

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

Issued by the Chief Inspector

Name of designated centre:	Larissa Lodge Nursing Home
Name of provider:	Mountain Lodge Nursing Home Limited
Address of centre:	Carnamuggagh, Letterkenny, Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	26 October 2021
Centre ID:	OSV-0005791
Fieldwork ID:	MON-0034422

About the designated centre

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

The provider plans to provide 24- hour nursing care to 64 residents over the age of 18 years, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite). The building is single storey. Communal facilities and residents' bedroom accommodation consists of a mixture of 48 single and 8 twin bedrooms all with full en-suite facilities. The building is laid out around central communal facilities that include a spacious lounge with multiple areas with views outside and a variety of seating options, an internal dining room with a large skylight, an oratory/prayer room and a visitors room near reception. A variety of outdoor courtyards are accessible from many parts of the building. The philosophy of care is to provide person centred, compassionate care and services with a commitment to excellence through adherence to high standards, disciplined leadership and respect for all.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 26 October 2021	10:30hrs to 14:00hrs	Lorraine Wall	Lead
Tuesday 26 October 2021	10:30hrs to 14:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

This was an inspection of a new unit which had recently been completed and would provide 24 additional beds in Larissa Lodge Nursing Home. Inspectors found that the new unit was well designed and met the requirements of Regulation 17.

Inspectors did not speak with any residents on the day of inspection as the unit was not occupied at the time.

The inspectors did a walkabout of the new unit and reviewed the provider's staffing and admission strategies to get assurances that there would be sufficient staff with the appropriate knowledge and skills to care for the additional residents that would be accommodated in the designated centre.

Capacity and capability

This was a well managed service with a clearly defined management structure in place.

This was a short notice announced risk inspection to inform a registration decision and monitor ongoing regulatory compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The provider is Mountain Lodge Nursing Home LTD. There was a well established management team in the centre. The person in charge worked full time in the centre and had been fully involved in preparing the new unit for opening. The person in charge was well supported by the provider who met with them in the designated centre on a regular basis.

The number and skill mix of the staff was appropriate for the proposed number residents to be accommodated in the designated centre. The provider has recruited the additional staff in preparation for the opening of the new unit. The provider has developed a comprehensive staffing plan and admissions strategy in relation to increasing the bed capacity safely. This was reviewed by the inspectors at the time of the inspection.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted a complete application to vary Conditions 1 and 3 of the designated centre's conditions of registration. The prescribed information including a revised statement of purpose and revised floor plans had been submitted. The application fee had been submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

The staffing strategy and admission strategy were reviewed by the inspectors. Staffing levels were found to be appropriate for the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined organisational structure in place with sufficient resources and management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Quality and safety

The inspectors found that the designated centre was clean and comfortable and met the requirements of the regulations. The centre is a purpose built single storey building with outdoor courtyards, a range of internal communal areas, including a spacious lounge, an internal dining room, an oratory/prayer room and a visitors room near reception. There were also a number of small seating areas available in the reception area.

The new unit was well laid out. All rooms were finished to a high standard. All rooms including twin rooms had adequate space for each resident including appropriate storage and fully operational en-suite shower facilities . All furniture was new and allowed for appropriate cleaning. Bedrooms were light and adequately ventilated.

Residents had access to television, telephone and internet connection in their bedrooms. The water temperatures in all bedrooms and bathrooms was regulated to ensure that suitable water temperatures were maintained.

The day and dining areas were well presented with appropriate furnishings. There was enough seating for those residents who chose to eat in the dining room. The kitchen was fully equipped and functional.

Storage and sluice rooms were adequate for size and layout of the unit. A call bell system was installed in all rooms and day rooms and was fully operational.

All new areas in the centre were connected to the existing fire safety system. Escape routes were clearly signed with all fire exit doors found to be clear. Emergency lighting was installed and there was clear directional signage in the event of a fire emergency. The provider had commissioned a full fire safety risk assessment of the designated centre and had an action plan to address any remedial actions that had been identified.

Inspectors reviewed the communication systems in place to inform and include the existing residents in relation to the upcoming changes in the centre. The person in charge held a residents meeting to inform residents about the new unit and address any concerns they may have in relation to the opening of the new unit and any concerns had been addressed.

Regulation 17: Premises

Inspectors completed a review of the new unit and found that the premises was appropriate to the number and needs of the residents and met the requirements of schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adequate fire safety precautions in place. A fire safety risk assessment has been completed and a time bound action plan was in place to address the recommendations.

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
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant