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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:	Lakes Nursing Home
Name of provider:	Elder Nursing Homes Ltd
Address of centre:	Hill Road, Killaloe, Clare
Type of inspection:	Short Notice Announced
Date of inspection:	18 June 2020
Centre ID:	OSV-0000447
Fieldwork ID:	MON-0029726

## About the designated centre

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

Lakes Nursing Home is a two-storey purpose-built centre designed to provide care for residents requiring continuing and short stay care including respite and convalescence. As a provider of high quality nursing care, we welcome the 'National Standards for Residential Care Settings for Older People in Ireland'. These standards will help to consolidate existing good practice whilst also identifying areas for development. We are committed to enhancing the quality of life of all our residents by providing inclusive, high-quality, resident-focused 24-hour nursing care, catering, service and activities. Lakes Nursing Home can accommodate a maximum of 57 residents. there are 47 single rooms available with en-suite toilet facilities as well as five double rooms with en-suite toilet facilities. A number of shared shower rooms are available. there is stairs and lift access to the first floor. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. We employ a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff. Prior to admission, a pre-admission assessment shall be undertaken in the resident's home or transferring facility, by a member of the residential home's nursing staff. Care plans will be established and reviewed through inclusion of families and residents supported by the community services on referral. Resident records are stored on a secure computer system and also in filing cabinets. The activities coordinator meets new residents to plan an individual activities programme. Residents are encouraged to keep up their social/leisure interests after admission, for example, gardening, painting, knitting, quiz, music, media access, beauty and hair therapy. Day trips are also organised occasionally. Arrangements can be made for residents to go shopping or attend other activities outside the nursing home; these may incur some extra costs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 18 June 2020	10:00hrs to 17:45hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

The inspector observed resident and staff engagement during the inspection. Feedback was generally positive. Concern was voiced at how isolating the pandemic has been for residents but they said that staff supported them through this and many had recovered from the virus. Residents said that they were delighted that family visits were about to resume on a gradual basis. One resident said that he had felt very weak and had "pains all over" when he had the virus and was glad to have recovered. They were all looking forward to the return of their visitors. Another resident said that she was very grateful to her close friend who rang her twice a week throughout the pandemic. She was looking forward to a forthcoming birthday and was eagerly awaiting a face-to-face meeting with her friend.

One resident was spoken with in the garden and proudly showed the inspector the flower pots and window boxes which he had planted. He was planning to paint a new garden seat for his next endeavour. A resident, who was reclining on his bed was seen to be reading the "Farmer's Journal". He had an interesting conversation with the inspector about the new guidelines for selling farm animals. He explained about his recovery from illness and praised the staff.

Physical distancing was seen in the dining room where residents were adequately spaced for meals, with a maximum number of two people at each table. The inspector asked one resident if he would like to have his meal in the dining room. He explained that because of the limitations of his posture he preferred to eat in his bedroom as his chair was very comfortable and the height of the individual table suited his needs. He would go for a walk later with staff.

Residents were seen walking with staff along the corridors, in the garden and outside on the grounds for exercise. The enthusiastic activity coordinator spoke with the inspector about the small group, and individual activities that were currently held within the guidelines of the Health Protection Surveillance Centre (HPSC) physical distancing guidance. After lunch the inspector observed that one resident had completed lovely paintings while a second resident was putting the finishing touches to crochet ornaments. These had been donated that morning by someone from the community. The staff member said that she found the individual engagement sessions particularly therapeutic for residents who were missing family visits and mourning the loss of friends from the nursing home.

The inspector observed kind and patient staff interactions with residents during the day. Residents confirmed that the care was very good and that they were satisfied with their accommodation.

## Capacity and capability

This was a short-term announced risk-based inspection conducted over one day. The provider in this centre was Elder Nursing Homes. Mowlam Health Care participated in the management of the centre. The centre had a good history of compliance with the regulations. On the previous two inspections of 4 June 2019 and 27 November 2017 issues which were found to be moderately and substantially compliant had been addressed. For example, the dining experience on the top floor had improved and staff nurse levels had been maintained since the previous dementia thematic inspection.

