

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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| Centre name: | Lakes Nursing Home |
| Centre ID: | OSV-0000447 |
| Centre address: | Hill Road, Killaloe, Clare. |
| Telephone number: | 061 375 547 |
| Email address: | adminlakes@ehg.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Elder Nursing Homes Ltd |
| Provider Nominee: | |
| Lead inspector: | Mary Costelloe |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 44 |
| Number of vacancies on the date of inspection: | 9 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|------------------------|------------------------|
| From: | To: |
| 27 November 2017 09:30 | 27 November 2017 17:00 |
| 28 November 2017 09:30 | 28 November 2017 16:00 |

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome | Our Judgment |
|---|-------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 03: Information for residents | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Compliant |
| Outcome 07: Safeguarding and Safety | Substantially Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Substantially Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Improvements required following the last inspection had been addressed. There was improved oversight of areas such as work organisation and allocation, supervision of staff, medicines and risk management. The provider had continued to invest in the premises and further improvements had been carried out.

The building was a two-story, purpose-built residential centre with 57 places. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Further improvements were required to ensure that formal records were maintained of systems in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. These improvements are included in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the recently updated statement of purpose dated November 2017. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure, there was evidence of consultation with residents and their representatives, reviews were carried out of the quality and safety of care. Arrangements had been put in place to ensure improved oversight or areas such as staffing levels, work organisation, supervision of staff,

medicines and risk management to ensure that the service provided was safe and consistent.

Two experienced clinical nurse managers had been appointed in recent months. The person in charge had recently left the post. A clinical nurse manager had been appointed in the interim to the post pending the recruitment of a person in charge. Both clinical nurse managers had the required experience and qualifications to fulfil their roles. They both worked full time and there was an on-call out of hours system in place.

There was an established clear management structure, and the roles of managers and staff were set out and understood. Management supports included a home care manger who visited the centre on a weekly basis and director of care services who visited the centre on a quarterly basis. The management team were in regular contact. Formal home management meetings took place on a monthly basis and were attended by representatives from all grades of staff and the home care manager. Minutes of these meetings were recorded and made available to all staff. Issues discussed and reviewed at these meetings included human resources and staffing, facilities and premises, audits, resident and relative meetings, complaints, occupancy, clinical risk including falls, wounds, supervision of day rooms, health and safety, clinical documentation and notifications to HIQA.

Staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

There was a planned audit schedule in place. The inspector reviewed recent audits in relation to medication management, hygiene and infection control, person centered care, health and well-being, leadership, administration, financial and dining experience. The inspector noted that where improvements had been identified, action plans were put in place and had been acted upon.

There was evidence of consultation with residents and their representatives. Residents' committee meetings continued to be held on a regular basis and were facilitated by the activities coordinator. Minutes of meetings were recorded and copies were available in residents bedrooms and in the main reception area. Issues discussed included catering/food, activities, entertainment, day trips, standards of cleaning and laundry. An action plan with any issues to be addressed was documented. There was evidence that issues raised by residents had been acted upon such as suggested changes to menus. There was evidence that residents and relatives were consulted with in relation to review of residents care pans.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

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| <p>Theme: Governance, Leadership and Management</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre had a resident's guide which was available to residents and visitors and it was displayed in prominent locations throughout the centre. The guide contained all information as required by the regulations.</p> <p>Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. They included details of the services to be provided, fees to be charged and details of additional charges were clearly set out.</p> |
| <p>Judgment: Compliant</p> |

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| <p><i>Outcome 04: Suitable Person in Charge</i> <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p> |
| <p>Theme: Governance, Leadership and Management</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge had left the post in early November 2017. A clinical nurse manager had been appointed as person in charge on an interim basis pending the appointment of a new person in charge.</p> <p>The interim person in charge worked full-time in the centre. She had the required experience in the area of nursing the older adult. She was on call out-of-hours and at weekends. She was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was very knowledgeable regarding the individual needs of each resident.</p> <p>The person in charge had engaged in continuous professional development and was currently undertaking a management training course.</p> <p>The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All</p> |

documentation requested by the inspector was readily available.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Records as required by the regulations were available in the centre.

