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:	07 September 2021
Centre ID:	OSV-0005394
Fieldwork ID:	MON-0034169

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 35 bed unit and Hazelwood Lodge has 39 beds. The majority of bedrooms have full en-suite facilities. The centre's philosophy is one of optimisation, 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:	113

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
Tuesday 7 September 2021	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 7 September 2021	09:00hrs to 17:00hrs	Brid McGoldrick	Support
Tuesday 7 September 2021	09:00hrs to 17:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This unannounced risk inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended during an outbreak of COVID-19 in the centre. Inspectors also reviewed unsolicited information received prior to the inspection and notifications submitted to the chief inspector.

The majority of residents and staff were vaccinated.

Inspectors found the quality of life and care provided to residents in all three units needed significant improvement. Although inspectors were only able to talk to a small number of residents as the centre was in an outbreak of COVID-19, their feedback confirmed these observations. While the centre's Statement of Purpose and staffing roster identified that three maintenance personnel were employed by the provider, the inspectors observed that the physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection.

Overall, the standard of environmental and equipment hygiene was poor. Inspectors observed facility-wide issues related to maintenance. Surfaces and finishes throughout the centre were worn and poorly maintained and as such did not facilitate effective cleaning. Facilities for and access to hand wash sinks in the areas inspected were not sufficient. Inspectors saw many examples of where the organisation of the centre and the hygiene standards were impacting on the safety of residents with regard to infection control and safety. Procedures and schedules for housekeeping and environmental cleaning were not fully understood or implemented in practice by staff on the day of the inspection.

The centre comprised three separate units in one building known as Hazelwood, Lissadell and Glencar units. At the time of this inspection, residents and staff in Hazelwood and Lissadell units were affected by a COVID-19 outbreak. The inspection was organised to ensure all three units were visited by an inspector on the day of inspection. Residents were accommodated in single and twin bedrooms on the ground floor in Hazelwood and Glencar units and over two floors in the Lissadell unit. On the day of this inspection, a small number of residents were observed to spend their day in the communal sitting room in Hazelwood unit but most residents remained in their bedrooms on the advice of Public Health in the two affected units. Inspectors acknowledged that the lived experience for residents in Hazelwood and Lissadell units at the time of inspection was not a true reflection of how these residents normally spent their day and was not in keeping with the overall vision for the centre as set out in the centre's statement of purpose, which advocated resident-centred care and support.

Residents were up and in the communal sitting and dining rooms or mobilising along the corridors with staff or alone in the Glencar unit which was a dementia specific unit accommodating 40 residents with a diagnosis of dementia. Residents were

confirmed to be free of COVID-19 infection in this unit and inspectors were told it was operating as normal within the confines of the unit. A designated staff team of nurses, carers, cleaning staff and an activity coordinator led by a clinical nurse manager were rostered in this unit. Inspectors observed that there was significant opportunity to improve the decor of this unit to create a dementia-friendly environment for residents. While efforts were made to make this a dementia friendly environment for residents, there was opportunities for further improvements to optimise supports in the environment for residents with way-finding needs and to facilitate views of the surrounding outdoors. For example, circulating corridors were painted in one colour and windows fitted near the ceiling in the dining room did not provide views of the outdoors as advocated for residents with dementia. The weather on the day of inspection was very warm with bright sunshine. This room was poorly ventilated and warm. The door to the outdoor courtyard from this sitting room was secured and not accessible to residents without the assistance of staff. The inspectors were told that this courtyard was not suitable for residents with dementia as it was not secure and posed a risk of residents leaving the area unaccompanied.

The activity coordinator and the staff supported some residents to engage in social activities including with saying a daily rosary together. Residents in this unit were positive in their feedback to inspectors about the service they received and their lives in the centre including that they 'liked' the staff and that staff were 'good' to them.

