

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Lisdarn Centre for the Older Person
<b>Centre ID:</b>	490
<b>Centre address:</b>	Lisdarn Health Centre
	Cavan
	Co. Cavan
<b>Telephone number:</b>	049-4362333
<b>Fax number:</b>	049-4362778
<b>Email address:</b>	<a href="mailto:BernadetteK.McManus@hse.ie">BernadetteK.McManus@hse.ie</a>
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered providers:</b>	Health Service Executive
<b>Person in charge:</b>	Bernadette McManus
<b>Date of inspection:</b>	29 September 2011
<b>Time inspection took place:</b>	<b>Start:</b> 10:20 hrs <b>Completion:</b> 17:30 hrs
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector:</b>	Bríd McGoldrick
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

The Lisdarn Centre for the Older Person is operated by the Health Service Executive (HSE) and provides accommodation for up to 54 residents however the occupancy level has usually been maintained at 45 during the past year. There are 39 continuing care, 10 rehabilitation and five respite care beds. At the time of this inspection, there were two residents under 65 years.

The centre is a single-storey building, comprised of two units and has seven single bedrooms, two six-bedded rooms and seven five-bedded rooms. There are no en suite facilities. Unit one is a female ward and has 27 beds (five for rehabilitation, three for respite and 19 for residents who require extended care). Unit two is a male ward that has 27 beds (five for rehabilitation, two for respite and 20 for residents requiring extended care). Both units have separate dining and sitting areas. There are a total of four assisted bathrooms, three in Unit 1 and one in Unit 2. An outdoor decked area is accessible from both units.

### Location

The Lisdarn centre is located in the grounds of Cavan General Hospital approximately one mile outside Cavan town, County Cavan.

<b>Date centre was first established:</b>	1994
<b>Number of residents on the date of inspection:</b>	37
<b>Number of vacancies on the date of inspection:</b>	8

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	23	8	5	1

### Management structure

The registered provider of Lisdarn Centre for the Older Person is the Health Service Executive (HSE) and the designated contact person is Josephine Collins, General Manager.

The Person in Charge is Bernadette McManus who is the Assistant Director of Nursing who manages the centre on a day-to-day basis and reports to Millie Kieran, Director of Nursing. The Person in Charge is supported in her role by three Clinical Nurse Managers (two acting CNM2 and one CNM1), a team of registered nurses, care staff and administrative, clerical and ancillary staff.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	5	3	2	1	1

## Background

This was the fourth inspection carried out by the Authority. It was unannounced and was undertaken to confirm the services to be provided at the centre prior to registration. The Lisdarn Centre for the Older Person was last inspected by the Authority on 3 February 2011. This was a follow up inspection to the registration inspection conducted on 6/7 July 2010. While inspectors had found at that time that there was a good standard of care provided to residents, a number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These improvements included significant environmental changes, revisions to the complaints procedure, the development of a centre-specific risk management policy and the need to take adequate action to protect all residents from risk of assault or verbal abuse by other residents. This inspection report can be found at [www.hiqa.ie](http://www.hiqa.ie).

The lead inspector had met with the nominated provider on behalf of the HSE who at the time of inspection was Cathal Hand, Acting General Manager and the persons in charge of the designated centres in Cavan/ Monaghan on 21 April 2011 to discuss the configuration of services to be provided in each designated centre and the number of residents to be accommodated. At that time there had been a suggestion that resident numbers at Lisdarn would increase to full capacity. However, this had not happened and resident numbers had remained at 40-45. However, the rehabilitation services provided at the centre have been discontinued. The nominated provider for the centres in the area had changed and this role was now undertaken by Josephine Collins since August 2011.

## Summary of findings from this inspection

The inspectors met with the person in charge and a clinical nurse manager to discuss the service and developments since the last inspection. Staff were providing care to residents with significant nursing care needs. 70% of residents had been assessed as high or maximum dependency and over a third were cared for in bed for all or most of the day. The inspectors found that there had been significant changes to the service as the on site physiotherapy and occupational therapy departments had closed and these services were being provided elsewhere. Access to specialist services required by residents was now arranged on a referral basis. The centre continued to provide a respite care and continuing care service.

