Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Lucan Lodge Nursing Home
Centre ID:	0061
Centre address:	Ardeevin Drive Lucan, Co. Dublin
Telephone number:	01 6280555
Email address:	Julie@lucanlodge.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Lucan Lodge Nursing Home Limited
Person authorised to act on behalf of the provider:	Tanya Patterson
Person in charge:	Julie Fuller
Date of inspection:	20 August 2013
Time inspection took place:	**Start:** 08:10 hrs **Completion:** 19:00 hrs
Lead inspector:	Deirdre Byrne
Support inspector(s):	N/A
Type of inspection	☐ **announced** ☒ **unannounced**
Number of residents on the date of inspection:	70
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	☐
Outcome 2: Contract for the Provision of Services	☒
Outcome 3: Suitable Person in Charge	☒
Outcome 4: Records and documentation to be kept at a designated centres	☒
Outcome 5: Absence of the person in charge	☐
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: Notification of Incidents	☐
Outcome 10: Reviewing and improving the quality and safety of care	☐
Outcome 11: Health and Social Care Needs	☒
Outcome 12: Safe and Suitable Premises	☒
Outcome 13: Complaints procedures	☐
Outcome 14: End of Life Care	☐
Outcome 15: Food and Nutrition	☐
Outcome 16: Residents' Rights, Dignity and Consultation	☐
Outcome 17: Residents' clothing and personal property and possessions	☒
Outcome 18: Suitable Staffing	☒

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The purpose of this inspection was to examine how the provider was meeting the requirements of 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*.

The inspector also followed up on areas of non-compliances and actions from the previous inspection. Of the nine actions required, eight had been fully completed, and one was not completed. This action was related to the management of residents' finances.

The inspector found staff were familiar with residents' healthcare needs, and residents had good access to the services of a general practitioner (GP) and allied health professionals. There was evidence of systems in place to ensure the health and safety of residents was protected, and staff had all received up-to-date mandatory training, and attended training in a range of other areas.

However, there were areas where improvements were required. These related to medication management, care planning, and management of residents healthcare needs. The inspector found improvements were also needed in relation to aspects of the premises. In addition, improvements were required to staff documentation and the provision of a written agreement for external service providers.

These are discussed in the body of the report and are included in the Action Plan at the end of the report.

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 2

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

Action(s) required from previous inspection:

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

Inspection findings

The inspector was satisfied each resident had an agreed written contract with the provider, however, improvements were required.

The inspector reviewed the contract of care, and found it was signed within one month of entering the centre. An action from the previous inspection was completed and it now included the fees, and services to be provided.

The contract of care stated each resident was charged a fixed weekly fee of €25 for items and services such as the social programme, daily newspapers, and outings. The contract did not individualise the services to each resident therefore it could not be ascertained which residents benefitted from which services outlined and which residents did not avail of any of the services. It also could not be ascertained what the breakdown of the cost was for each service.

Outcome 3
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that the centre was managed by a suitably qualified and experienced nurse.

At the time of inspection the person in charge was on leave and, was being deputised in her absence by a clinical nurse manager level two (CNM2). From records reviewed there was evidence that the person in charge had completed training in a number of areas since the previous inspection such as venepuncture, and medication management. It was also confirmed that she attended a day-long seminar on care of the elderly. The inspector found evidence that the person in charge held regular meetings with her staff. The minutes were read which outlined the range of health care issues and resident issues discussed.

The inspector found the CNM2 was a qualified nurse with experience in care of the older person. She was familiar with the residents' and their needs. She managed the centre with accountability and responsibility and was aware of the requirements of the Regulations. She also met with nursing staff on a daily basis to discuss the residents and their care needs.

She was currently completing masters in gerontology and continued her professional development having recently attended training in areas such as subcutaneous fluid administration and wound care. The deputising CNM2 was covered in her absence by a CNM1, who was also present on the day of the inspection.