Inspectors observed that work had been undertaken to create an en suite for an adjacent bedroom by reducing the floor space in the clinical room in Glencar unit. The clinical room was being used on the day of inspection and the wall surfaces throughout, including the wall surface of the en-suite, were dusty, cracks were visible in the wall plaster and there was a large hole in the ceiling. A concrete block wall was built to close a window space. The surfaces of the walls could not be effectively cleaned.

Inspectors visited Hazelwood unit which had a high number of residents with COVID-19 infection.They observed that the majority of residents remained in their bedrooms. Most bedroom doors were closed but a small number of residents wished to have their bedroom doors open. Inspectors were able to converse with a small number of these residents while socially distancing and wearing recommended personal protective equipment (PPE) from the corridor. This unit appeared chaotic, the corridors were narrow and were cluttered with equipment which further hindered access along corridors and to residents' bedrooms. Two residents' call bells were ringing for prolonged periods while inspectors were in this unit and an inspector asked staff to attend to one of the residents seeking assistance. Staff did not provide assistance to two residents with their lunchtime meals. These two residents' food trays were taken away from them untouched. One resident's meal was in front of them for an hour and was removed untouched. This resident asked inspectors as to where 'all the staff had gone' as she was waiting for 'help to eat' her meal. No member of staff came to this resident's assistance during this period. Inspectors observed that a small number of residents with COVID-19 infection resting in the sitting room were being encouraged to drink water. The patio doors to

the outdoors were open and residents got relief from the heat of the day from the gentle breeze blowing in through the open patio doors. Some of the staff who met with inspectors were new to the centre. There were staff from the HSE or agency staff. The staff member with residents in the sitting room was new to the centre. As a number of staff did not regularly work in the centre, they could not access the electronic system and were not keeping a record of the amount of fluids residents were drinking. A new staff nurse was unable to administer residents' medicines as the electronic medicine administration system in use was password protected and not accessible to her. Some staff new to the centre told inspectors that they did not know the residents' care needs as they had not received a handover and could not access the electronic system used.

The next two sections of the report present the findings of the inspection. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

This was an unannounced risk inspection of the designated centre conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the infection control systems in place during an outbreak of COVID-19 infection. This risk inspection had been triggered as a result of a significant outbreak of COVID-19 infection, confirmed spread of the infection evidenced by the increasing numbers affected and receipt of unsolicited information by the Chief Inspection. The provider had informed the Chief Inspector of a COVID-19 outbreak in the centre on 23 August 2021. This was the first significant outbreak of COVID-19 infection in the centre since the onset of the pandemic. On the day of inspection, there were 32 residents in two of the three units and 20 staff confirmed with COVID-19 infection.

Inspectors followed up on unsolicited information received by the Chief Inspector in 2021, including information received in the days prior to this inspection. This information related to concerns about governance and management in the centre, inadequate staffing and concerns that residents' nutrition, hydration and skin integrity needs were not met. These concerns included inadequate infection prevention and control management and non-adherence to public health infection prevention and control guidance, including guidelines for visiting. Most of the concerns raised were substantiated on this inspection.

Templemichael Nursing Home Limited is the registered provider (provider) for Laurel Lodge Nursing Home since March 2016. The designated centre is registered to provide accommodation for 114 residents. Residents' accommodation is arranged in three separate units with communal dining and sitting rooms, utility and laundry facilities in each unit. The management team consists of a company director who

represents the provider, an operational manager and a person in charge. The person in charge is responsible for the day-to-day running of the designated centre (centre) and is supported by the assistant director of nursing and a team of four clinical nurse managers, one of whom supports the person in charge with administration. The person representing the provider and the person in charge were in attendance on the day of inspection and facilitated the inspection. The previous inspection took place in June 2021 and identified significant non compliances in relation to governance and management and fire safety. Improvements were required in the majority of the other regulations assessed, including, staffing, staff training, infection control and assessment and care planning. Although the provider had taken some actions to address these findings, the actions taken were not comprehensive and these non compliances were repeated on this inspection.

