Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Lisheen Nursing Home
Centre ID:	0059
Centre address:	Stoney Lane Rathcoole Dublin
Telephone number:	01-2574500
Email address:	info@lisheennursinghome.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Lisheen Nursing Centre Ltd
Person authorised to act on behalf of the provider:	Geraldine Joy
Person in charge:	Valerie Joy
Date of inspection:	13 August 2012
Time inspection took place:	**Start:** 09:00 hrs **Completion:** 17:15 hrs
Lead inspector:	Angela Ring
Support inspector:	Sheila Doyle
Type of inspection	☒ **announced** ☐ **unannounced**
Date of last inspection:	12 July 2011

About inspection

The purpose of inspection is to gather evidence on which to make judgements 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 *There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.*
Outcome 2 *The quality of care and experience of the residents are monitored and developed on an ongoing basis.*
Outcome 3 *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*
Outcome 4 *Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*
Outcome 5 *The health and safety of residents, visitors and staff is promoted and protected.*
Outcome 6 *Each resident is protected by the designated centre's policies and procedures for medication management.*
Outcome 7 *Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*
Outcome 8 *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.*
Outcome 9 *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 discreet and sensitive manner.*
Outcome 10 *Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

Outcome 11 *Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*
Outcome 12 *Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*
Outcome 13 *The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*
Outcome 14 *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.*
Outcome 15 *The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*
Outcome 16 *The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*
Outcome 17 *A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*
Outcome 18 *The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

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.

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Lisheen Nursing Home is a purpose-built centre with a new two-storey extension to the existing facility. The centre which originally accommodated 55 residents has been extended to accommodate 112 residents. Inspectors found that the extension complied with the requirements in the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The centre was finished to a very high standard and there was evidence of best practice in dementia design being incorporated. The centre provides long-term residential care for residents with dementia, palliative care and those with physical disability. Some residents had dementia related conditions.

The main entrance at the front opens into a lobby area, which has a reception desk and the administration office. There is a large kitchen, laundry, sluice rooms, oratory, staff changing rooms, visitor toilets, family meeting rooms and administration offices in the centre. There are nine separate units which are described in detail below. Apple Blossom, Bluebell, Carnation, Daffodil, Elderberry and Fuschia are on the first floor. Gardenia, Heather and Jasmine are on the second floor. The layout of the living areas on the ground floor provides access to and from each unit internally and to the gardens and walkways externally. Apple Blossom, Bluebell and Carnation are located in the existing building while the remaining units are located in the new extension. There are two bathrooms with baths in the centre if residents prefer this facility. A large passenger lift links the two floors.

Apple Blossom provides accommodation for 20 residents, all in single rooms with en suite toilet, wash-hand basin and shower. The bedrooms are linked by a corridor called “The Village” to the sitting/dining room. It accommodates the hairdressers, a post office and cottage for reminiscence purposes. There is a sitting room and dining areas with access to two courtyard gardens. There is a nurses’ station, kitchenette and two assisted bathrooms adjoining the living accommodation.

Bluebell provides accommodation for 14 residents in four twin bedrooms with en suite toilet, wash-hand basin and shower. There are six single bedrooms; five of these have an en suite with toilet and wash-hand basin. There is an open-plan sitting/dining area with views and access to the courtyard gardens. There is also a nurses’ station and three assisted bathrooms close to the living accommodation.

Carnation provides accommodation for 16 residents in six twin bedrooms, five of these bedrooms have en suite toilet, wash-hand basin and shower. There are four single bedrooms with en suite toilet, wash-hand basin and shower. The living/dining area has views and access to the garden and also provides an open light well with shrubbery and a water feature. There is an assisted bathroom, a kitchenette and a quiet sitting area on this unit.

Daffodil provides accommodation for 10 residents in single en suite rooms with toilet, wash-hand basin and shower. There is an open plan living/dining and kitchenette with views of the front entrance and access to the courtyard gardens.

In addition, there is a nurses' station and two assisted toilets. Daffodil and Elderberry are linked by a spacious seated area with access to the internal courtyards and walkways. Five residents in Elderberry use the Daffodil dining/living room and are cared for by Elderberry/Daffodil staff and have access to all activities.

Elderberry provides accommodation for 10 residents in single en suite rooms with toilet, wash-hand basin and shower. There is an open plan living/dining room with access and views of the courtyards, gardens and walkways. There are two assisted toilets and a nurses' station with space for pool/snooker and games. Elderberry and Fuschia are linked by a spacious seated area with access to the internal courtyards and walkways. Five residents in Elderberry use the Fuschia dining/living room and are cared for by Elderberry/Fuschia staff and have access to all activities.

Fuschia provides accommodation for 12 residents in ten single en suite rooms with toilet, wash-hand basin and shower and one twin bedroom with a toilet, wash-hand basin and shower next door. The living, dining area is open plan and has views of the external courtyard gardens and walkways with a nurses' station and kitchenette. There are two additional assisted toilets next to the living/dining area. A small seated area connects Fuchsia to Bluebell and provides access to the courtyard gardens and walkways.

Gardenia is on the first floor and provides accommodation for 10 residents in single bedrooms with en suite toilet, wash-hand basin and shower. There is an open plan living, dining and kitchenette area and a nurses' station with views of the courtyard gardens. Five residents in Heather use the Gardenia living/dining room and are cared for by Gardenia/Heather staff and have access to all activities.

Heather provides accommodation for 10 residents in single en suite bedrooms with toilet, wash-hand basin and shower. The living/dining area is open plan. Five residents in Heather use the Jasmine living/dining room and are cared for by Heather/Jasmine staff and have access to all activities.

Jasmine provides accommodation for 10 residents in single rooms with toilet, wash-hand basin and shower. The living dining room, kitchenette and nurses station are open plan and provide views of the garden courtyards. Access to the balcony is from the living dining area. Two assisted toilets are situated close to the communal area. There is also an overnight guest room available to facilitate a family member if required.

The centre is located in Rathcoole Village in South County Dublin. Rathcoole is on the N7, approximately 10km from Dublin city centre.

Date centre was first established:	1988
Date of registration:	04 October 2011
Number of registered places:	112
Number of residents on the date of inspection:	110

Dependency level of current residents as provided by the centre:	**Max**	**High**	**Medium**	**Low**
Number of residents	39	27	23	21

	Male (✓)	**Female (✓)**
Gender of residents	✓	✓

Management structure

Lisheen Nursing Centre Ltd is the Provider and husband and wife Kevin and Geraldine Joy are Company Directors. Geraldine Joy is the person named to act on behalf of the Provider and is also the Assistant Director of Nursing (ADON). Kevin Joy is responsible for the financial management. Their daughter, Valerie Joy, is the Person in Charge, another daughter Catherine assists Susan Kavanagh, Office Manager with administration and son Michael is the newly appointed Facilities Manager. There are five Clinical Nurse Managers (CNMs) and a clinical nurse educator who report directly to the Person in Charge. Nurses report to the CNMs. Care assistants and the activity therapists report to the nurses. The Chef, housekeeping supervisor and the assistant administrator report to the Person in Charge.

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	0	12 *	22	5	7	3	8 *

* Including the ADON deputising for the Person in Charge
* There was a facilities manager, six activity therapists and a maintenance person also on duty.

Summary of compliance with 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*.

This was the third inspection carried out by the Health Information and Quality Authority (the Authority) Social Services Inspectorate. A registration inspection was carried out in April 2011 and the centre was registered in October 2011.
As 60 new places were registered, the Authority had placed a condition on the registration of the centre to ensure that admissions did not exceed three per week. Inspectors found that the provider complied with the conditions of their registration.

This report set out the findings of an announced inspection which took place over one day. As part of the inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, inspectors found the provider met with most of the requirements in the Regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Inspectors found that the centre was well run with a strong and committed management team. Residents' medical and social needs were met and there was a sense of well being among residents. The premises were finished to a very high standard with several areas for seating and private space. Staff knew residents well and had good knowledge of the operation of the centre.

There were however some improvements required in training for staff on the procedures for protecting residents, medication management, care planning and the use of restraint.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Compliance 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*.

1. Statement of purpose and quality management

Outcome 1
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings
Inspectors found that the statement of purpose accurately described the service that was provided in the centre. It was kept under review by the provider and it was made available to residents.

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings
Inspectors found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were being completed on several areas such as care planning, falls, medication management, infection control and health and safety issues. There was evidence of improvements being identified following these audits and interventions put in place to address them.

Data was also being collected each week on the number of key quality indicators such as the use of antipsychotics, use of restraint and the number of wounds to monitor trends and identify areas for improvement.

A residents' committee was also active within the centre and this is discussed in more detail under Outcome 11.

Outcome 3
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.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings
Inspectors found evidence of good complaints management. The complaints policy was comprehensive, the procedure was displayed and it complied with the requirements of the Regulations. Each of the units had a complaints log and there were a number of complaints recorded in each log with evidence of action being taken in response to each complaint, the outcome of the complaint and whether the complainant was satisfied.

Residents told inspectors that they were given opportunities to provide feedback and there was evidence of this in the minutes of residents' council meetings. Residents were also aware of the name of provider and person in charge and spoke about how they were so approachable.

2. Safeguarding and safety

Outcome 4
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings
Inspectors found that while measures were in place to protect residents from being harmed or abused some improvements were required.

There were records to indicate that staff had received training on identifying and responding to elder abuse and this included newly recruited staff. Inspectors found that most staff spoken to on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. However, a small number of staff did not demonstrate adequate knowledge of the centres policy. Residents spoken to confirmed that they felt safe in the centre.

Inspectors reviewed the centres policy on the prevention, detection and response to elder abuse and found that it gave adequate guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse.

Inspectors reviewed the arrangements for the safekeeping of residents' valuables and found that residents' money and valuables were safely secured. There were records maintained of all transactions and they were stored in a secure and transparent manner. Residents had secure storage areas in their rooms to manage their own property and valuables if they wished.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings
Inspectors found that practice in relation to the health and safety of residents and the management of risk sufficiently promoted the safety of residents, staff and visitors.

Inspectors reviewed the emergency plan and found that it was updated and comprehensive enough to guide staff on the procedures to follow in the event of an emergency.

There was a health and safety statement in place which was updated in August 2011 and it related to the health and safety of residents, staff and visitors.

The risk management policy and safety statement addressed the risks specified in the Regulations such as violence and aggression, assault, residents going missing, and accidental injuries to residents and staff. However, the policy on the procedures in place to control the risks associated with self harm was minimal and did not provide adequate guidance to staff. On the day of inspection, there was inadequate documentation available for inspectors to review the system in place to identify all of the hazards in the centre and the control measures in place including the balconies. However, the provider and person in charge subsequently submitted detailed information to demonstrate that a robust system was in place.

There was an outdoor smoking area and smoking assessments were completed for a number of residents that smoked to determine their safety. There was safe floor covering and handrails placed throughout the centre to promote residents safety.

Inspectors found that there were adequate procedures in place to manage infection control. Wall mounted dispensers containing hand sanitising gel were located at the entrance door and throughout the building. Staff spoken to were aware of infection control measures and confirmed they had received training. There was a 'no uniform' policy in place, staff wore large name badges to allow residents to identify them.

There was a policy in place on the infection control measures related to a 'no uniform' policy.

Inspectors visited the laundry and found that it was clean and well organised, the person working in the laundry was aware of infection control procedures.

The procedures for fire detection and prevention were in place. Inspectors reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored recently. Each unit carried out a number of fire checks daily and there were records to support this. Inspector read records which showed that regular inspections of fire exits were carried out and the fire exits were unobstructed. There were training records which confirmed that staff had attended training on fire prevention and response and all of the staff spoken with were clear about the procedure to follow in the event of a fire. There was evidence of frequent fire drills taking place. The clinical educator told inspectors that she carried out fire training with all new staff and this was observed being carried out during the inspection.

There was an adequate system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. Inspectors reviewed the incidents that occurred and found that while there were still a number of falls, only two resulted in an injury to residents. Inspectors found that incident forms were completed for each incident. Staff were aware of residents' at high falls risk and closely monitored them throughout the day. There were risk assessments completed. However, inspectors found that the care plans developed for these residents did not consistently identify the preventative strategies in place to reduce further falls. There was a centre specific policy on falls which provided guidance to staff.