On this inspection the inspector acknowledged that residents and staff living and working in the centre had been through a challenging time. It was apparent to the inspector that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. The inspector was informed that a large number of residents and staff members had tested positive for COVID-19 at the time of 'whole-centre' testing. Due to the requirement for staff within the centre who had tested positive to self-isolate at home, the Health Service Executive (HSE) had provided additional nursing staff, and care staff to attend to residents' care needs. The positive tests resulted in an initial negative impact on staffing levels required to care for residents at a time of very high care needs. These staffing issues had been the subject of a number of concerns raised with the Office of the Chief Inspector at the time of the initial outbreak. These concerns were followed up at the time of receipt of the information and during the inspection. The person in charge was highly appreciative of the HSE in the support it provided with staffing and with the provision of Personal Protective Equipment (PPE) during this time.

The inspector found that public health, occupational health, HSE and infection prevention and control specialists had been consulted to support the management of the outbreak, in accordance with the HPSC guidelines. A large number of the staff had now returned to work including members of the management team. A key member of the management team who had tested positive had remained in phone contact with the centre staff during the two week isolation period to provide clinical oversight and advice on the management of the outbreak. In addition, a person in charge of a nearby centre had been co-opted into the centre for two weeks in the absence of this key person of the management team.

In a sample of residents' files seen medical, nursing and care records were seen to be detailed and relevant. A daily nursing note referred to family communication, residents holistic care needs and any change in the residents' condition. Care plans supported the entries and medical assessments were appropriately recorded and documented by the GP, including notes recorded at the time of the outbreak.

Notwithstanding the good practice however, improvements were now required under management systems to ensure that the quality and safety of care delivered to residents achieved regulatory compliance and supported preparedness in the

event of a second surge of the virus. Particularly, in relation to the requirements of the following regulations, which were found to be non-compliant as described in this section and also under the Quality and Safety dimension of this report, namely:

Regulation 17: Premises.

Regulation 27: Infection control.

Regulation 29: Medicines and pharmaceutical services.

### Regulation 14: Persons in charge

The person in charge was experienced and was supported by a team of knowledgeable managers and nursing staff. She had developed a comprehensive COVID 19 contingency plan and had updated staff with the most recent guidelines from the Health Service Executive (HSE) and the HPSC.

Judgment: Compliant

### Regulation 15: Staffing

The inspector acknowledged that residents and staff living and working in the centre were still emotionally effected by the impact of the COVID-19 outbreak, deaths in the centre and the isolation brought about due to the visitor restrictions. The death of residents had been a source of sadness and shock to all. Staff spoke with the inspector about the ongoing negative psychological impact of the pandemic and said they had been facilitated to access HSE services in this regard. Staff spoke with the inspector also about the positive impact of the crisis on the care team. They felt that they had become closer as a team and "everyone seemed kinder".

The provider had been reliant on staffing support from the Health Service Executive (HSE) to maintain staffing at the required levels in April. This was due to the large number of symptomatic and asymptomatic residents and staff who had tested positive for COVID-19 at the time of whole-centre testing. The HSE had been very supportive during the time of the pandemic and had supplied knowledgeable staff and PPE supplies without delay. Initial problems with induction and support for these HSE staff were resolved when key staff members returned to their posts. While there was still limited staffing support required from the HSE, the inspector was informed that the majority of the centre's staff had returned to the centre following their isolation and recovery period.

The inspector reviewed the roster and found that the documentation indicated that there were sufficient staff on duty to attend to the needs of residents. Staff were found to be aware of residents' likes, dislikes and specific care needs.

Staff were supervised and were aware of who to report to in the line management arrangements.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received appropriate training for their respective roles included mandatory and appropriate training. Training in infection control such as hand washing techniques, wearing of PPE and the signs and symptoms of COVID-19 had been undertaken by staff. A small number of staff were awaiting training in managing the behavioural and psychological symptoms of dementia (BPSD). This training had been postponed due to the pandemic. The inspector was informed that this was to be scheduled by the clinical nurse manager, who had expertise in this area. Refresher training in mandatory subjects was also due for some staff as the previous training session had been postponed, as above. This had been re-scheduled.

Staff were supervised, staff appraisal and staff induction documentation was available for review in personnel files.

Judgment: Substantially compliant

### Regulation 21: Records

The records which were required under the regulations were accessible and generally well maintained:

For example, medical notes, medication charts, complaints and incidents were available for review.

Nevertheless, in a small sample of staff files seen, all the regulatory required documents were in not in place for example, two references and photographic identification.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The inspector found that there was an effective management system in Lakes Nursing Home which ensured that good quality care was delivered. Clear lines of accountability and authority were set out and roles were well defined. The person in charge was responsible for the quality and supervision of care and audits of practice. She was supported by a director from Mowlam Health care, the clinical care manager from Mowlam Health care, the clinical nurse manager (CNM) in the centre and the knowledgeable health-care team.