The inspector found the person in charge was well informed about residents' care needs and aware of residents who had specialist care requirements. Staff were responsive to the inspectors' queries and provided good detailed information when required.

The inspectors were concerned to find significant failings in risk management, fire safety and governance when the clinical and administration systems that support the service were reviewed. Significant failings in fire safety arrangements were found. These included obstructions on the pathways leading from fire exits to the fire assembly point in the grounds, poor provision of fire action signs to guide staff or anyone in the centre in a fire situation and no regular system for testing the fire alert equipment. An immediate action letter to rectify these matters was issued by the inspectors.

There were other significant hazards identified throughout the premises. These included substantial damage to a ceiling in a shower area, unprotected flights of steps in the garden and inadequate arrangements for managing infection control risks.

Due to the significant failings identified during this inspection and the response required to the immediate action letter the action plan from the last inspection was not fully reviewed.

The Action Plan at the end of the report identifies areas where mandatory improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

## Issues covered on inspection

### 1. Health and safety:

The centre has a risk register in place which is compiled by the person in charge. The inspectors viewed this and found it described a range of risk situations such as continued staff shortfalls due to the moratorium, risk to residents due to inadequate access to specialist services such as dietician services and risk of cross infection due to poor infection control practice.

The inspectors found that infection control systems were not adequate. This was confirmed by a number of indicators. They were concerned to find that a resident with an infectious illness was being cared for in an area where barrier nursing could not be undertaken in a satisfactory manner. This was due to the design of the room the resident occupied which opened onto a communal area that connected the other residents' bedroom areas. It was not possible to provide effective isolation and appropriate barrier nursing techniques when the infection was active. This presented an infection control risk and did not facilitate staff to maintain residents' wellbeing and health care needs. While staff had some measures in place to mitigate the risk such as undertaking this resident's care after other residents had been attended to this was not an appropriate way to manage the situation. The sluice was also a significant distance from the resident when staff had to dispose of infected material. It was not possible to maintain appropriate barrier nursing techniques in this open environment.

Other infection control risks were presented by commodes and a shower chair that were not adequately cleaned and the water outlets in some showers that had not been appropriately cleaned for residents use.

The inspectors viewed the interior and exterior of the building. Deficits in the premises had been identified during the registration inspection and were found to be outstanding during the inspection conducted in February 2011 and restated in the report of that inspection.

There were a number of areas internally that were found to need attention:

- the ceiling in one of the shower areas had extensive plaster damage extending across an area that was six foot by five foot
- Some windows showed signs of damage
- a store room containing chemicals was unlocked
- externally there were a number of hazards. There were two flights of unprotected steps that were not clearly visible due to overgrown shrubs on the paths
- there were cement blocks at intervals on the paths and the bird table protruded onto the path presenting trip hazards
- the shrubbery and uneven surface from the path to the decked area presented a trip hazard
- there was wiring hanging from the guttering which was hazardous to anyone using the perimeter paths.

## **2. Fire Safety:**

The inspectors viewed the building internally and externally. There were fire zones identified and these were known to the person in charge. A number of serious deficits in the fire safety arrangements were found. These included:

- there was a lack of fire action signs and fire evacuation routes on display throughout the building to guide staff, residents and visitors in a fire situation. While some fire signs were available on the notice board the inspectors found that there were four versions of the instructions and this was the only place they were displayed
- fire escape routes were checked daily the inspectors were told but the checks were not adequate as fire exit routes to the fire assembly point in the garden were found to be obstructed with overgrown shrubs and several areas had trip hazards in the form of cement blocks used to prop open doors
- there was no information recorded in the centre that indicated that regular tests and maintenance of emergency lighting and the fire alarm were carried out to ensure that it is in working order. The person in charge told inspectors that the centre's fire alert system was linked to Cavan General Hospital and she understood that the regular checks were undertaken there
- there were no individual risk assessments for residents indicating how they would be evacuated in the event of fire
- a fire safety certificate had not been provided to the Authority.

A fire safety risk assessment of the premises had been undertaken at the beginning of September. However, the person in charge had not been informed of the outcome of this at the time of the inspection. A copy of the findings was made available at the inspectors' request.