Inspectors found that the temperature of the water in the residents' bathrooms was adequate with thermostatic controls in place.

Outcome 6
Each resident is protected by the designated centre's policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings
Overall, medication was well managed but some improvements were required.

There was a comprehensive medication management policy which provided guidance to staff. Medications which required to be crushed were individually prescribed by the general practitioner (GP). There was evidence of a supportive relationship with the pharmacist. There was a system in place to ensure that GPs reviewed residents' medication every three months. However, inspectors found that the system of

recording the timing of medication required improvement as it was unclear and could lead to errors. Inspectors also found that the recording of medication administered was unclear and posed a risk of errors.

Regular audits were carried out. The inspector observed the staff nurse on duty administering medication which was in line with best practice guidelines. There were also records to indicate that nurses attended training on medication management.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There were medication fridges with records of daily temperature checks being maintained.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings
The healthcare needs of residents were met but improvements were required in the care planning process.

Residents had access to medical and allied health professionals. There was access to optician, physiotherapy and occupational therapy (OT). The nurse explained that the GPs visited each week and were available if necessary. There was a system in place for each resident to be regularly reviewed by their GP and there was documentary evidence to support this.

Inspectors reviewed a sample of residents' care plans and noted that nursing assessments and clinical risk assessments were carried out and the care plans were reviewed every three months and more often if required. There was a record of the resident's health condition and treatment given, completed on a daily basis. There was some evidence of meeting with family members to discuss residents care plans and this was confirmed by speaking with a relative. However, even though inspectors found that some care plans were quite person centred, improvements were required in ensuring that all residents' needs were identified in their care plan with the interventions required to meet their needs. For example, there were no care plans developed for residents with dementia to describe the effect of the condition on the resident and the measures in place to meet their needs.

Inspectors reviewed the nursing notes of a sample of residents with wounds - most of these were pressure ulcers that residents sustained in the referring hospital. Inspectors found that there were records to demonstrate accurate assessment and treatment plans. There was also evidence of residents being reviewed by a tissue viability nurse when necessary and staff had received training on best practice in wound management. There was an adequate wound management policy in place to guide staff.

Inspectors found that residents' weights were recorded each month and the nursing staff monitored any changes such as weight loss. Nutritional risk assessments were used to identify residents at risk and care plans were in place.

There were a small number of residents with behaviours that challenged. Inspectors reviewed a sample of these resident's files and found that although staff knew these residents well and could describe their behaviour and how to meet their needs, there was inadequate assessment and care planning in place. There was a comprehensive policy developed on verbal and physical aggression which provided guidance to staff on responding to and meeting the needs of these residents. There was evidence that some residents were reviewed by a consultant in Old Age Psychiatry where necessary.

Inspectors noted that bedrails were used for several residents and one lap belt was used. Inspectors reviewed files for a sample of these residents and found that there was an inadequate assessment completed for the use of restraint and there was very little evidence of alternatives being tried prior to the use of restraint. There were also no care plans developed for the care of the resident using the restraint. There was a comprehensive policy in place to guide staff however it was not being fully

implemented. The provider informed inspectors that they were sourcing alternatives to bedrails.

There were opportunities for residents to participate in activities appropriate to his or her interests and capacities. There were six activity coordinators employed in the centre. A schedule of activities was available each day and there was evidence that residents engaged in activities such as music, flower arranging, exercises, quizzes and art. Inspectors met with activity therapists and found that they knew the residents very well and was seen responding to each of them as individuals. One of them explained that he took residents outside for walks in the afternoon and played hurling with them. Pool tables were available for some of the residents if they wished to play. Life stories were completed for residents which assisted the activity therapists to identify residents' previous interests and hobbies.

Outcome 8
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.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings
There were no residents receiving end-of-life care on the day of inspection. However, inspectors found that there were adequate procedures in place to ensure that appropriate end-of-life care could be provided when necessary. There was a policy on end-of-life care and the provider explained that they accessed the services of the local palliative care team who provided support and advice when required. There was an oratory available for residents to use and overnight facilities for relatives if they wished to stay.