Inspectors found that this COVID-19 outbreak was not being effectively managed as evidenced by an absence of a coordinated plan to respond to and manage an outbreak. The roles and responsibilities of the management team were unclear and oversight was lacking to ensure that safe, quality care was delivered to residents. Inadequate staffing levels significantly impacted ability to safely cohort residents, provide adequate levels of nursing care and support, and to ensure the centre was cleaned to the standard required during an outbreak of COVID-19. While some auditing took place, for example environmental, disposal of waste, and management of patient care equipment, there were no quality improvements plans developed to rectify gaps found on these audits.

The centre was being supported during this outbreak by the HSE outbreak team. Following the inspection, the provider also redeployed a person in charge from another designated centre operated by the provider . A daily report from the management to HIQA was initiated to facilitate close monitoring by the regulator of residents' well being, including access to healthcare and staff to meet their current needs’

At the time of this inspection two members of the nursing management team, many of the nurses, care staff and cleaning staff were not available to work due to confirmed COVID-19 infection. The provider had endeavoured to address the staff shortages caused by the outbreak by contracting staff to work additional hours and sourcing staff from external agencies. The HSE was also assisting the provider with sourcing staff. However, in spite of the best intentions of the management team to source additional staff, the inspectors found that there were not enough staff with the appropriate skills to ensure residents were provided with safe and appropriate care and that the designated centre was clean.

Inspectors identified ineffective staff support and supervision to ensure adherence to good Infection Prevention and Control Practice within one unit with confirmed COVID-19 infection. There was inconsistent application of transmission-based precautions and compliance with transmission based-precautions was not monitored throughout the centre. A review of the training records found that staff had received training in relation to the management of infection prevention and control with particular regard to COVID-19 management, hand hygiene, and the safe use of PPE. However, inspectors observed poor practices in relation to hand hygiene, infection

prevention and control and non-adherence to Health Protection Surveillance Centre (HPSC) guidance, inappropriate use of PPE and cleaning procedures. Given that cleaning is a core requirement for the management of an outbreak, it was evident that there was a knowledge deficit in relation to infection prevention and control.

Inspectors reviewed the complaints policy, procedures and complaints register. The provider kept a record of any complaints received. Complaints were investigated and the outcome was communicated to complainants. An appeal process was available if complainants were dissatisfied with the outcome of investigation of their complaint. However, the findings of inspection did not provide evidence that opportunities for learning had been identified from investigation of complaints and used to develop a quality improvement plan.

Regulation 15: Staffing

Inspectors found that there was insufficient numbers of skilled nursing, healthcare support and cleaning staff available to meet the increased care needs of residents and to ensure the centre was clean. The centre had a number of ongoing staff vacancies which not all had been filled. This posed additional challenges to maintaining sufficient staffing levels during the Covid 19 outbreak.

There was insufficient numbers of nursing staff to ensure residents who were free of COVID-19 infection were protected from risk of cross infection. For example, staff nurses caring for residents with confirmed COVID-19 infection were also providing care to residents who free of COVID-19 infection.

The assessed needs of residents were not met for example:

- There was insufficient numbers of staff to ensure residents at risk of falling were supervised.
- There was insufficient numbers of staff to provide a timely response to residents' ringing their call bells for assistance.
- The centre did not have adequate numbers of cleaning staff available to ensure the environment and equipment was appropriately cleaned and to ensure residents were protected from risk of infection.
- There was insufficient staff provided to meet residents nutrition and hydration needs as outlined under regulation18.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised according to their role to ensure that

residents care and safety needs were met as follows:

- staff were not adhering to good Infection Prevention and Control practice including within the unit accommodating residents with confirmed COVID-19 infection.
- the inspectors observed inconsistent application of transmission-based precautions by staff.
- residents were not provided with assistance and supervision by staff to meet their needs as directed in their care plans.
- arrangements were not in place to ensure staff who came in to assist during the COVID-19 outbreak were familiar with the computerised systems for recording residents' care activities, including their fluid intake and medicine administration.
- Further supervision and training was required in cleaning and decontamination processes.

