

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lough Erril Private Nursing Home
Centre ID:	OSV-0000357
Centre address:	Lough Erril, Mohill, Leitrim.
Telephone number:	071 963 1520
Email address:	info@lougherrilnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Lakeview Retirement Home Limited
Provider Nominee:	Geraldine Scollan Greene
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	3

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.

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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 November 2014 13:30 To: 14 November 2014 17:30

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused primarily on End of Life Care and Food and Nutrition. The inspector also followed up on the progress of 10 actions from the previous inspection in May 2014. With regard to the actions from the previous inspection, nine actions were found to be complete and one partially complete. The action partially completed related to care plans with regard to challenging behaviour.

The inspector met the provider, senior nurse on duty, staff members and residents. Documents in the centre were also reviewed such as, training records, residents' care plans, medication management charts, menus and records pertaining to deceased residents. The inspector observed the afternoon tea/snack round and the evening tea. In preparation for this thematic inspection the provider completed a self assessment in relation to both outcomes. The inspector reviewed these prior to inspection. The provider had judged that the centre was compliant in relation to both outcomes.

The inspector's findings correlated with the self-assessment questionnaire results with regard to Food and Nutrition however the inspector found that the centre was minor non compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality

Standards for Residential Care Settings for Older People in Ireland with regard to End of life care as end of life care plans were not in place and staff had not receive end of life care training. This was booked for January 2015.

No next of kin questionnaires were received by the Authority. The inspector noted a pleasant and calm atmosphere throughout the centre. The centre was clean and was well maintained. Residents spoken with voiced how happy they were in the centre and were complimentary of the food, choice available, and meal times. They also expressed their appreciation with regard to the way the staff cared for them making statements for example "the staff are great, all the staff are very helpful, If I tried to search for a complaint about being in here, I wouldn't be able to find it".

The provider and staff displayed a commitment to the delivery of person-centred care and continuous improvement. The actions required ensuring 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 are detailed in the action plan at the end of this report.

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

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:

At the time of the last inspection the daily nursing notes did not comprehensively reflect the residents' current condition. This action had been addressed.

Judgment:

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:

At the time of the last inspection there was no evidence of alternative less restrictive options being tried prior to the use of restraint. This action had been addressed; Low-low beds, tactile alarms and increased supervision by staff were some of the measures trialled prior to the use of a restraint measure.

The centre used bed rails that were independently attached to the beds. An audit of safe positioning of these bed rails has been completed. The provider stated that plan to complete this audit regularly.

No fire drills had been completed with the minimum staff complement for example night staffing levels. This had been addressed. Night time fire drills had been completed.

Additionally, personal emergency evacuation plans (PEEPs) were not in place for each resident to identify their nearest exit route, assessment of equipment and staff requirements and to identify issues that may hinder evacuation such as, mobility issues, cognitive impairment, reluctance to leave or difficulties hearing the fire alarm. This had been addressed.

Fire evacuation plans were not clearly displayed in all areas to direct residents, staff and visitors to the nearest exit. This had been addressed.

Automatic self - closure devices to enable closure of doors in the event of fire had been fitted throughout the centre so as to ensure no fire door were wedged open.

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:

At the time of the last inspection the prescriptions reviewed did not include maximum doses for PRN (as required) medication. On one chart reviewed there was a range of a dose of a PRN medication. This had been addressed and all medication was prescribed in line with best practice at the time of this inspection.

Monitoring charts were in place to record the effectiveness of the PRN medication administered.

Judgment:

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:

Person-centred care and support

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

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

Findings:

At the time of the last inspection while care plans were reviewed at three-monthly intervals the only evidence available of involvement of the resident or their significant other's in the development and review of their care plan was a signature, but no narrative note was available of the resident's or significant other's view, understanding or agreement of the care plan. The inspector found on this occasion that a narrative note detailing the views and agreement with regard to the care plans was in place.

The behaviour monitoring log reviewed by the inspector now documented the antecedent, the behaviour and the consequence of the behaviour thereby providing an adequate reliable assessment tool. Care plans with regard to the management of the behaviour that challenged were in place, however not all of these detailed the reactive strategy to adapt to ensure a consistent respond to the behaviour exhibited.

Judgment:

Non Compliant - Minor

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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:

At the time of the last inspection there was no evidence available that residents had been interviewed or supported by way of an advocate to have input into the investigation process. This action has been addressed. The provider contacted the social work department for advice. Additionally the centre has an independent advocate to support residents should they wish to make a complaint or be interviewed with regard to a complaint.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

From discussions with the provider and staff and review of documentation the inspector found that residents received a good standard of end-of-life care. However there were areas for improvement with regard to assessment and care planning and staff training. The draft policy contained guidance to staff in caring for the emotional, physical and spiritual needs of residents at the end of life.

The inspector reviewed documentation for a number of residents in relation to of-life care planning and found that many of the residents did not have an end of life care plan which dealt with future health care needs in the event that the resident became seriously ill and was unable to articulate their needs. The end of life care assessments were blank, incomplete or stated 'unable to express' and there was no evidence that alternative means of gathering this information was considered. In a minority of files care plans were in place but these were not comprehensive and did not fully reflect the residents' physical, emotional, psychological and spiritual needs.

There were no residents receiving active end-of-life care at the time of inspection but the provider and senior nurse informed the inspector that there was good access to palliative care services. The service was accessible upon referral by the nurses and general practitioner and staff described prompt access to this service.

Residents spoken with by the inspector stated that they felt staff would listen and respect their views and that their religious and spiritual needs were respected. Mass was celebrated weekly. Access to other religious representatives from other faiths was available as requested. Last rites were provided and documented. Respect for the remains of the deceased was noted and documented and family were consulted throughout the process.