Outcome 9
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 discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings
Inspectors were satisfied that residents received a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff.

Inspectors spent time in the dining rooms during lunch and found that meals were quiet, unhurried and relaxed. Inspectors noted that meals were hot, well presented and tasty. Residents all expressed satisfaction with their meals. Tables were nicely set with fresh flowers. Staff were seen assisting residents discreetly and respectfully if required. Inspectors saw residents being offered a variety of drinks throughout the day. There was a choice available to residents at each mealtime.

Inspectors spoke with the chef and visited the kitchen and found that it was well run. There was a recent environmental health inspection in March 2012 which identified areas for improvement and a follow up inspection in April 2012 indicated that all of the areas for improvement had been adequately addressed.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings
Inspectors found that the written contracts given to residents included details of the services to be provided for that resident and the fees to be charged.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings
Overall, inspectors found that staff treated each resident with respect and promoted privacy and dignity. Staff were observed knocking on bedroom doors and waiting for permission to enter.

Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name.
Residents' civil and religious rights were respected. Mass took place on a weekly basis and a Church of Ireland minister visited the centre. Residents had also been facilitated to vote in the recent Referendum.

Inspectors found that the residents' committee was made up of residents and relatives. Inspectors read the minutes of some of these meetings and found that there was an overall sense of satisfaction amongst residents.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
Inspectors found that there was adequate space for residents' possessions.

Inspectors reviewed the laundry systems in place to ensure that residents' property was appropriately cared for. Residents expressed satisfaction with the laundry service provided.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
The person in charge was on leave on the day of inspection. As identified in the last inspection, she was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She was supported in her role by an assistant director of nursing and five clinical nurse managers who deputised in her absence. She had engaged in continuous professional by completing a post graduate course in management, clinical governance and an MSc in Dementia Care. All staff spoken to said that they felt supported by the person in charge.

Outcome 14
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.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings
Inspectors found that there were adequate levels of staff on the day of inspection to meet residents' needs and there was good supervision of communal areas where residents spend most of their time. All staff, residents and relatives agreed that there were adequate staff on duty.

Inspectors found that with the opening of 60 additional beds there was a large number of staff employed since the last inspection. Inspectors found that there were formal induction arrangements for newly employed staff members. Inspectors met with some of these staff and found that had received a comprehensive orientation and induction and were knowledgeable of the operation of the centre and of residents needs.

Inspectors reviewed a sample of staff files and found that they did not contain all of the information required by the Regulations. However, the information missing from the files was submitted to the Authority the day after the inspection. Inspectors reviewed the recruitment policy and found that it complied with the requirements in the Regulations.

Inspectors carried out interviews with staff members and found that they were knowledgeable of residents' individual needs, the centre's policies, fire procedures and the guidelines for reporting alleged elder abuse with the exception of a small number.

Inspectors met with the clinical nurse educator and found that she had a system in place to track all staff training and to identify the staff requiring updates. There were records to indicate that staff had received training on fire procedures, the prevention, detection and response to elder abuse, manual handling and care of residents with dementia. Inspectors found that all nurses were registered with An Bord Altranais for 2012.

6. Safe and suitable premises

Outcome 15
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings
The centre was clean and warm throughout. In the new extension, there were open plan communal areas with comfortable seating, dressers, ornaments, book shelves, television and items of memorabilia for each unit. There was a kitchenette adjoining each communal space which was accessible to residents and staff. These areas were bright, comfortable and inviting. The provider had made every effort to ensure that the new units were decorated in an age appropriate manner and were comfortable to create a homely environment for residents. Inspectors identified the need for improved signage within the centre and the provider explained that there were plans already in place to address this.

Inspectors visited some residents' bedrooms and found that most were personalised with their possessions with an identifying marker on the door to aid orientation. All bedrooms had television with satellite channels.

There were secure garden areas for residents to access unaccompanied with a seating area and planting. Some residents were seen sitting outside getting some fresh air.