Judgment: Not compliant

Regulation 23: Governance and management

There was insufficient resources and oversight provided to ensure the effective delivery of care in accordance with the centre's statement of purpose. The staffing strategy in place was ineffective. The centre's COVID-19 contingency plan was not effective and risks associated with insufficient staffing resources during the COVID-19 outbreak were not adequately assessed. Therefore, measures in place to mitigate risks were not effective and this impacted on the quality and safety of the care provided to residents.

There was weak oversight of key areas, such as infection prevention and control and the upkeep and maintenance of the centre. There were insufficient local assurance mechanisms in place to ensure that the environment and resident equipment was cleaned in accordance with best practice guidance. The non-compliances observed during the inspection showed that all equipment, particularly frequently used equipment, was not being adequately cleaned and as discussed under Regulation 27: Infection control. While some auditing was carried out, it did not serve as a tool to improve quality improvement as there were no associated improvements plans and actions to address the areas identified for improvement identified in the audits.

Inspectors found poor management systems in place to identify and manage risks, such as;

- The risks associated with low staffing levels had been identified within the centre's COVID-19 contingency plan; however, appropriate action had not been taken to ensure safe staffing levels were in place during the outbreak.
- Oversight arrangements did not ensure that all parts of the internal centre were kept in a good state of repair.

- Oversight of fire precautions did not ensure that a fault notification on the fire alarm system panel was identified and addressed.
- The risk associated with inadequate supervision of care, cleaning and maintenance and staff practices.
- The provider had failed to ensure that residents with changes in their wellbeing due to COVID-19 infection were medically reviewed.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the registered provider's records of complaints received in 2021 found that complaints were investigated and remedial action had been taken following the investigation. However not all learning and improvement opportunities were implemented following compliant investigations.

Judgment: Substantially compliant

Quality and safety

Overall, the quality and safety of residents' care and quality of life was negatively impacted due to the COVID-19 outbreak. Staff worked tirelessly to provide care to residents, whose care needs increased due to COVID-19 infection. However, there were insufficient staff available to provide residents with a good standard of evidence-based care and support.

Residents' care documentation and daily care records were electronically stored and password protected. The absence of an adequate handover and arrangements to ensure residents' care needs were communicated to all staff including means of accurate record keeping meant that staff, who were working in the centre from staff agencies or elsewhere could not access this critical information.This contributed to the poor care standards observed by inspectors on the day of inspection.This information included each resident's assessed moving and handling needs, care interventions staff needed to complete to mitigate residents' risk of dehydration, malnutrition and falling.

Care planning information mostly described individualised and evidence-based interventions to meet the assessed needs of residents. Validated risk assessments were completed to assess various clinical risks, including risks of malnutrition, pressure sores and falls. These assessments informed the residents' care plans, including the needs of residents with COVID-19 infection. However, there was an absence of clinical oversight and supervision to ensure that care plans were

implemented to meet residents' assessed care and support needs.

Some residents who had received a positive COVID-19 diagnosis had been physically reviewed by their doctor. Other positively diagnosed residents, who were presenting with physical symptoms of infection had been prescribed treatment following telephone contact with the resident's doctor. Arrangements had not been put in place for on-site medical reviews of a number of other residents with a positive diagnosis of COVID-19 who became unwell. In addition, residents' wishes regarding their transfer to hospital in the event of their well-being deteriorating was not established. Therefore, as informed decision-making was not afforded to residents, staff awaited the direction of a doctor regarding the action they should take. These matters were brought to the attention of the provider who undertook appropriate action following the inspection.