Residents and visitors were informed sensitively when there was a death in the centre. The staff informed the residents and it was announced at Mass. A symbol was placed on the resident's door to inform all staff, residents and visitors when a resident was at end of life.

The inspector read the information available for distributing to families following the death of a loved one. These provided useful information including details of professional support services.

The provider and senior nurse spoke of their intention to introduce advanced care planning which would detail the wishes of the resident with regard to future health care needs in the event that the resident became seriously ill and was unable to articulate their wishes.

Residents' dignity and privacy was respected. Residents could access a single room if required. There was an overnight facility available upstairs for families to stay in the centre and the family member could also be accommodated in the residents' single room or the visitor's room. Refreshments were provided for relatives/friends. Open visiting was facilitated.

The procedure for the return of resident's personal possessions included the provision of

appropriate bags for personal belongings. Records showed that staff had not received training in end-of-life care but this was organised for January 2015. Staff stated that they were looking forward to completing the training.

Assessments and plans of care were in place for oral hygiene, skin integrity, pain control and food and fluid intake. There was evidence in the care plans that discussions had been held with the GP and residents about CPR (Cardio-Pulmonary Resuscitation) and where appropriate this had been clearly recorded in the medical file. Staff were trained in the use of subcutaneous fluids and in the use of syringe drivers (a device for the administration of symptom control drugs) for end-of-life. The provider and senior nurse on duty stated that they were aware that they needed to complete more work with regard to end of life care.

Judgment:

Non Compliant - Minor

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Breakfast was served from 8:30 to 9:30, mid morning snack/soup at 10:30, lunch from 12:30 to 14:00, the evening meal was served at 16:30 hrs and supper served at 20:30 hrs.

The inspector observed the afternoon snack and the evening tea. A number of options of food was available including scrambled egg, pancakes and boiled egg. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspector spoke were complimentary of the meals and snacks served. Residents were provided with adequate dining space, there were two sittings at lunch time.

Staff demonstrated awareness of residents' preferences. Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. There was emphasis on fortifying meals for those residents who had impaired intake. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets. Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food as the normal diets.

There was good ongoing monitoring of residents nutritional and hydration needs and this was documented and discussed at the staff handover. Regular weight monitoring and nutritional screening was carried out for all residents using an evidence-based screening tool. Nursing staff highlighted any significant changes to the person in charge

and the centre's policy was implemented as appropriate. Staff monitored the food and fluid intake of all new residents and any residents at risk nutritionally. The inspector found that this was comprehensively completed. A jug of water was provided in each resident's bedroom and in the sitting and dining rooms. Staff were observed to assist residents with fluid intake. Guidelines were in place to guide staff in the monitoring of residents weights. Residents' weights were recorded monthly or more often if indicated.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The inspector spoke to the chef who was knowledgeable about the service delivered and the special diets. There was a menu plan in place and the menu had been audited by the dietician in order to ensure that it was nutritionally balanced. The menu was on display in the dining room.

If weight loss was identified the GP was informed and a referral made to the dietician. Care plans reviewed with regard to nutritional care were found to be comprehensive and guided the staff in safe person centred care. Staff had received training in the area of nutrition; this included the nutrition, Dysphasia, hydration training, MUST (malnutrition, universal, screening, tool) and primary food hygiene training.

Night staff had access to the kitchen to make hot drinks and a light snack for residents. On reviewing the staff roster and from observation on inspection, the inspector noted that there was sufficient staff to meet the needs of residents during mealtimes. The assistance of the occupational therapist, dentist, dietician and speech and language therapist was accessed promptly, documented, communicated and observed.

There was a hydration and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable regarding this policy. The inspector found that there were no complaints in 2014 in relation to food. Residents chatted to the inspector about the day to day service provided and many stated they enjoyed living in the centre.

A sample of medication administration charts reviewed by the inspector indicated that nutritional supplements were prescribed by the GP. If a resident was not able to eat the food on offer or was found to be losing weight a supplement was prescribed. Subcutaneous fluids were also available for residents who were not able to partake of oral fluids. Fluid and food records were maintained for residents who had identified nutritional needs to require this.

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. Staff were observed to engage well with residents and respond to their requests in a timely way.

At the time of the last inspection nursing staff were not providing care in accordance with contemporary evidence-based practice, particularly with regard to care planning. This had been addressed. All nurses have attended training in care planning. The Person in Charge and her deputy are in the process of reviewing all care files. The Inspector reviewed two of the reviewed files and found that there were appropriate care plans in place to guide and inform staff in the delivery of safe person centred care to the residents

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 McCann
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

Centre name:	Lough Erril Private Nursing Home
Centre ID:	OSV-0000357
Date of inspection:	14/11/2014
Date of response:	18/12/2014

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 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

All care plans reviewed with regard to the management of the behaviour that challenged did not contain a reactive strategy to adapt to ensure a consistent respond to the behaviour exhibited.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A reactive strategy to adapt to ensure a consistent respond to behaviour that challenges is contained in all care plans.

Proposed Timescale: 18/12/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

The end of life care assessments were blank, incomplete or stated 'unable to express' and there was no evidence that alternative means of gathering this information was considered. In a minority of files care plans were in place but these were not comprehensive and did not fully reflect the residents' physical, emotional, psychological and spiritual needs.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

An End of Life Assessment will be completed for each resident. The completion of these assessments is ongoing and due to their sensitive nature the completion timeframe will vary for each resident. End of Life Care Plans based on these assessments will be comprehensive and fully reflect the residents' physical, emotional, psychological and spiritual needs.

Proposed Timescale: 31/03/2015