Outcome 4
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:
Regulations 21-25: The records to be kept in a designated centre
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:
**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance ☒ Improvements required * ☐

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☒

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required * ☐

Staffing Records

Substantial compliance ☐ Improvements required * ☒

There were deficits identified in staff documentation, as outlined under Outcome 18.

Insurance Cover

Substantial compliance ☒ Improvements required * ☐

Theme: Safe care and support
Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6
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

Action(s) required from previous inspection:

Put in place all reasonable measures to protect each resident from all forms of abuse.

Inspection findings

The inspector found the measures in place to protect residents' from all forms of abuse required improvement.

The safeguarding measures in place to manage residents' finances required were not robust. There was a policy on the management of resident's accounts and finances that provided direction. However, it was not implemented in practice by staff. For example, there were inconsistencies noted in that not all financial transactions were signed and dated by two staff members. This had also been an action at the previous inspection. The inspector counted a sample of residents' monies and found the balance to be correct.

There was a policy on the prevention, detection and response to abuse which provided guidance to staff. The inspector found staff were knowledgeable of the categories of abuse, and reporting arrangements in place. Records confirmed staff had received regular and up-to-date training.

A notification regarding an allegation of abuse had been made to the Health Information and Quality Authority's (the Authority) Regulation Directorate. The inspector found the incident had been recorded, and an investigation was carried out. The inspector discussed the investigation with the CNM2, who was clear of the investigation procedures to follow if an allegation of abuse was made.

Outcome 7
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

Action(s) required from previous inspection:

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

Inspection findings

The inspector found systems were in place to protect and promote residents health and safety. However, improvements were found in relation to the ongoing identification and assessment of risk, and staff knowledge of the fire evacuation procedures.

A safety statement was seen by the inspector, which was in the process of being revised by the provider. A health and safety committee met to discuss various health and safety matters, and an audit was completed prior to each meeting. The inspector saw the results of the audit, and the minutes of the last meeting which confirmed the results and actions from these audits were discussed.

A comprehensive risk management policy was in place which met the requirements of the Regulations. The inspector saw a risk register had been developed. It outlined the hazards identified in the centre, risk assessments and controls in place to manage them. However, an area of risk had not been identified. An unlocked sluice and store room contained cleaning agents, and sharps such as scissors which, could pose a risk to residents' safety. This was brought to the CNM1s attention who arranged for the doors to be secured.

An action from the previous inspection in relation to the management of wheelchair plates and brakes applied to trolleys had been addressed. They were now included in the risk register.

The inspector viewed policies and procedures on infection control, which provided direction to staff. Staff were knowledgeable of infection control procedures. The CNM2 informed the inspector that two staff had completed infection control training, and it was planned that they would carry out in house training. Disposable aprons, gloves, and hand gel dispensers were available throughout the centre.

The inspector found there were arrangements in place to identify, investigate and learn from serious incidents or adverse events involving residents, however they were not adequate. For example, they were not robust enough to manage all

adverse events involving residents specifically in relation to medication errors. This is outlined in more detail in Outcome 8.

There was an emergency plan in place, which outlined alternative accommodation and transport arrangements if an evacuation was required.

The inspector found there were good practices in the management of falls. Each resident was regularly assessed, with a care plan in place where need was identified. All residents at risk of falls could participate in the 'catch a falling star' programme, which highlighted the residents at risk of fall by star on their bed or person if they wished. If a fall occurred, a post fall assessment and environmental assessment was completed if required, and falls diary maintained. Neurological observations were completed for all un-witnessed falls. The inspector saw care plans were updated following an incident, which outlined the interventions in place to prevent future falls occurring. An in house physiotherapist, assessed residents following each fall.

There was safe flooring provided, with handrails and grab rails throughout. A visitors' book was used to monitor movement of people to and from the centre.

The inspector reviewed records which confirmed all staff had up-to-date training in the movement and handling of residents. Staff were familiar with best practices in the movement and handling of residents.

The provider ensured precautions were place to manage the risk of fire. However, a small area of improvement was identified. While staff spoken to were clear of the evacuation procedures to be followed, one staff member was not fully aware of the procedures. Records seen confirmed staff received up-to-date training in fire safety. The inspector saw records of each drill, along with details of what took place. This had been an action from the previous inspection and was completed.

There were records seen, which confirmed the fire fighting equipment was regularly serviced. The fire exits were unobstructed, with daily documented checks. This was an action from the last inspection and was completed. There were fire orders displayed throughout the centre.

Outcome 8
Each resident is protected by the designated centres' policies and procedures for medication management.

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

Action(s) required from previous inspection:

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

Inspection findings

The inspector found significant improvements were required in the management of medication to ensure residents' were protected.

Improvements were required in the overall response to the management of medication errors. The inspector found a significant number of errors had occurred since May 2013, with twenty errors recorded. Details of the errors were recorded and, the person in charge had carried out an investigation, along with a root cause analysis. However, there was no evidence of what changes had been made or preventative measures put in place to prevent future errors, and for learning purposes. These matters were discussed with the CNM2, who undertook to address the matters and implement measures to manage errors in future.

The inspector reviewed a sample of resident's prescription and administration sheets, and noted additional medication errors which had not been identified by the person in charge.

- A medication was not administered at the correct time by nursing staff.
- A medication was prescribed with no time given on the prescription sheet.

The inspector discussed these with the CNM2, who confirmed the matters would be fully investigated. An outline of the investigation was later submitted to the Authority, along with additional preventative measures to be put in place.

In addition, the management of controlled medications required improvement. The inspector counted the balance of one controlled medication; however it was not in line with the quantity recorded in the register. This matter was discussed with the CNM2 and the nurse, who undertook to investigate the matter immediately.

The inspector found regular medication audits were carried out, however, these were not robust enough and were ineffective. The inspector viewed the findings of the June 2013 audit, and noted they included actions to be taken for areas such as the storage of medications. However, the audit was not effective in picking up on all medication errors as outlined above.

The review of residents' medications by their GP required improvement. The inspector found inconsistent evidence of medication reviews.

The inspector found polices for the ordering, storing and administration of medication were in place. However, an improvement was identified. For example, there was no policy for prescribing medication in place.

The staff informed the inspector they had completed medication management training, and records confirmed all staff attended training in May 2013.

The inspector found safe, secure storage of medication was in place, and procedures were followed for temperature controlled medications. An action from the previous inspection was completed and daily temperature checks were completed.

Theme: Effective care and support
The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found residents were provided with a good standard of care by nursing staff, however, some improvements were required in aspects of care planning and the management of restraint. Staff were familiar with residents needs, and they had access to their GP and a range of allied health professionals.

The inspector reviewed a sample of care plans. Some assessments and care plans were not consistently reviewed every three months, and some care plans did not contain sufficient information that reflected the good practices and intervention of staff. There was inconsistent evidence of consultation with residents in their care plan.

The inspector found improvements were required in the management of restraint. There was a restraint policy in place which provided direction. However, it was not implemented in practice by staff. For example, there was inconsistent evidence of consultation in the use of restraint. In addition, while the assessment tool indicated that low-low beds were considered as an alternative it was confirmed by staff and in the policy on restraint that low-low beds were not available in the centre. Approximately 23 residents used bedrails, and no other forms of physical restraint were used. A care plan was developed for those with bedrails. There was evidence of regular review, and ongoing monitoring of restraint in place.

The inspector also reviewed the arrangements for the management of wounds, behaviours that challenged and nutrition, and found evidence of good practices in these areas. There were policies in place to guide care in these areas. The inspector saw evidence that residents were regularly assessed, and where need was identified, care plans were developed. Staff were knowledgeable of residents care needs, and had received training to enhance their practices. There was evidence of referral to relevant health professionals. The inspector saw daily nursing notes which provided information on the treatment and condition of the residents.