Throughout the COVID 19 outbreak in this centre the wider management team had made every effort to ensure that the service provided was consistent, controlled and effectively monitored. Clinical oversight and supervision from members of the team supported by the local doctors, the HSE, infection control specialists and public health colleagues had resulted in a good outcome for the majority of people tested positive for COVID 19.

During the inspection the inspector found that guidance relating to the segregation of residents, based on test results and symptoms of suspected COVID 19 was followed. Two residents were in isolation on the day of inspection. Audit and supervision of staff provided oversight of infection prevention and control practices to ensure that staff were following recommended guidance. On the day of inspection, the inspector observed that staff were adhering to hand hygiene guidance in relation to, hand washing, not wearing jewellery and by wearing suitable Personal Protective Equipment (PPE).

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose, which set out the ethos and services in the centre was available and had been updated.

Judgment: Compliant

## Regulation 31: Notification of incidents

One notification of a specified event had not been submitted to the Chief Inspector as required by regulations. This was submitted retrospectively.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

Complaints were recorded. The inspector found that where a complainant was not satisfied with the outcome of their complaint, that complaint had been sent to the appeal's officer.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Policies and procedures had been updated in line with the regulatory three year time frame.

Relevant policies had been updated in line with the COVID 19 outbreak, for example, the visiting policy and end-of-life policy.

Judgment: Compliant

## Quality and safety

Overall, the quality and safety of care provided to residents in Lakes Nursing Home was of a good standard.

The health of residents was promoted through ongoing medical review and assessment using a range of recognised tools. These assessments included skin integrity, malnutrition, falls, and mobility. Care plans were developed with residents' support or that of a representative. They were person-centred in their format and were based on information and knowledge from residents' life stories. During the inspection the inspector found evidence that plans were implemented and reviewed on a four-monthly basis, reflecting residents' changing needs. The inspector reviewed a sample of residents' plans including the care plan of a resident who had died as a result of the effects of COVID-19, in conjunction with his other co-morbidities. The findings of this review indicated that all efforts had been made to support the resident at the time of his illness.

Residents' general well-being was enhanced by the choice of appropriate activities available to meet their preferences and choice at this post-crisis period. The community were very supportive, sending good wishes cards and treats to residents and staff. Residents' meetings were held which provided opportunities for residents to express their opinion. Minutes of these were maintained and actions

were completed. Residents confirmed that they always had the opportunity to vote at election time either in the centre or in the polling station. Mass was facilitated now by video link to the local church, on a weekly basis.

Robust systems which had been developed to support residents' rights and their safety:

For example:

- choice in their daily routine: within the current restrictions of social distancing
- audit and review of bed-rail use or other restraints: no bed-rails in use at the time of inspection
- audit of the use of psychotropic drugs: documentation recorded when a PRN (give if required) medicine was used explaining the rational for it's use
- ongoing and relevant training
- external advocacy arrangements
- meaningful activities and conversation

Nevertheless, the inspector found the there were a number of issues to be addressed to bring the centre into compliance with the regulations in relation to the Quality and Safety of care namely: Premises: Regulation 17, and Infection Control: Regulation 27, as described under these regulations in the report.

### Regulation 10: Communication difficulties

Residents were facilitated to communicate according to their needs and abilities. Staff were found to be knowledgeable of their medical and social requirements: this enabled staff to interact appropriately when any resident became anxious or attempted to express their needs through behaviour. The inspector saw evidence of appropriate interactions during the inspection day.

Judgment: Compliant

### Regulation 11: Visits

Visiting to residents had been strictly controlled since 6 March 2020. In general there had been no visitors allowed at the height of the outbreak except in extreme circumstances. Staff informed the inspector that in recent days almost 40 "electronic tablets" had been donated to the centre for resident use, to enable

visual communication with family. The recent revised HPSC visitor guidelines had been circulated to all family and friends of residents. This allowed visiting to commence under controlled circumstances. A location had been identified for these visits, which was directly accessible from the grounds where social distance could be maintained. This meant the visitors would not be moving through the centre or mixing with staff and other residents.

Judgment: Compliant

### Regulation 13: End of life

Residents' end of life wishes were recorded. These were subject to review after a period of time. The care of end of life was supported by attentive GP care and appropriate medicines for symptom control. The relevant policy had been updated to include considerations for the COVID 19 pandemic.

Judgment: Compliant

### Regulation 17: Premises

The premises consisted of a large two-storey building set on the outskirts of a picturesque town.