## **3. Care Practice:**

The majority of residents had substantial care needs as described earlier. Care plans examined conveyed that residents care needs were assessed using some recognised evidence-based assessments such as the Barthel index score and continence assessments. However, the inspectors found that residents did not have access to all appropriate healthcare as outlined in regulation 9, Health Care. Accesses to the services of a dietician were problematic and subject to delay the inspectors were told. In one care plan the inspectors found that staff concerns about weight loss had not been addressed appropriately despite referral to the service and the resident had eventually to be admitted to hospital to access the dietetic service and appropriate intervention. This resident also had an infectious illness and the systems in place were inadequate to manage this effectively as outlined earlier. The inspectors formed the view that due to these significant complications and the inadequacy of the service to address the residents needs in a comprehensive and safe manner that this resident's care should be reviewed.

The inspectors were also concerned to find that 12 residents were nursed in bed most days. There was no plan for physiotherapy intervention to ensure that these residents could maintain optimum health and prevent complications due to prolonged bed rest.

The staff numbers at night had been reduced. There was now one nurse and two carers on duty throughout the night instead of two nurses and two carers. The person in charge had requested night staff to do a risk assessment to provide evidence of the impact if any of this change. She was also hoping to increase the qualified nurse presence during the late evening and early morning as she identified that the care needs of residents required two qualified nurses to provide appropriate care. The inspectors formed the view that the number of qualified nurses available should be based on the dependency level of residents, the clinical presentation of each resident and the regular change in resident profiles due to continued admissions for respite care and the layout of the building and current fire safety deficiencies.

While staff training had been provided on elder abuse prevention and protection, cleaning staff had not received any. The person in charge confirmed that she that she would attend to this matter promptly.

Documentation was available in relation to the use of restraint measures. This was reviewed by the inspectors but it failed to substantiate that the restraint measure was used as a last resort and only considered when less restrictive interventions had not achieved the desired outcome. Where a resident was cognitively impaired no narrative was available that an assessment of the capacity of the resident' ability to consent to the restraint measure had taken place. There was no documentation that an opportunity for motion and exercise is provided for a period of not less than 10 minutes during each two hour period in which the resident is awake. A number of staff had attended training on restraint management and a policy was due for roll out over the next few weeks.

#### **4. Governance**

From January to August 2011, there has been an "acting" nominated provider for the designated centres in the Cavan/Monaghan area. The director of nursing who the person in charge reports to has been on extended illness leave since May. The inspectors found that these factors had left the person in charge without an appropriate support system and indicated that there was a poor structure for the governance and management of the designated centre which was not in accordance with the information outlined in the statement of purpose. There was no system in place for the person in charge to meet with the nominated provider in the absence of the director of nursing.



## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

Appropriate medical care by a medical practitioner of the resident's choice or acceptable to the person was not provided. The designated provider was required to provide appropriate medical care by a medical practitioner of the residents' choice or acceptable to the residents.

This action was complete. Medical services are now provided by a local doctor for 15 hours each week and the person in charge said this was appropriate to need at present.

### **2. Action required from previous inspection:**

The written centre-specific policy on risk management did not fully reflect the requirements of the relevant legislation in that it failed to reference self harm and assault. Develop a comprehensive centre-specific risk management policy which assesses the risks throughout the centre and identifies the precautions and monitoring arrangements necessary to control those risks.

This item was not reviewed.

### **3. Action required from previous inspection:**

The communal sitting and dining areas were of insufficient size to accommodate all residents and did not provide adequate space for all residents to use the areas in comfort. Multiple occupancy rooms did not meet the required standards for space, privacy or dignity of residents and in particular ward E on the female unit was too small for the number of residents accommodated.

There was no lockable space for residents to securely store personal property. The exterior of the centre had not been maintained in a good state of repair. There was no wash-hand basin in the laundry room which created a risk of cross infection. Some dining room chairs were very worn and had holes in places. There was no secure garden area.