There was good evidence to support that residents and their families had received communication about the outbreak. Residents were supported to use telephones and social media platforms to keep in contact with family and friends and arrangements were in place for the clinical management team to keep residents' relatives updated about their well-being and health. At the time of this inspection, the centre had reintroduced visiting restrictions due to the COVID-19 outbreak in line with (HPSC) guidance. In line with this guidance, inspectors were told that exceptions to these restrictions were in place to facilitate visiting on compassionate grounds, such as end of life or where the resident became distressed at not seeing their loved ones. Inspectors were satisfied that compassionate visiting was facilitated for residents who became unwell or were receiving end-of-life care. However, inspectors were not assured that compassionate visits were consistently facilitated for residents accommodated in the non Covid units who were upset and expressed a wish to see their families. Due to the layout of the building, the majority of residents' bedrooms had an accessible ground floor window and the inspectors observed and met with a resident's relative who was 'window visiting' during the inspection. Although not ideal, window visiting facilitated residents to see their families.

Inspectors found that the provider failed to ensure that procedures consistent with the national standards for infection prevention and control were implemented by staff. The procedures in place for the prevention and control of COVID-19 infection were ineffective and there was evidence of transmission affecting residents and staff. Staffing shortages did not support separate designated staff-nurse-led teams to care for residents infected with COVID-19 infection and those who had not contracted the infection. The poor staffing and standards of cleaning and maintenance in the centre during a COVID-19 outbreak did not provide assurances that all appropriate actions were taken to prevent transmission of infection in the designated centre. However, a cleaner who inspectors spoke with described the cleaning and decontamination process and was knowledgeable about the products she was using.

Public Health were assisting in the management of the outbreak. An Infection Prevention and Control nurse specialist had attended the centre during the outbreak to advise on outbreak management and infection prevention and control practices.

However, the degree to which infection prevention and control was coordinated in the centre required significant improvement to ensure sufficient oversight to identify potential risks and opportunities for improvement in relation to the prevention and control of health care associated infection. While adequate supplies of PPE were available, not all staff were following public health guidance in the use of PPE in the centre. There was an inadequate number of clinical hand-wash sinks available for staff use. Alcohol hand gel dispensers were not clean and some poor hand hygiene practices were observed. COVID-19 free and COVID-19 positive areas were not clearly demarcated. The findings in relation to this are discussed under Regulation 27: Infection control.

Some aspects of fire safety in the centre were examined on this inspection. The inspectors' identified risks to the safety of residents in the event of a fire that required assessment and action by the provider. Inspectors findings are discussed under Regulation 28 in this report.

Regulation 11: Visits

Arrangements were in place to facilitate residents to have visits from their families but it was found on the day of inspection that not all residents who wished to see relatives /visitors were accommodated to do so within a covid free area of the centre.

Judgment: Substantially compliant

Regulation 17: Premises

The physical environment in the centre had not been managed and maintained to effectively contain and reduce the risk of infection. For example:

- Inspectors observed unit-wide issues related to maintenance in Glencar unit. Surfaces and finishes throughout the centre were worn and poorly maintained, and as such did not facilitate effective cleaning.
- Ancillary rooms including the sluice rooms, treatment rooms and cleaners' rooms were small sized, poorly ventilated and did not facilitate effective infection prevention and control measures.
- Laundry facilities located within the units were not fit for purpose as the soiled linen area was not functionally separated from the clean-linen processing area.
- Internal construction had been undertaken with part of a treatment room being converted into an en-suite bathroom for an adjoining bedroom. The treatment room remained in use during the renovations and was in use on the day of inspection. An exposed concrete block surface in part of one wall

and porous surfaces on another wall did not facilitate effective cleaning. Appropriate measures were not undertaken, including an Aspergillosis risk assessment to ensure residents were protected from acquiring Aspergillus infection as a consequence of renovation, construction or demolition work in Glencar unit.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents who had contracted Covid-19 were not protected from risk of dehydration and malnutrition as adequate oversight and numbers of staff were not available to assist these residents with drinking fluids and eating their meals. As a result the inspectors observed that meals were left to go cold and trays were removed untouched from in front of some residents.

In addition, records of fluid intake for some residents at risk of dehydration were not accurately maintained and therefore assurances that these residents were provided with adequate fluids were not available.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services published by HIQA were implemented by staff.