The inspector found that outside of the building required upgrading:

- decoration and painting of the building as the paint had peeled in a number of areas
- the grass verges were untidy
- the surrounding fences required painting
- there was poor directional signage to the reception area:  
as there were a number of double doors on the ground floor the inspector had to ask for directions to the front door, which was occluded from the entrance by fencing which surrounded the external smoking area
- a large number of cigarette butts surrounded this fence both externally to the public car park and internally in the garden area, this was addressed in this report under Regulation 26: Risk Management.

There were 47 single bedrooms and five double bedrooms available to accommodate residents. All bedrooms were fitted with an en-suite toilet and wash-hand basin. Lift access was available to the second floor. This had been serviced in recent months. Residents shared five shower rooms. Three of these were located upstairs for the needs of 33 residents. Two were located downstairs for the remaining residents. At the time of inspection there were 15 vacant beds. At full

capacity of 57 residents this shower allocation would have been totally inadequate. While there was a small bathroom in the centre it was now used as a store room for a myriad of items such as a flip chart, which had been put into the bath, a large chair, and approximately 20 boxes of PPE and other clinical items. In fact it was difficult to see the bath amongst the stored items. The person in charge stated that an assisted bath had previously been removed from one large shower room upstairs. The plumbing for this bath was seen to be still in situ.

The inspector found that the centre lacked sufficient storage which meant that hoists and other equipment were stored in the hallways. This method of storage presented a trip hazard as in some corridors the equipment blocked access to the supportive hand-rail situated along the walls for residents' use.

The bedrooms were seen to be personalised and all residents had a wardrobe, armchair and locker in their bedrooms. Photographs of family members past and present were seen to be on display. Residents had access to individual televisions, mobile phones, radios and reading material. Nevertheless, the inspector found however that the needs of a resident could not be met with sufficient dignity in the current placement of the bed and the size of the room. The person in charge stated she would consult with the resident in relation to this and offer alternative, roomier accommodation.

There was a sluice room on each floor. The bedpan washers had been serviced and these records were seen by the inspector. Clinical waste bins were seen to be in use for any contaminated waste. Infection control issues of concern, were addressed under Regulation 27 in this report. Sitting rooms and dining rooms were spacious. A quiet room was available for family to stay overnight or for private visits. At the time of inspection these rooms were found to be occupied by a small number of residents due to social distancing guidelines and due to a number of residents who were still in the recovery phase. There had been no separate facilities for staff dining and staff smoking available previously. The person in charge said that a temporary solution had been found for staff dining facilities and they were awaiting funding for a staff smoking shelter. Currently staff and residents were seen to smoke in the outside secure garden area.

Upgrading of the internal decor was required:

- there were stains noted on the ceiling tiles,
- flooring was repaired with black tape in areas and was ridged and frayed in places,
- woodwork and walls required painting,
- shower rooms required ventilation as they smelt damp and musty

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were seen to be served a variety and choice of food at each meal. Staff in the kitchen had attended appropriate training. Residents had their weight checked regularly and a recognised clinical assessment tool was used to calculate any risk of malnutrition. Complaints about any aspect of food quality were addressed.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk management policy met the requirements of the regulations and addressed specific issues such as absconsion and the prevention of abuse.

Nevertheless, the inspector was not assured during the inspection that all risks had been addressed and controlled:

- the risk of falls due to unsafe floor areas and equipment blocking the hand-rail
- a frayed mat leading to the external smoking area
- lack of ventilation and clean air, due to a broken external ventilation fan
- a large number of cigarette butts next to a wooden fence, presenting a risk of fire

Judgment: Substantially compliant

### Regulation 27: Infection control

Prior to this inspection there had been an infection control audit carried out by a specialist in infection control, on a number of occasions. The inspector found that number of findings on this report had been addressed, such as servicing of the bedpan washers.

However, despite positive achievements the inspector found that there were a number of important and key items to be addressed to prevent a further outbreak of infection:

- it was not possible to clean the centre to the standard required at the time of a pandemic due to the premises deficits described under Regulation 17: Premises, above:
- in addition, while a hand washing sink had been installed temporarily in the hall both upstairs and downstairs they were not of the required standard, such having taps which can be operated by sensor or otherwise hands free:

- even though racks were available on the sluice room wall items were seen stored on the floor instead of on the racks:
- individual receptacles were yet to be sourced for the emptying of catheter bags:
- there were insufficient wall-mounted hand sanitisers located along the halls:
- a sluice/bedpan sink was not visibly clean:
- the counter at the nurses/reception desk on the top floor was very chipped and worn in several places and therefore this could not be cleaned to any required standard:
- due to the fact that the bedroom doors of both people in isolation were held in the open position it was not possible to see a "precaution" sign of any sort on the doors
- the floor in the linen press was not clear of items in order to facilitate cleaning.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

All staff signed when they administered medicine to residents and in general the management of medication was good. Medicine trolleys were secure, the medicine fridge was locked and there were ordering systems in place.