Issues identified at the previous inspection in relation to some medicines management records had been addressed. The inspector reviewed a sample of medicines administration records and noted that prescribed medicines administered to residents had been signed by the nurse. Systems were now in place whereby nursing staff reviewed medicine administration records on a twice weekly basis to ensure records were complete.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on protection and safeguarding of vulnerable adults and responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Residents spoken with and those that completed questionnaires in advance of the inspection indicated that they felt safe in the centre.

The person in charge told the inspector that Garda vetting (police clearance) was in place for all staff and for persons who provided services to residents. The inspector reviewed a sample of staff files and noted that Garda vetting was in place for those staff.

The inspector was satisfied that residents' finances were managed in a clear and transparent manner. The administrator outlined how small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons. Receipts were maintained for all purchases. The finances of a number of residents were also managed in the centre. Additional safeguarding measures had recently been put in place to further protect those residents. All monies were now being paid into an interest bearing residents account and monthly invoices were issued. Residents could request a copy of their bank statements at any time. Audits of the systems were overseen by the company's administration manager on a six monthly basis.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on managing responsive behaviours outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. The inspector reviewed a sample of files of residents who presented with responsive behaviour and noted detailed, person-centered, focused responsive behaviour care plans in place which outlined clear guidance and strategies for staff. The person in charge and clinical nurse manager had recently produced additional written guidance for staff to assist them when dealing with responsive behaviours. All staff had completed training in dealing with dementia care and management of responsive behaviour. ABC charts were in use to document episodes of behavioural or psychological symptoms in order that staff may identify triggers. However, the inspector noted that these charts were not consistently completed.

Staff continued to promote a restraint free environment. There were no residents using bedrails at the time of inspection. The inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents.

There was evidence of regular review by General Practitioner's (GP's) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services. PRN 'as required' psychotropic medicines were prescribed for a small number

of residents. The inspector was satisfied that there was no over reliance on these medicines. While nursing staff recorded the administration of these medicines, the rationale for administration and consequence was not consistently documented contrary to the national restraint policy and the centre's own policies.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider had systems in place to protect the health and safety of residents, staff and visitors. Issues identified during the previous inspection in relation to storage of soiled laundry, updating the risk register, ensuring safe floor covering was provided throughout the building, access to call bells, carrying out of fire drills and supervision of residents had been addressed.

There was an up to date health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive and had been reviewed and updated following the last inspection. All risks specifically mentioned in the regulations were included. Systems were in place for regular review of risks.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building. There was an up to date personal emergency evacuation plan in place for each resident.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Further training was scheduled for February 2018. Staff spoken to confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in November 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in September 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken with told the inspector that they had received recent fire

safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Records of fire drills which had taken place recently included actions taken and learning outcomes.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use of hand sanitizers. Regular infection control audits in areas such as hand hygiene, laundry, waste management and environment were carried out. Audit findings and action plans were clearly documented.

The inspector spoke with housekeeping staff who were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building was found to be clean and odour free.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice, however, some improvements were required to ensure systems were in place to account for all medicines.

While systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy, there were no formal records being maintained. The person in charge and director of care services told the inspector that they were scheduled to have a meeting with the pharmacist and they would ensure that more robust recording systems would be put in place.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis. The inspector noted that a small number of medicines stored in the refrigerator did not include the name of the resident or the directions of the prescriber.

The inspector reviewed a sample of medicines prescribing and administration sheets. Medicines were regularly reviewed by the general practitioners (GP). All medicines including medicines that were required to be crushed were individually prescribed.

Systems were in place to record medicines errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems. The inspector reviewed the records relating to a recent medicines error and noted that details of the incident had been recorded, reflective practice was completed by the staff member involved, medication competency assessment had been completed and the incident had been discussed with all nursing staff to ensure learning and improvement to practice.