Inspectors observed inconsistent application of transmission-based precautions within a unit experiencing an outbreak of COVID-19 infection. As a result, efforts to prevent and control ongoing COVID-19 transmission were severely restricted. For example:

- Isolation signage was not consistently placed at the entrance to rooms of residents with confirmed COVID-19 to restrict entry and clearly indicate the level of transmission-based precautions required.
- Staff had been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended PPE. However, inspectors observed that PPE, such as gloves, was used inappropriately by staff during the course of the inspection. Gloves were not changed on exiting rooms accommodating residents with confirmed COVID-19. Inspectors also observed a staff member applying gel to their gloves. A staff member's FFP2

mask was not worn appropriately.

- Inspectors were informed of staff crossover between COVID19 positive and non-COVID 19 areas. Although inspectors were informed that infection prevention and control measures were in place, this arrangement was less than ideal and did not facilitate effective containment of infection.
- There was some ambiguity among cleaning staff regarding cleaning processes and local guidelines. For example, surfaces were not cleaned prior to being disinfected with chlorine. Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites.
- Inspectors were informed that the carpets in communal areas of the centre had not been steam cleaned in several months.
- A staff member was observed having lunch in a room with five residents that had tested positive for COVID-19.
- Staff were also observed eating lunch in the designated changing room on one of the units accommodating residents with confirmed COVID-19. Failure to appropriately segregate functional areas poses a risk of cross-contamination and requires review.
- Dirty dishes were transported back to a table in the day-room occupied by residents prior to being taken to the kitchen for washing.
- Clinical waste was not managed in line with national guidelines. Inspectors observed a clinical waste bag tied to a curtain hook in a resident's bedroom.
- PPE was not stored in a manner that prevented contamination.

Significant barriers to effective hand hygiene practice were identified. For example:

- There was a limited number of hand-wash sinks in the centre and many were used by residents for personal hygiene and staff for hand hygiene. Clinical hand wash sinks used by staff should be independent of residents sinks.
- The available hand hygiene sinks did not comply with current recommended specifications.
- Access to some staff hand hygiene sinks was obstructed by equipment.
- Sealant between several of the sinks and walls was not intact which did not facilitate effective cleaning.
- Wall-mounted alcohol hand gel and soap dispensers were heavily stained throughout the centre.
- Several of the cartridges of alcohol gel were out of date and inspectors were informed that these were being topped up. Disposable cartridges should not be refilled or reused when partially empty, as this could lead to bacterial contamination with resistant organisms.
- Some hand towel dispensers were unclean and held together with tape.

Overall the standard of environmental and equipment hygiene in the two units inspected was poor. For example:

- Several items of residents' equipment and furniture observed during the inspection were visibly unclean including commodes, bedpans, an assisted bath and cleaning trolleys.
- The use of portable fans in communal areas such as the nurses' station on

Glencar unit and Lissadell unit had not been risk assessed. The portable fans were not on a daily cleaning schedule and the blades of some fans were very dusty.
- Spray bottles containing cleaning products were not sufficiently labelled.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While most residents' individual needs continued to be met in line with their established care plans, the inspectors found that the standards of care provided to some of the residents, including residents with COVID-19 infection, at the time of inspection did not ensure their assessed nutrition, hydration and moving and handling needs were met. For example;

- residents' nutrition and hydration care plans were not implemented as discussed under regulations 15 and 18.
- two residents with assessed moving and handling needs did not have their needs met and inspectors observed staff carrying out unsafe procedures to assist these residents with transferring to seating in the sitting room in one unit.

Judgment: Substantially compliant

Regulation 6: Health care

Assurances were not available that the healthcare needs of residents with COVID-19 infection were met.

Some residents with a positive diagnosis and who were presenting with physical symptoms of infection had been prescribed treatment following telephone contact with the resident's doctor. Arrangements had not been put in place for on-site medical reviews of a number of other residents with a positive diagnosis of COVID-19. In addition, residents' wishes regarding their transfer to hospital in the event of their well being deteriorating was not established.