There were sluice rooms with mechanical sluicing facilities available throughout the centre to ensure that best practice in infection control could be adhered to if there was an outbreak of infectious disease.

There was evidence of staff having access to assistive equipment to meet residents' needs, such as hoists. Inspectors saw documentary evidence that the hoists and lift were recently serviced and there was a contract in place with a company to ensure ongoing servicing of equipment.

7. Records and documentation to kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:
Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings
There were a range of operational policies and procedures in place. A sample of the policies was reviewed by the inspectors and found to be informative.

Inspectors reviewed the Residents' Guide and found that it contained the information required by the Regulations.

Inspectors reviewed the directory of residents and found that it was up to date and included the required information for each resident.

The provider had an insurance policy which provided extensive insurance cover of the service and complied with the Regulations.

Records relating to health care and staff recruitment are discussed under Outcomes 7 and 14 of this report respectively.

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings
Practice in relation to notifications of incidents was satisfactory. The provider and person in charge were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings
There were appropriate arrangements in place for the absence of the person in charge.

The person in charge and provider were aware of their responsibilities to notify the Authority for a prolonged period of absence but as yet this was not required.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, two clinical nurse managers, administration manager and the facilities manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Angela Ring

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

21 August 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report*

Centre:	Lisheen Nursing Home
Centre ID:	0059
Date of inspection:	13 August 2012
Date of response:	5 September 2012

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 4: Safeguarding and safety

1. The provider is failing to comply with a regulatory requirement in the following respect: A small number of staff were not aware of the centres procedure for reporting and responding to allegations of elder abuse.
Action required: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.
Action required: Provide a high standard of evidence-based nursing practice.

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

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Since our inspection the content and delivery of the Elder Abuse training has been reviewed. The new training places more emphasis on the reporting procedure and includes a questionnaire for participants to assess their learning. Since the inspection all staff members have received an update based on the changes made.	Completed

Outcome 6: Medication management

2. The provider is failing to comply with a regulatory requirement in the following respect: The administration records were unclear and could lead to errors.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Authority acknowledged that medication was well managed. The report highlights the need for improvement in the recording system for the timing of medication administration.	June 2013

Lisheen Nursing Home has a plan to introduce a new medications recording system and this plan is in agreement with the Authority's recommendation. The nursing home and the staff have managed a lot of change over the last year with the extension and refurbishment of the home. The management recognise the importance of managing change and risk and had delayed the implementation of the new system until the extension works were complete. The changes to the medication management system will be carefully planned and the introduction will be monitored to facilitate staff becoming familiar using the new system. When the new system of recording is in place it will be reflected in the revised policy. All medication errors and near misses are monitored in the interest of resident safety and this will continue.	

Outcome 7: Health and social care needs

3. The person in charge is failing to comply with a regulatory requirement in the following respect:

Each resident's needs were not set out in an individual care plan developed and agreed with the resident.

The use of restraint was not in line with the centres policy or evidenced based practice.

The recording of behaviours that challenge was not in line with evidenced based nursing practice.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Provide a high standard of evidence-based nursing practice.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Regulation 6: General Welfare and Protection
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The care plan model in place in the nursing home is a biopsychosocial well-being model of care. Evidence shows that the use of language in care plans is crucial as the language used condition the behaviours of others towards the resident, particularly those living with dementia. This in turn can have negative implications on a residents' personhood. The well-being of a resident is positively influenced by good care planning using the biopsychosocial model. In keeping with the current model the nursing home has revised the restraint assessment form and the behaviours that challenge others assessment and care plan to facilitate documenting further information on the residents' needs.	Completed

Any comments the provider may wish to make:

Provider's response:

We are pleased that so many areas of good practice have been observed and acknowledged during the inspection. We wish to thank the residents and visitors for their positive and objective feedback, both on a day-to-day perspective as well as during the inspection process.

We are very thankful to and appreciative of the staff at Lisheen Nursing Home who consistently strive to achieve person centred care.

Finally we wish to thank both the inspectors for the professional and most courteous manner in which the inspection was conducted.

Provider's name: Geraldine Joy
Date: 5 September 2012