The provider was required to:

- Make available appropriate personal and communal space for all residents throughout the centre
- Provide lockable space for residents to securely store personal property
- Ensure that appropriate storage is provided for equipment
- Maintain the exterior of the centre in a good state of structural repair and ensure it is suitably decorated
- Provide wash-hand basins in the laundry room
- Provide a secure garden area

This action was not met. The areas identified had not received attention and the inspectors found a range of other premises matters that were hazardous and in need of attention.

**Report compiled by:**

Geraldine Jolley  
 Inspector of Social Services  
 Social Services Inspectorate  
 Health Information and Quality Authority

05 October 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
12 January 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
6 and 7 July 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
3 February 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Action Plan

### Provider's response to inspection report \*

<b>Centre:</b>	Lisdarn Centre for the Older Person
<b>Centre ID:</b>	490
<b>Date of inspection:</b>	29 September 2011
<b>Date of response:</b>	27 October 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### **1. The provider has failed to comply with a regulatory requirement in the following respect:**

The fire safety arrangements did not adequately protect residents, staff or visitors in the event of fire. There were few fire action signs on display to guide personnel in the event of fire and there were several versions of the instructions. The routine for the fire alarm tests was not consistent or regular. Fire escape routes were obstructed by overgrown plants and the fire escape route was hazardous due to blocks on the path and unprotected steps.

#### **Action required:**

Provide adequate means of escape in the event of fire.

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

<b>Action required:</b>	
Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.	
<b>Action required:</b>	
Provide to the Chief Inspector of Social Services, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.	
<b>Action required:</b>	
Provide fire action signs at appropriate intervals throughout the centre to guide and inform staff residents and visitors of the actions to take in the event of fire.	
<b>Reference:</b>	
Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The following fire safety arrangements are currently in place in Lisdarn Centre for Older People:</p> <ul style="list-style-type: none"> <li>▪ new format fire orders are displayed throughout the unit displaying what to do in the event of a fire</li> <li>▪ fire evacuation plans have been provided to indicate means of escape from the unit</li> <li>▪ fire Alarm tests are carried out every Monday morning</li> <li>▪ fire escape routes externally have all been cleared and provide a clear unobstructed route for means of escape</li> <li>▪ all internal means of escape are checked on a daily basis and recorded in the fire register on site</li> <li>▪ A maintenance contract is currently in place for the servicing of the fire alarm, emergency lighting and fire extinguishers. The fire alarm and emergency lighting are serviced quarterly in accordance with IS 3218 and IS 3217 respectively. The fire extinguishers are serviced annually in accordance with IS 291</li> <li>▪ staff training is carried out on a regular basis and recorded in the fire register on site</li> <li>▪ evacuation drills are carried out at regular intervals in the unit;</li> </ul>	Immediate

<p>bed evacuation and evacuation via evacuation sheets are covered in this training.</p> <p>A fire document box has been put in place beside the fire alarm panel where the fire register and all other relevant fire safety document is now stored.</p> <p>In relation to the request for written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with, a fire safety risk assessment was carried out by a competent fire safety consultant recently as per the format agreed with the Health Information and Quality Authority. The report was finalised on Monday 18 of October 2011 therefore allowing us a three month period from that date to deal with the 'A' priority issues as outlined in the report. On completion of same, the consultant will re-inspect building and issue the required documentation.</p>	<p>Immediate</p> <p>three months</p>
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<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Infection control arrangements did not fully protect residents and staff and were not in compliance with best practice standards. The standard procedures for barrier nursing could not be put in place because of the open layout of residents' rooms and did not facilitate staff to maintain each residents welfare and wellbeing.</p>	
<p><b>Action required:</b></p> <p>Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.</p>	
<p><b>Action required:</b></p> <p>Provide for residents a high standard of evidence-based nursing practice.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 6: General Welfare and Protection  Regulation 30: Health and Safety  Standard 13: Healthcare</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The infrastructure of Lisdarn is not conducive to effective infection prevention and control management. Lack of isolation facilities combined with open bays facing onto a connecting corridor lead to</p>	<p>Immediate</p>