Regular medicines management audits were carried out by nursing management and the pharmacist. Audit findings and action plans were documented. All nursing staff had recently completed medicines management training.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody services were also provided. The physiotherapist was in attendance two days each week and carried out one to one assessments and group exercise activities. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents at high risk of falls, nutritionally at risk, presenting with responsive behaviour and with wounds. See Outcome 7: Safeguarding and safety regarding responsive behaviour.

The inspector found the nursing documentation was completed to a high standard. Comprehensive up-to-date nursing assessments were completed. A range of up to date risk assessments had been completed for each resident including nutrition, dependency, manual handling, falls, continence and skin integrity. A comprehensive and informative daily needs care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, social, mental and emotional state, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Focused care plans were in place for some residents with specific needs such as pressure care, nutrition, wounds, falls and responsive behaviour. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The social care needs of each resident were assessed and records were maintained of residents participation in activities. There was a full time activities coordinator and social care practitioner employed in the centre. The weekly activities schedule was displayed and a variety of activities took place on both floors. Both group and individual activities were carried out with residents. The inspector observed residents enjoying a variety of activities during the inspection including a group therapeutic music and light relaxation session, group exercise session, large screen movie show, individual hand massages, foot spa treatments and make-up pampering sessions. Many of the residents actively partook while others joined in for shorter periods. Other activities that took place regularly included baking, gardening, card games and music sessions. Residents had enjoyed a recent visit from a pet farm. The centre had its own pet dog which some of the residents enjoyed spending time with and outdoor poly tunnel for gardening activities. Residents were facilitated to go on day trips during the summer months to scenic areas of local interest. Some residents had recently enjoyed attending a Christmas party in the local hotel and others were due to attend a tea party hosted by the local community. Some residents regularly attended local day care centres. The inspector observed staff encouraging residents to move around,

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The provider had continued to invest in the premises, further improvements had been carried and issues identified at the previous inspection had been addressed. The draughty external fire exit door to the first floor day room had been replaced and the defective flooring to corridor areas had also been repaired. Further upgrading and refurbishments had been completed including the repainting of all corridors and new curtains had been provided to communal areas. The person in charge advised that it was planned to upgrade and refurbish more bedrooms.

The building was warm, clean and comfortable. There was a variety of communal day spaces on both floors which were bright and comfortably furnished.

Bedroom accommodation consisted of 47 single and five twin bedrooms. All bedrooms had en suite toilets. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Residents spoken with told the inspector that they liked their bedrooms.

There were five additional shower rooms for residents and one additional assisted bathroom with a bath, as well as five additional assisted toilets. Each floor had a sluice room with a secure, coded locking system.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds, bath and mattresses. The inspector viewed the service and maintenance records for the equipment and found they were up-to-date.

All areas throughout the building were wheelchair accessible and the corridors had grab rails. The first floor is accessible by stairs and a lift. Residents have access to an enclosed garden with a seating area.

Inspectors noted that the building was secure. The external doors had a thumb print

security system in place. All external doors were key coded, the fire exit doors were fitted to the fire alarm and CCTV cameras were installed at the front door exit area to ensure additional safety of residents.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were confused. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Adequate screening curtains were provided in shared bedrooms. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. The inspector observed that staff engaged well with residents throughout the inspection days. Resident's spoke highly of staff, stating that they were kind, caring and good fun.

A number of the questionnaires completed by residents by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and

residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in either of two dining rooms or in their bedroom. Some residents spoken with told the inspector that they could choose how to spend their day.

There was an open visiting policy in place. Residents indicated in completed questionnaires that their visitors were always made to feel welcome by staff. Residents had access to the centre's cordless phones and many residents had their own mobile handset device. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television and the internet. Daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers. Many residents spoken with stated that they enjoyed watching television, some residents choose to watch their preferred programmes in their bedrooms. Residents were consulted regarding their preferred choice of old movies which were regularly shown on a large projector screen in the day room. Presenters from the local radio station had recently visited and interviewed residents about Christmas in years gone by. Residents were looking forward to these interviews which were due to be broadcast in the coming weeks.