Inspectors also found that medical prescriptions were not available for oxygen therapy administered to five residents. The prescription for one resident's subcutaneous fluid administration did not advise staff as to when it was appropriate to commence subcutaneous fluids to supplement this resident's hydration.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was an activity schedule available. The activity co-ordinator was on duty on the Glencar nursing unit where inspectors observed residents reciting the rosary in the sitting room. There were opportunities for residents to avail of outdoor space if they wished.

Judgment: Compliant

Regulation 28: Fire precautions

All aspects of fire safety in the designated centre were not examined on this inspection. However, the following findings were identified by inspectors during the course of the inspection as requiring improvement to ensure residents' safety in the event of a fire in the centre.

Inspectors observed that a cross corridor set of doors in Hazelwood unit did not close to create a seal. Therefore, effective containment of fire, smoke and fumes could not be assured in the event of a fire in the centre.

The fire alarm system panel was displaying a fault notification. Staff who spoke with the inspectors were not aware of a fault on the system. The registered provider confirmed that this would be addressed as a matter of urgency.

The procedures to be followed in the event of a fire in the centre were not displayed in a prominent place, including a fire floor plan that clearly identified compartmentation to inform emergency evacuation procedures in Glencar unit. Assurance was required regarding the fire rating of some ceiling hatches for example in the kitchen.

Due to the findings, a fire risk assessment was required to be completed by a competent person. A report of this assessment and actions arising with completion timescales was requested by inspectors.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Laurel Lodge Nursing Home OSV-0005394

Inspection ID: MON-0034169

Date of inspection: 07/09/2021

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Following the Inspection, the Provider arranged for an immediate review of staffing levels within the Centre which was experiencing a COVID-19 outbreak at the time of Inspection, to ensure that staffing levels are now in compliance with our Centre's Statement of Purpose and Regulation. The Provider will continue to monitor and review staffing levels to ensure full compliance noting that 24 October 2021 is the proposed date on which public health restrictions will be raised fully by the Public Health authorities on our Centre.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person-in-Charge of our Centre, respectful of public health restrictions that have affected the country over the last 18 months has experienced challenges in the engagement/attendance of external trainers and service providers which has rendered difficult the delivery of training services and staff development through the Person-in-Charge throughout the period. Public health restriction also prevented visits to our Centre during our recent and ongoing COVID-19 outbreak. The Provider commits to the organization and delivery through the Person-in-Charge of all necessary updating training and development with a focus on addressing all matters identified by the Inspectors during the Inspection – and to assuage the concerns of the Inspectors. A focused programme will be commenced respectful of the date of 24 October 2021, the date on which public health restrictions will lift fully from the Centre. The Provider has taken immediate steps to put in place measures within the Centre to	

assuage the Inspectors' concerns regarding staff supervision on the day of the Inspection during the challenges of the COVID-19 outbreak, which are ongoing. A review has been completed by the Person-in-Charge on the supervision of staff and implemented

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered Provider is in the process of conducting a focused review of all findings made by the Inspectors by reference to Regulation 23 with a view to the completion of that review within one month from the date of this Compliance Plan – and the full implementation of the outcomes of that review within a further period of 8 weeks which will include the engagement of experienced and senior professional personnel.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Registered Provider will review the records of complaints received by the Centre with a view to identifying learning from the issues raised by complainants, the outcomes of review of those issues and develop a quality improvement plan by reference thereto for future practice.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
Public health restriction affecting visits to the entire Centre will hopefully be lifted on 24 October 2021. Same have already been lifted on two of our three units. The Registered Provider has reviewed concerns voiced by the Inspectors during the Inspection. The Provider assures the Inspectors that the Provider continues to facilitate telephone, WhatsApp and other electronic interfacing between residents and their loved ones during the COVID-19 restrictions. Our Centre is largely a ground floor development so window visits are also facilitated as appropriate. Visits are also always facilitated on

compassionate grounds.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider has reviewed the size of the ancillary rooms listed in the findings under Regulation 17 and as registered by the former Chief Inspector on 23 March 2019. As a solution, the Provider will arrange for the installation of extractor fans, to the greatest extent possible, to assist ventilation.

