (GP) and to specialist medical and health care professionals. Overall, referrals were made in a timely manner and where specialist practitioners made recommendations these were implemented. However, some improvements were required to ensure any recommendations were integrated into the resident's care plan and implemented.

The designated centre was clearly working towards a restraint free environment. The number of restraints such as bed rails and lap belts was low. Inspectors found

that a comprehensive risk assessment was completed and alternatives were trialled before a restraint was used. Overall, staff demonstrated knowledge and skills in supporting those residents who became agitated or anxious. However, not all staff had attended training in the management of responsive behaviours. The training need had been identified by the person in charge and a teaching session was scheduled for later in the month.

Overall, improvements were observed in the cleanliness of the general environment. The provider was endeavouring to improve current facilities and physical infrastructure at the centre through ongoing maintenance and painting. However, some improvements were required in the management of the environment, equipment and supplies. For example, some outdoor areas were not suitable for use at the time of the inspection and some of the surfaces and finishes including wall paintwork, some flooring and carpets were worn and as such, did not facilitate effective cleaning. Details of issues identified are set out under Regulations 17 and 27.

The inspectors identified some examples of good practice in the management of the COVID-19 outbreak. These included but were not limited to:

- Ongoing serial polymerase chain reaction (PCR) testing of all staff working in the centre
- COVID-19 antigen testing of all symptomatic residents
- Implementation of transmission based precautions for residents with confirmed COVID-19
- Increased cleaning and disinfection of the environment with chlorine releasing agent
- Allocation of dedicated care staff to care for residents with confirmed COVID-19 during their period of infection.

Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. 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. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed and staff wore respirator masks when providing direct care to residents.

There was a limited number of clinical hand wash sinks in the centre and many sinks were dual purpose; meaning that they were used by both residents and staff. Laundry facilities did not facilitate the segregation of a 'dirty' to 'clean' work flow. The inspectors were informed that plans were progressing for new laundry facilities external to the current facilities. The provider was liaising with an infection prevention and control specialist regarding design and specifications for the new laundry.

Despite the infrastructural and maintenance issues, a good standard of environmental and equipment hygiene was observed on the day of inspection. Decontamination of the care environment was performed in line with national guidelines. Combined detergent/disinfectant wipes were available for cleaning

frequently touched sites and small items of equipment.

Regulation 11: Visits

Visiting was taking place in line with the current guidance from the Health Protection Surveillance Centre (HPSC) and ensured that residents were facilitated to meet with their families and friends in a safe manner.

Judgment: Compliant

Regulation 17: Premises

While the majority of the premises was in a good state of repair and met the needs of the residents, some aspects of the premises did not conform with Schedule 6 of the regulations:

- There was limited access to outdoor space. For example, the works that were ongoing in the shared outside garden area for residents in Lissadell and Glencar units rendered the areas not suitable for residents to spend time in. On the days of the inspection, this area was not secure and construction materials were being stored in a nearby area, both of which would pose a risk to residents' safety
- There wasn't always sufficient storage space for personal belongings. A small amount of toiletries were being stored on top of a radiator in the en-suite shower room of a bedroom
- The layout of one twin bedroom was such that a bed was positioned in an alcove area and therefore was exposed to limited daylight from the window which was positioned out of view and around a corner from the bed. While this did not negatively impact the resident currently accommodated in this bed who spent most of their time in the communal areas, inspectors noted that this bed would not be suitable for a resident who spent the majority of their time in bed.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under the regulations. A local risk register was maintained and regularly reviewed. The risk register identified risks and included the additional control measures in place to minimise these risks.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018), however further action was required for the designated centre to be fully compliant.

The environment was not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example:

- There were a limited number of hand wash sinks dedicated for staff use in the centre. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks as outlined in the centre's hand hygiene guidelines
- Laundry facilities within two of the units inspected did not support the separation of clean and dirty activities
- The underside of several shower grids in one unit were heavily stained. The inspectors were informed that these were cleaned every three months. The cleaning schedule should be reviewed.