<p>potential increased risk of cross infection.</p> <p>However, contact and transmission based precautions when required are applied within the limitations of the infrastructure. The cases referred to below have history of recurrent infections with the same organism (C diifcile).</p> <p>Both cases are not currently actively infected. Case A, last active infection December 2010, Case B last episode July 2011.</p> <p><i>National Guidelines on the Surveillance, Diagnosis and Management of Clostridium difficile - associated disease in Ireland 2008</i> recommend the following; Patients with asymptomatic colonisation are not thought to represent a significant risk for cross-infection or to need treatment and therefore single room placement for these patients is not advised. Isolation with contact precautions may be discontinued when the patient has had at least 48 hours without diarrhoea and has had a formed or normal stool for that patient.</p> <p>Due to the clients' medical status, they both have risk factors for recurrence and remain under surveillance for symptoms.</p> <p>Transmission and contact precautions are instigated when a case is actively positive. The following infection prevention and controls were/are instigated within the infrastructure deficits of no isolation facility being available in the facility;</p> <p>Transmission &amp; contact precautions:</p> <ul style="list-style-type: none"> <li>▪ commencement of treatment</li> <li>▪ cohorting clients in two cubicle areas</li> <li>▪ dedicated equipment, commode etc</li> <li>▪ C Difficile Care pathway, C difficile care bundle, compliance with national guidelines</li> <li>▪ staff education</li> <li>▪ surveillance by infection prevention and control CNS and SAMO public health department</li> <li>▪ to monitor environmental hygiene, cleaning and decontamination of equipment and environment the following were advised</li> <li>▪ monthly hygiene audits</li> <li>▪ infection prevention and control link nurses insitu</li> <li>▪ no admissions to the unit when cases infected</li> </ul> <p>Both residents that have recurrent infection with the same organism (C Difficile) have been relocated to alternative facilities.</p>	<p>20 October 2011 and 21 October 2011</p>
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<p><b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There were a range of internal hazards that had not been identified in the hazard analysis or the risk register. These included:</p> <ul style="list-style-type: none"> <li>▪ the ceiling in one shower area was extensively damaged</li> <li>▪ windows showed signs of deterioration and damage</li> <li>▪ a store room containing chemicals was unlocked</li> </ul>	
<p><b>Action required:</b></p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</p>	
<p><b>Action required:</b></p> <p>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The maintenance department has indicated that the damaged ceiling did not pose a risk to either residents or staff. However, the repairs have been carried out, as requested.</p> <p>Staff have been reminded to ensure that all cupboards with chemicals are to remain locked when staff are not in attendance, as per HSE policy. In addition, an audit has been implemented, in that three random checks will be carried out and recorded, to verify that this requirement is being adhered to and the outcome actioned accordingly.</p> <p>The damaged windows have been put on the risk register and will be escalated accordingly. This issue will be included in capital/estates survey of the centre.</p>	<p>Immediate</p> <p>Immediate</p> <p>Six months</p>

<p><b>5. The person in charge has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The deployment of staff had been altered. It was not clear that the new arrangements were based on an assessment of the care needs of residents, the declared dependency levels or the design and layout of the building.</p>
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<b>Action required:</b>	
Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
<b>Reference:</b>	
Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications.	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Following on from the inspection, the night time staffing complement has been reinstated. A full review is currently being undertaken in response to changes in occupancy and this process will be cognisant of residents care needs, dependencies and the layout of the centre.	One month

<b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
Externally there were a number of hazards. There were two flights of unprotected steps that were not clearly visible due to overgrown shrubs on the paths. Wiring was hanging from the guttering, there were blocks at intervals along the external paths and the bird table protruded onto the path creating a trip hazard.	
<b>Action required:</b>	
Provide and maintain external grounds which are suitable for, and safe for use by residents.	
<b>Reference:</b>	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
All obstacles have been removed to ensure clear pathways outside. The wiring has also been removed.	Immediate
Following the inspection a hazard chain was erected at the steps outside.	Immediate