The concern raised by the Inspectors by reference to the laundry facilities may, we proffer, be addressed as a process matte. The Provider has already arrangements for laundry services on all linen to be outsourced to an external provider. Residents' personal clothing and towels are solely laundered in the Laundry Room, and future service provision by dedicated suitably trained staff will ensure the separation of soiled clothing from unsoiled clothing so that soiled clothing is processed separately for laundry.

The Provider has commenced an extensive programme of maintenance across the Centre which the Provider will aim to have completed by 31 January 2022, subject to public health restrictions and, noting the aspergillus risk identified by the Inspectors in the final bullet point under Regulation 17, the Provider will arrange in the week after COVID-19 public health restrictions are lifted on the Centre, on 24 October 2021 to have the delayed internal work on the treatment room completed by 2 November 2021 within the maintenance programme. The risk identified has been registered on our Centre's risk register.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The Registered Provider will arrange as part of its ongoing commitment to quality of care and nutrition within the Centre, including through the retention of new experienced senior professional personnel, a focused review and audit of food and nutrition provision within the Centre with a view to being able to have available that audit work for review by Inspectors so as to assuage the Inspectors' stated concerns on matters raised during the Inspection.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The Provider will review the Isolation Signage concern by reference to the ending of COVID-19 public health restrictions within our Centre on 24 October 2021.

All Staff Training related comments made by the Inspectors by reference to Infection Control will be addressed within the Staff Training and Development Plan proffered above under the Compliance Plan for Regulation 16.

All maintenance, surface and equipment related comments made by the Inspectors by reference to Infection Control will be addressed within the programme of maintenance proffered under Regulation 17 above.

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:
The Registered Provider will arrange as part of its ongoing commitment to quality of care within the Centre, including through the retention of additional experienced senior professional personnel, a focused review and audit of all assessments and care plans for residents with a view to being able to have available that review audit/work for review by Inspectors so as to assuage the Inspectors' stated concerns on matters raised during the Inspection.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Registered Provider will arrange as part of its ongoing commitment to quality of care within the Centre, including through the retention of experienced senior professional personnel, a focused review and audit of health care provision within the Centre with a view to being able to have available that audit work for review by Inspectors so as to assuage the Inspectors' stated concerns on matters raised during the Inspection.

The Registered Provider has reviewed the arrangement for access by residents to their medical service providers and will continue to work to ensure that those medical service providers are available to their patients within the Centre, respectful of COVID-19 public health restrictions.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Fire Panel had been ordered and is in stock and will be fitted by external service providers on or about 24 October 2021 respectful of current COIVID-19 public health restrictions affecting entry to the Centre. The Registered Provider again assures the Inspectors that the delay to date in fitting the Fire Panel is due to the on-going public health restrictions.

As specified in the findings under this Regulation, the Registered Provider is required by the Inspectors to organise a fire risk assessment to be completed by a competent person and for a risk report to be submitted to the Office of the Chief Inspector. The Provider is currently making arrangements for the engagement of a competent external fire safety expert to conduct the fire safety assessment as required by Inspectors' findings and for the expert's report to be delivered to the Provider by a mutually acceptable date for onward relay to the Chief Inspector. The Provider will aim for those arrangements to be made by 1 November 2021.

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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	18/10/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	24/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	24/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	18/10/2021
Regulation 17(2)	The registered	Not Compliant		31/01/2022

	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.		Orange	
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	18/10/2021
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	31/01/2022
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	31/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	31/01/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	01/11/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/11/2021
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	01/12/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	19/11/2021
Regulation 6(1)	The registered	Substantially	Yellow	26/11/2021

	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 from time to time, for a resident.	Compliant		
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Substantially Compliant	Yellow	18/10/2021