Staff outlined to the inspector how links continued to be maintained with the local community. Some residents went out on day trips with their families while others attended special family occasions and events. Some residents went on holiday and stayed overnight with family members. Local musicians visited regularly, the local priest visited weekly, a local hairdresser attended weekly. Members of the local choir had recently attended the annual remembrance mass held in the centre. Local school children visited and performed music and dance for residents. Residents were facilitated to go out on day trips during the summer months and some residents attended local day centres. Some residents visited the shops and other local amenities.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre at the time of inspection. Garda Síochána vetting was in place for all persons who provided services to residents.

The person in charge and homecare manager outlined how staffing levels, work organisation, work allocation and supervision of staff had been reviewed and changes made since the previous inspection. While the inspector noted that there had been no changes to staffing numbers since the previous inspection, the numbers of residents had reduced and staff spoken with stated that they were satisfied with current staffing levels. They confirmed that changes made to work organisation and work allocation had led to improvements in work load resulting in improved outcomes for residents. A number of staff spoken with stated that staff morale had improved and staff were happier.

However, the inspector did note that some relatives at raised staffing concerns at the last resident/relatives meetings held in early October 2017 and some relatives who completed questionnaires in advance of the inspection indicated that staff are often under pressure. The person in charge told the inspector that staffing levels would be constantly kept under review and discussed at the monthly home care management meetings to ensure that all residents individual needs were met in a safe and timely manner.

On the days of inspection there were 44 residents living in the centre, three residents were in hospital, one resident was on holidays and there were nine vacancies. Residents dependency levels were assessed using a recognised validated tool. There were two nurses and eight care assistants on duty during the morning time, two nurses and seven care assistants on duty during the afternoon and evening time, two nurses and three care assistants on duty at night time. Two clinical nurse managers had been appointed since the previous inspection. One of the clinical nurse managers had been appointed as interim person in charge. Both were on duty on the days of inspection. The activities coordinator and social care practitioner were also on duty during the day time.

The management team continued to provide on-going training to staff. All staff had completed mandatory training.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

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| Centre name: | Lakes Nursing Home |
| Centre ID: | OSV-0000447 |
| Date of inspection: | 27/11/2017 |
| Date of response: | 19/12/2017 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The rationale for administration of PRN 'as required' psychotropic medicines was not always documented contrary to the national restraint policy.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

A comprehensive review of documentation as it relates to administration of PRN psychotropic medications has been undertaken. There are clear indications for use of these medications to ensure that there is a consistent approach by all nursing staff in the centre regarding medication administration. There are detailed, individualised care plans in place for residents who may require PRN psychotropic medications, outlining how their responsive behaviours should be managed and when it is appropriate to consider administering medication. All nursing staff have been educated about their responsibility to accurately assess and document care in relation to responsive behaviours, including clear recording of the rationale for use of PRN psychotropic medication where required. The Person in Charge (PIC) and Clinical Nurse Manager (CNM) will monitor medication administration records and responsive behaviour care plans to ensure compliance with national restraint policy and the policies in the Nursing Home.

Proposed Timescale: 31/01/2018

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector noted that some medicines stored in the refrigerator did not include the name of the resident or the directions of the prescriber.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

A review of medicines that are delivered in a multipack has taken place and it has been agreed with the pharmacist that each individual pack will be labelled with resident's name and will include directions of the prescriber. Staff nurses will monitor this as part of the checking-in procedure when documenting receipt of medicines from pharmacy.

Proposed Timescale: 31/01/2018

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

While systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy, there was no formal records being maintained.

3. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:

A complete review of systems currently in place for checking medicines on receipt from the pharmacy and the return of unused and out of date medicines to the pharmacy has been undertaken. There is now a formal recording process in place to document receipt and return of medicines, in accordance with the centre's policy on safe medication management and national legislative requirements.

Proposed Timescale: 31/01/2018