Equipment and supplies were not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example:

- While the external surfaces of the jacuzzi baths were cleaned after use, there was no protocol for routine decontamination of pipes/air jets. These baths are potentially a high-risk source of infection if not effectively decontaminated after use
- Reusable nebulisers were not rinsed with sterile water and stored dry after each use
- Open-but-unused portions of wound dressings were observed in two treatment rooms. Reuse of 'single-use only' dressings is not recommended due to risk of contamination
- Alcohol gel in several cartridges was past its expiry date
- A spillage kit containing a scoop and scraper, single use gloves, protective apron, surgical mask and eye protection, chlorine granules and tablets and health care risk waste bags was not readily available for dealing with a blood spillages
- There were a limited number of safety engineered sharps devices in use as recommended in the centre's needle-stick injury guidelines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While records indicated that fire drills had been carried out in the centre, they did not provide sufficient assurances that residents could be safely evacuated in a timely manner. For example, a drill simulating the evacuation of the centre's largest fire compartment using night duty staffing levels had not been completed

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a number of care plans on each of the three units. One care plan for a resident accommodated on Glencar unit had not been updated following a recent dietitian review.

Although care plan reviews were in place on all three units inspectors were not assured that care plan reviews and changes for some residents accommodated in the specialist dementia unit were discussed and agreed with the residents' family or advocate.

Care plans for those residents who were known to display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) did not record potential triggers for the behaviours. This meant that staff caring for these residents did not have access to information that would help them identify potential situations which might cause the resident to become agitated or anxious.

Judgment: Substantially compliant

Regulation 6: Health care

One resident who had been assessed by an occupational therapist as requiring specialist seating in January 2021 had not had their seating prescription progressed in line with the treatment recommended. As a result the resident spent most of time in bed and in their bedroom as they were unable to sit out comfortably and safely in the chairs that were available in the designated centre.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Not all staff had attended responsive behaviours training to ensure they had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviours that challenge.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to protect residents from abuse. The registered provider had been appointed as a pension agent for a small number of residents. The records demonstrated that these funds were managed in line with guidelines issued by the Department of Social Protection.

Judgment: Compliant

Regulation 9: Residents' rights

While residents were provided with some opportunities to participate in activities that were in line with their individual preferences and capabilities, inspectors noted there were periods of time throughout the days of the inspection where residents had little to occupy them.

Inspectors were not assured that where a resident expressed a clear preference to be accommodated in a particular bedroom or a preference for single or twin occupancy that this preference was recorded and acted on at all times.

There were limited opportunities for those residents who wished to access local community services and facilities to do so. This was particularly relevant to those younger residents who were accommodated in the designated centre.

Inspectors found that, for the most part, residents' privacy and dignity was respected. However, it was requested that the practice of administering some medications to residents was reviewed to ensure it was done so discreetly.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Laurel Lodge Nursing Home OSV-0005394

Inspection ID: MON-0034243

Date of inspection: 15/02/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff complete fire training on a yearly basis. Training is scheduled in advance of staff coming out of date on any training. However, due to a Covid 19 outbreak on one of our units in January / February 2022 all scheduled training was to be postponed and rescheduled in line with Public Health Guidelines. Training was rescheduled immediately upon declaration of outbreak being over and continues on an ongoing basis to address the training needs of staff as they arise.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Since inspection we have carried out a rigorous recruitment drive filling all vacancies with the exception of a 1.5 WTE nursing vacancy, which we are now in the "offering of position" stage of recruitment. Our management team now includes the following: 1 WTE Senior Staff Nurse and a Clinical Nurse Manager on each unit, an Assistant Director of Nursing, Director of Nursing, Human Resource Manager, Household Supervisor and 0.5 WTE Clinical Operations Manager and Provider Representative.	

Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Review and update of policies are ongoing and are due for completion by July 2022	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The terraced area in Hazelwood was not included in the plans for Laurel Lodge Nursing Home but on the day of inspection, one of the inspectors recommended including this area in the plan as inspector felt it was a lovely space that residents could enjoy. Therefore, since the inspection, as per recommendations this area has been included in the plans. We have scheduled work on this terraced area in order to safeguard resident s and other users from "stepping out" onto pathway of service traffic. This is due for completion by end of May 2022. • There is another secure garden area in Hazelwood for residents that require a secure area. This area is suitable for residents who are independent and who can safely enjoy this facility independently (see factual inaccuracy) • There are alternative outdoor areas for residents to enjoy on Glencar whilst improvement on the outdoor areas are in progress. Enhancement work has commenced on our Dementia Garden and they are scheduled for completion by June 2022 (see factual inaccuracies) • Improvements in the outdoor area in Lissadell have now been completed • All building and repair works have been and will be risk assessed henceforth with controls in place to ensure the safety of residents while work is being carried out • With reference to the twin bedroom on one of our units and the bed positioned in the alcove area, a preadmission assessment is completed for each resident prior to admission. Residents that prefer to spend the vast majority of their time in the room will not be accommodated in this particular room. • A storage review has been completed and we are in the process of replacing and introducing increase storage capacity to each en-suite for storage of toiletries.	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• A risk assessment has been completed on the limited number of handwash sinks present and actions/controls are in place
• Laundry facilities were in the process of being upgraded at the time of inspection. Upgrades are to allow for the separation of clean and dirty activities.
• The shower grids are now cleaned on a bi-monthly basis
• On the day of inspection protocol were developed for cleaning and decontamination of the jet baths, it has been shared amongst staff and in full implementation
• A new SOP for the cleaning of nebulizers was drawn up on the day of inspection to include sterile water for cleaning nebulizers and their storage after use. This has been shared with staff and is in full implementation
• Education has been provided to all staff on the importance of single use and single resident use dressings same are now in circulation
• All out of date alcohol gel was removed on the day on inspection. Stock is now rotated, and date is checked prior to it going into circulation within the nursing home
• A spillage kit with all relevant and necessary equipment is now available on each unit
• All sharps purchased since inspection have been safety engineered sharps devices

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• A drill simulating the evacuation of the centre's largest compartment using night duty staffing levels has been completed and will be carried out on a regular basis.
• An announced and unannounced fire drill schedule is now in situ to ensure regular fire drills simulating various scenarios are being carried out

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:
Following review of a resident by members of the MDT it is the responsibility of the nurse in charge to follow up on the recommendation s made or the changes in residents care to ensure it is reflected in the residents relevant care plan. This has been communicated in safety pause, handover, and Unit Meetings. The Clinical Nurse Manager will regularly review and audit care plans to ensure that they accurately reflect the most recent reviews carried out.

Care plans reviews and communications with residents' family and advocates had taken place via phone communications in the Dementia Specific Unit during times of visiting restrictions and were recorded on the family Communication s section on Epicare. Whilst other units had commenced face to face care plan reviews with residents' families and advocates, they had not taken place in person due to the Covid 19 outbreak on the Dementia Specific Unit at time of inspection. The practice of conducting face to face care plan reviews and communicating changes with resident s families and advocate s were re- introduced upon lifting of restrictions to bring us into line with practices on other units.

We have commenced training for all staff in Laurel Lodge Nursing Home in "Responsive Behaviours Prevention & Management". A key component to this training includes identification of triggers and the management of potential situation s that might cause the resident to become agitated or anxious. Care plans will be reviewed to ensure to ensure the identification of triggers to responsive behaviour s and the non-pharmacological intervention and de escalation techniques which are effective in managing the individuals' behaviours.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All areas of care that require follow up are diarized for a later date to ensure follow up, with unit manager having oversight to ensure all care requirements and recommendations are progressed as required

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Responsive behavior training had been scheduled for staff, However due to the COVID 19 outbreak on one of our units this training had to be rescheduled. Responsive behaviour training is now in progress and scheduled to ensure all staff will receive same.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Since the inspection three recreational therapists have been recruited and have developed further on our activities and recreational therapy programme based on residents' assessments, likes and dislikes, with activities and therapies available throughout each day outside of meal times.

We have also engaged the support from our SAGE advocate who now chairs our residents forum meeting s on a quarterly basis to ensure there is an independent representation who will observe that our residents concerns are addressed and rights are being recognized and maintained

Prior to admission all residents are made aware if a bedroom available is a single or shared room, so they can make an informed decision on whether they would like to reside in Laurel Lodge. Some residents may initially be admitted to a shared room and later express an interest in a single room. In this event, every effort is made to facilitate the residents request. Where a single room is not readily available the resident will be informed a timeline (if known) of when a room may be available, and request will be facilitated as soon as available.

Regular outings are now being held as part of the activities and recreational therapies, with the place for outing decided based on residents wishes

The practices of medication administration has been reviewed to avoid administering medication at meal times/in communal areas in view of other residents

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/05/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	19/05/2022
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	31/07/2022
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	31/07/2022

	intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	19/05/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	19/05/2022
Regulation 9(3)(a)	A registered	Substantially	Yellow	19/05/2022

	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.	Compliant		
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.	Substantially Compliant	Yellow	19/05/2022