Quotes are being sought to erect gates on these areas	Six months
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<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There was evidence that all appropriate healthcare services were not provided. The inspectors found that 12 residents were nursed in bed most days. There was no plan for physiotherapy intervention to ensure that these residents could maintain optimum health and prevent complications due to prolonged bed rest. The lack of an accessible dietician. Had meant that in one case a resident had to be admitted to the acute hospital to avail of the service.</p>	
<p><b>Action required:</b></p> <p>Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.</p>	
<p><b>Action required:</b></p> <p>Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 9 Health Care Standard 13: Healthcare</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>All residents which were in bed on the day of the Inspection, have since been reassessed and do not require Physiotherapy or O.T therapeutic interventions, however, an individual programme to address each of their passive range of motion and confined to bed needs have been clearly documented in the residents' care plans for implementation.</p> <p>The difficulty in accessing specialist therapists has been identified on the risk register and will be presented at the Primary Care Management Team meeting to establish clarity as regards access to the residents in extended care beds.</p>	<p>Three months</p> <p>Six months</p>

<p><b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Effective Infection control management was compromised by commodes and a shower chair that were not adequately clean and the water outlets in some showers were not appropriately cleaned for residents use.</p>	
<p><b>Action required:</b></p> <p>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p>	
<p><b>Action required:</b></p> <p>Ensure that all equipment to be used by residents is available in a clean hygienic condition.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>A cleaning roster is now in place to ensure adequate cleaning of all equipment.</p> <p>The contract cleaning supervisor will commence monitoring in relation to water outlets.</p>	<p>Immediate</p> <p>One month</p>
<p><b>8. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The governance, management, services provided of the designated centre was not in accordance with the information outlined in the statement of purpose.</p>	
<p><b>Action required:</b></p> <p>Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p><b>Action required:</b></p> <p>Make a copy of the Statement of purpose available to the Chief Inspector.</p>	

<b>Reference:</b> Health Act, 2007 Regulation 5:Statement of Purpose Standard 28: Purpose and function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The statement of purpose is currently being updated to reflect all matters relating to schedule 1 of the Health Act 2007.	Two weeks

<b>9. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  Not all staff had up to date training on elder abuse and protection on the day of inspection.	
<b>Action required:</b>  Ensure all necessary arrangements by training staff who have not yet attended training by other measures, which are aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
<b>Reference:</b> Health Act, 2007 Regulation 17:Training and Development Regulation 6:General Welfare and Protection Standard 24:Training and Supervision	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All staff providing direct care to residents had received elder abuse training prior to the day of the inspection. The group identified as not having received same i.e contract cleaners, completed training 13 October 2011.	October 11

<b>10. The Provider has failed to comply with a regulatory requirement in the following respect:</b>  The Provider had failed to put in place a contemporary evidence-based restraint policy which complies with best practice.	
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<p>Risk assessments did not provide a consensus judgement that the intervention was in the best interest of the resident and was the least restrictive option.</p>	
<p><b>Action required:</b></p> <p>Put processes in place where residents have an in depth assessment of the necessity of restraint and ensure where restraints are used it is as a last resort measure for the least amount of time and is continually monitored and reviewed.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 6: General Welfare and Protection  Standard 10: Assessment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The local and national restraint policy was in place, on the day of the inspection. However, these were not presented to the inspector as it was not sought. The local policy covers all requisite aspects of restraint use i.e. process of MDT decision making using appropriate assessments, planning, monitoring and review of use, etc.</p> <p>Two of the Lisdaran staff are trainers as regards training on restraint and the training has since commenced within the centre.</p> <p>Each patient has been assessed since the inspection of September 29 2011, consisting of a risk assessment to inform a consensus judgement that the intervention is in the best interest of the resident and is the least restrictive option.</p>	<p>Immediate</p> <p>ongoing</p> <p>ongoing</p>

## Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 29: Management Systems	<p>Development plans for nursing and non-nursing staff should be moved forward at the earliest opportunity</p> <p>Provider's response:</p> <p>A Cavan service for the Older Person correspondence has been forwarded to the relevant unions to enable consultation on PDP's for all staff. To date, no response has been forthcoming. This issue will be reactivated.</p>

## Any comments the provider may wish to make:

### Provider's response:

With effect from October 12 2011, the person in charge reports to the Operations Manager, in the absence of the director of nursing.

The Provider, PIC and the staff would like to express thanks to the inspection team for their courtesy to both residents and staff.

### Provider's name:



**Date:** 8 November 2011