The inspector found residents had opportunities to participate in activities appropriate to their interests and capacities. There was a sociable environment in the centre. The inspector observed easy interaction amongst residents and between residents and staff. Residents could choose to participate in group activities or spend time alone if they wished. There were a variety of nicely decorated areas where residents could relax or get involved in activities. There were two activities coordinators who facilitated a range of group and individual activities, which included exercises, bowls and bingo. There were also external people who attended the centre to provide entertainment for the residents.

Outcome 12
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found some aspects of the building did not meet the requirements of the Regulations and the Authority's Standards. These issues were discussed with the provider during the inspection, who informed the inspector that she was aware of

the Regulations and the Authority's Standards. However, there was no costed plan in place to address the deficits.

The issues identified included:

- A number of bedrooms and the sitting room in the dementia unit on level one had their visibility and light blocked by a wall directly outside their windows.
- There was one four-bedded room which will not meet the requirements of the Authority's Standards. The inspector found three residents were in the room at the time of the inspection. There were no negative outcomes noted at this particular time.
- A single room had recently been turned into a twin room to accommodate a married couple. The number of residents for which the centre was registered for had not increased. However, it was not clear if the room met the minimum size for a double room as outlined in the Authority's Standards, and only one call bell was provided. Following the inspection, the person in charge informed the Authority, that the room had now reverted to a single bedroom.

The centre was located over three levels, with the dementia care unit located on level one. A high standard of cleanliness was provided throughout and it was well maintained both internally and externally. Two secure gardens were laid out within an internal area of the centre, with nice paving, flowers and seating areas provided.

The inspector found the centre was pleasantly decorated, with nice fixtures and fittings, and homely touches such as paintings, ornaments, and standard lamps. There were sitting rooms on each level, with a smaller sitting room available for residents to meet visitors in private. A spacious dining room was located on the second level, with smaller dining areas on the other levels.

The inspector found residents' bedrooms were pleasantly decorated, with personal possessions and furniture from home. Generally all bedrooms were provided with a functioning call bell.

There were five sluice rooms located in the centre, which were provided with suitable sluicing facilities. Separate sanitary accommodation and changing facilities was provided for staff, along with a small canteen.

There was provision of assistive equipment such as hoists and two lifts. Servicing reports were read by the inspector, and confirmed they had been recently serviced and were in good working order.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 17
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied each resident had sufficient space for their personal belongings, and that their clothes were suitably laundered and returned to them.

The inspector found residents had adequate space for their belongings, including secure lockable storage. A large wardrobe, chest of drawers and locker was provided for each resident.

There was a laundry room that was well organised and equipped. The clothes were sorted after laundering and brought back to each resident's room. Adequate storage space was provided. The inspector saw labels were provided for residents' clothes, to ensure the correct clothes were returned to them.

Theme: Workforce
The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18
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
Action(s) required from previous inspection: No actions were required from the previous inspection.

Inspection findings

The inspector found improvements were required regarding staff documentation and information in order to meet the requirements of the Regulations, and a written agreement of the role of external services providers in the centre.

There was a written staff recruitment policy in place. The inspector reviewed a sample of staff files and found they were not fully complete. They found some files did not contain three references, evidence of Garda Síochána vetting, and a declaration of staff physical and mental fitness to work in the centre.

A number of external service providers visited the centre, and facilitated meaningful social activities. However, there was no written agreement setting out their roles and responsibilities. The inspector saw appropriate vetting was in place as required by the Regulations.

Staff turnover was low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents and the inspector saw them responding to residents' needs in an informed way.

The inspector confirmed that the professional registration of nurses was up-to-date. The roster was reviewed and it reflected the staff on duty. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents. Staff told the inspector they felt there was adequate staff, and residents said they felt there was enough staff.