However, the inspector found the staff were not adhering to a number of the '10 rights' of medicine administration as follows:

- A number of medication administration sheets, (MARS, prescription sheets used by the nursing staff) were found to have the wrong date on the top for each day, due to a printing error. This meant that medicines were signed as administered on the wrong day for three days, which is a breach of An Bord Altranais guidelines for nurses on medication management, which require that staff check that the medicine was given on the correct date. The nurse on duty stated that she was going to return these to pharmacy for correction.

Additionally,

- a number of ointments no longer in use were still kept on the medicine trolley. Best practice and regulations require that these are stored separately from the medicines in use and returned to pharmacy, so that they would not be used when no longer on prescription.
- one item of medicine had no label attached to enable staff to identify the correct resident for the medicine, as required in the aforementioned guidelines i.e. identify the correct resident for the medicine.

- a medicine which was crushed was not signed as authorised to be crushed which is also a requirement of the guidelines, i.e. the correct form of the drug to be administered.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A number of care plans were reviewed and were seen to have been updated within the four-month regulatory time frame:

- clinical assessment tools were seen to underpin care plans and clinical decisions
- care plans for end of life decision-making were in place and supported by GP input in the medical notes
- medical practitioners had documented informative notes in the medical file following each visit to a resident
- food and fluid balance charts were maintained where necessary

Judgment: Compliant

### Regulation 6: Health care

There was evidence in residents' care plans of very good access to allied health professionals:

For example:

- Physiotherapy was accessible, however it had been suspended during the height of the pandemic. Staff had made an exercise bike available under the guidance of the physiotherapist. This helped residents to maintain muscle strength.
- Occupational therapy was available on referral.
- The general practitioner (GP) visited regularly and throughout the pandemic and a choice of GP was facilitated where necessary
- The pharmacist fulfilled the duties required to meet residents needs and supported staff with training and supplies of medicines.
- Psychiatric care, a tissue viability nurse (TVN), chiropody, dental, speech and language therapy (SALT) and the dietitian were seen to have made entries in residents' notes in response to residents' needs before the outbreak.

During the pandemic these allied health professional were available daily on the phone and were very attentive to residents' needs, according to the CNM who held monthly phone clinics with them on residents' behalf.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were a number of residents residing in the centre who had dementia.

In a sample of care plans for these residents comprehensive care plans were seen to be in place for responsive behaviour management in residents with dementia.

These plans were individualised, person-centred and reflected the extensive knowledge of the CNM in this aspect of nursing and psychological care.

Judgment: Compliant

### Regulation 8: Protection

Staff had attended training in the prevention of elder abuse and safeguarding of vulnerable older people. Staff spoken with were aware of their responsibility to report any allegations of abuse. Staff were aware of the types of abuse which could occur.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that staff were constantly striving to improve the rights and dignity of residents living in the centre.

On this inspection the inspector found that residents' abilities were encouraged and promoted.

Residents felt that their lives and experiences were important to staff who were engaged in promoting their well-being.

On the day of inspection the majority of residents were in their bedrooms due to the COVID-19 aftermath and recovery requirements. The inspector spoke with a number of residents who were delighted to chat and talk about the return of visiting

arrangements as well as the good care they received during the outbreak. They were found to be up-to-date and informed about relevant advice and guidelines.

The inspector found good practice in this area:

- each resident had a TV, books and newspapers
- a local men's club was available for some residents ( before the outbreak)
- a number of i-pads and 'tablets' were in use to support video communication with relatives
- new brightly coloured curtains had been purchased for a number of rooms
- a residents'/relatives quiet room had been set up
- a conservatory had been made available for personal visits
- residents had regular size wardrobes which were seen to be maintained in a tidy manner and which residents said were adequate for their needs
- a small number of residents who were seated in the sitting rooms and dining rooms had social distance maintained
- activities such as counselling conversation, seasonal planting, artwork, walking and music concerts were a weekly occurrence.