Formal induction arrangements for newly employed staff were in place. The inspector viewed one pack, which outlined a range of areas, including fire safety procedures. An induction assessment was completed for staff following induction. The inspector viewed a sample of staff appraisals which were completed annually.

The inspector found regular training took place. Staff had been trained in areas such as manual handling, elder abuse and infection control. A number of staff facilitated the training in fire safety, and had completed fire marshal courses which allowed them to provide the training. The inspector saw records which confirmed staff had received a broad range of training which included caring for the person with dementia, and wound care management. All care assistants had completed Further Education and Training Awards Council (FETAC) Level 5 training.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the CNM2, and CNM1 to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

22 August 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report *

Centre Name:	Lucan Lodge Nursing Home
Centre ID:	0061
Date of inspection:	20 August 2013
Date of response:	17 September 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect:

The contract of care did not outline the specific services provided for each resident where a fixed charge was levied.

Action required:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Being implemented.	 30/10/2013

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: The procedures in place to protect residents' finances were not robust.	
Action required: Put in place all reasonable measures to protect each resident from all forms of abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Residents finances updated to include date and two signatures.	 Completed

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: The risk management policy did not cover the identification, assessment and controls for all areas of risk in the centre for example, unsecure rooms that contained chemicals and sharps.

Action required: 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.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All rooms which store chemicals have now a coded lock system.	Completed

The provider is failing to comply with a regulatory requirement in the following respect: A staff member was not familiar with the fire safety procedures for the centre	
Action required: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.	
Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Fire training on going. Staff re educated.	Completed

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Medication management practices required improvement as outlined under outcome 8. The management of medication errors required improvement as outlined under Outcome 8. Medication audits carried out were not robust or effective enough to ensure all practices and procedures were fully reviewed.	
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	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Despite on going meetings with regard to dispensing and labelling errors with our provider the decision was made to change our supplier. All in-house audits will be carried out monthly and will be more robust. (Please see attached document) Written and operational policies regarding prescribing are in the process of being implemented and staff will be made familiar with these policies	 Completed Ongoing 30/10/2013

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider is failing to comply with a regulatory requirement in the following respect:

The healthcare needs of residents were not fully met in relation to restraint.

Action required:

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.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 13: Healthcare
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Residents restraint assessments are being reviewed. Sections that are not within our policy have been deleted.	30/09/2013

The provider is failing to comply with a regulatory requirement in the following respect:

Some care plans and assessments were not consistently reviewed every three months.

Some care plans did not outline the practices and interventions carried out by staff.

There was inconsistent evidence of consultation with residents in their care plan.

Action required:

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

Action required:

Revise each resident's care plan, after consultation with him/her.

Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Residents care plans and assessments will be reviewed every 3 months. All care plans will be specific to the needs of the resident. Residents or families will be consulted every 3 months with regard to viewing care plans.	 15/10/2013 30/11/2013 30/11/2013

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect: A number of structural deficits in the centre did not meet the requirements of the Regulations and will not meet the Authority's Standards: ▪ There was one four-bedded room and there was no costed plan in place to meet the Authority's Standards by 2015. ▪ A number of bedrooms and the sitting room in the dementia unit had the natural light and visibility reduced by an outside wall. ▪ One room was not provided with a suitable number of call bells for the occupancy.
Action required: Provide adequate private accommodation for residents.
Action required: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have engaged with our architect to draw up plans and proposals for changing the 4 bedded room to two double rooms and to offer a solution to the light issue at the front of the house. These plans will be completed by the first week in December. We will submit same for your approval by the 9th December 2013.	December 2013

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect:

Not all staff files reviewed contained all the documentation required by Schedule 2 of the Regulations.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff files will have the appropriate documentation.	15/10/2013

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

A number of external services providers did not have a written agreement of their role in the centre.

Action required: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.	
Reference: Health Act, 2007 Regulation 34: Volunteers Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All external service providers have written agreement of their role.	30/10/2013