The inspector found that the majority of interactions with staff were seen to have an individualised and person-centred approach. The activity coordinator spoke with the inspector about she had adapted to the changed needs of residents at this time. Staff spoke about the "home-like" atmosphere in the centre which was echoed by residents spoken with.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Lakes Nursing Home OSV-0000447

Inspection ID: MON-0029726

Date of inspection: 18/06/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff are now up to date with mandatory training and refresher updates, including the management of Behavioural &amp; Psychological Symptoms of Dementia (BPSD), and the training matrix has been updated to reflect this.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All employee records are maintained in accordance with Schedule 2 of the Health Act; the photographic ID and the outstanding references on a new staff member were addressed on the day of the inspection and they are available on file for inspection.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The notification of a specified event was submitted retrospectively on the day of inspection. The Person in Charge (PIC) will ensure that all incidents and events requiring</p>	

notification to the Chief Inspector will be completed and returned to the Authority within the specified timelines.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
There is a plan in place to plaster and paint the exterior areas of the building where repairs are needed and to repaint the surrounding fences.

The garden has been tended, including trimming and tidying up the grass verges.

The directional signage will be upgraded and improved, and we will ensure that it can be clearly seen.

The garden has been tidied up, including removal of the cigarette butts and suitable ashtrays will be sourced for use in the smoking shelter.

The bath has been relocated to the original bathroom.

We have identified a location for an additional shower room to ensure there are an appropriate number of showers for full occupancy. This shower will be added by year end.

Storage rooms have been identified for the storage of hoists and other equipment and these are removed from the corridors when not required.

The bed in an identified room has been relocated to allow greater access for staff while maintaining the resident's dignity.

A staff smoking shelter will be installed.

New ceiling tiles have been purchased and will be fitted.

The damaged areas of flooring will be repaired.

The internal painting and decoration programme will continue to address the woodwork and walls.

There is a plan in place to address the poor ventilation in the shower rooms.

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>There is a plan in place to ensure that all flooring is safe and smooth, with no damaged areas that could increase the risk of falls.</p> <p>Handrails can now be safely used and there is no equipment on the corridor that could block the handrail and prevent a resident from using it.</p> <p>The matt leading to the smoking area has been replaced.</p> <p>The ventilation fans will be repaired or replaced once they have been serviced and arrangements are in place to address this.</p> <p>The discarded cigarette butts have been removed from around the fencing area, the garden and car park have been tidied up and suitable ashtrays will be sourced for the smoking shelter.</p> <p>The PIC has advised all residents and staff who smoke about the appropriate waste disposal of cigarette butts and advised them about the increased of fire if there is failure to comply with this important requirement. The Maintenance Person will regularly check the garden area and the designated smoking area to ensure that there is compliance with this.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The temporary sinks will be replaced with permanent sink installations.</p> <p>All items in the sluice room are now stored appropriately on wall racks where appropriate and the floor areas are clear.</p> <p>Individual receptacles for emptying catheter bags and urinals have been obtained; they are stored appropriately and used specifically for the purpose of safe disposal of waste.</p> <p>Additional wall mounted hand sanitiser stations have been installed.</p> <p>The sluice and bedpan sink has been cleaned and the PIC monitors cleaning standards on a regular basis to ensure that all equipment and sluice room are maintained in a hygienic condition.</p>	

The nurse's station counter on the first floor will be repaired.

The bedroom doors of residents in isolation are now closed and signs are clearly displayed indicating that standard isolation precautions are in place.

The floor in the linen cupboard has been cleared and will be maintained in a clear state.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The medication administration sheets that had the incorrect date on them were sent back to the Pharmacy supplier where the sheets are generated and a corrected set of sheets was returned, indicating the dates on which the medications were actually administered.

All staff reminded to remove ointments that are no longer in use from the medications trolley when the prescription has elapsed and to ensure their appropriate disposal.

All items of medicine will be correctly labelled to enable staff to identify the correct resident for the medicines, in accordance with NMBI guidelines.

The GP authorization to crush the medication had not been signed by the GP due to GP not doing on site visits at that time. This has now been rectified and the medication/prescription chart will be taken to the GP for signing if the GP is personally unable or unavailable to visit the home in future.

The medications trolleys will be cleaned on a weekly basis and all unused medication will be removed. This will be overseen by the Assistant Director of Nursing (ADON).

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/07/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2020

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	28/07/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/09/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2020
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with	Not Compliant	Yellow	28/07/2020

	any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed 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.	Not Compliant	Yellow	28/07/2020
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	28/07/2020