

**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:	Lake House Nursing Home
Centre ID:	0353
Centre address:	Portnablagh Co. Donegal
Telephone number:	074-9136197
Email address:	Lakehousenh@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Sheephaven Properties Ltd
Person authorised to act on behalf of the provider:	Desmond Gray
Person in charge:	Joan Cowan
Date of inspection:	11 June 2013
Time inspection took place:	Start: 11:00 hrs Completion: 13:15 hrs
Lead inspector:	Sonia McCague
Support inspector:	Damien Woods
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Number of residents on the date of inspection:	43
Number of registered places:	57 (capacity for 48)

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.

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 inspection report sets out the findings of a monitoring inspection to:

- follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- address a specific issue based on information received.

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

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

This monitoring inspection was announced and took place over one day to follow up on findings from a previous inspection carried out on 4 December 2012, and to address a single/specific issue. As part of the monitoring inspection inspectors met with residents, management, and staff members and reviewed the premises.

Inspectors met Desmond Gray, the person nominated to act on behalf of provider and his advisor, and met with the person in charge and the clinical nurse manager to discuss a specific issue of non compliance with the Health Act 2007 that resulted following work carried out to comply with fire safety requirements outlined by the competent person.

Matters arising on the last inspection and notifications received were also considered.

This was the sixth inspection of the centre. The reports for this and previous inspections can be found at www.hiqa.ie.

The purpose of the inspection was to assess compliance with 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*.

Overall inspectors were satisfied with the care and welfare of residents. The person nominated to act on behalf of provider, the person in charge and the clinical nurse manager demonstrated a commitment to meet the requirements of the legislation and was knowledgeable about the Regulations and Standards, and the needs of residents in the centre.

This report identifies outcomes where improvements are required as follows:

Outcome 7: Health and Safety and Risk Management

Outcome 12: Safe and Suitable Premises

The findings and requirements are set out in the action plan at the end of this report.

Outcomes covered on inspection

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: Safeguarding and Safety

Inspectors were satisfied that reasonable measures were in place to protect residents from harm or from suffering abuse. A policy was in place for the prevention, detection and response to abuse. Inspectors were satisfied with the person in charge's response and action taken following allegations of abuse. The person in charge and her deputy were knowledgeable and clear of the procedures to implement in the event of an allegation or disclosure of abuse in the centre.

Training and discussions among staff in relation to protection of vulnerable adults was provided to all staff in the centre. Supports from senior social workers and HSE professionals were available to residents on referral. A record of all incidences where a resident is harmed or suffers abuse was maintained and appropriate action and consultation was taken where a resident is harmed or suffers abuse.

Outcome 9: Notification of Incidents

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

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 12: Safe and Suitable Premises

The centre was secure, clean, warm and comfortable throughout and there was safe floor covering and handrails in circulating areas.

The person authorised to act on behalf of the provider was aware of the timeframe of 2015 outlined within the Authority's Standards and had a copy of the regulatory notice issued by the Chief Inspector to providers regarding the requirements of the premises.

The person authorised to act on behalf of the provider told inspectors that meetings took place and further consultations were arranged with an architect to complete a plan to promote the privacy and dignity of residents while addressing the limitations of the existing centre, such as multi-occupancy rooms, the lack of assistive toilets, showering and bathing facilities within or close to residents bedroom accommodation in the glen and rooskey.

Inspectors informed the person authorised to act on behalf of the provider, that written, explicit, costed plans with timescales will be required and inspected against following an application to renew their registration.

Actions reviewed on inspection:

Theme: Safe care and support

Outcome 7: Health and safety and risk management

Action required from previous inspection:

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Actions required from the previous inspection were partly implemented, in that fire safety training included simulated and timed evacuation drills including staff using ski evacuation sheets/equipment from the first floor and the completion of a fire safety declaration from a competent person that all the requirements of the statutory fire authority have been complied with. Much work in relation to fire safety including frequent staff training, updated policies and procedures to guide staff/practices, the provision of new fire doors and compartmentalisation of areas and the main stairwell to the first floor had been completed since the last inspection. Staff were familiar with procedures to take in the event of an emergency and evacuation notices were displayed.

However, having removed the chairlift to comply with fire safety requirements, the provider was not in compliance with Regulation 31(4)(d) of the Health act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) in that the provision of a lift where residents are maintained on two, or more, floors was not available.

In addition and as highlighted on the previous inspection, inspectors had concern in relation to residents accommodated on the first floor having no alternative means/plan of escape/exit in the event of the main stairwell being unsafe to use.

Inspectors confirmed that residents who were unable to manage stairs had been transferred to the ground floor and that four residents accommodated on the first floor on the day of this inspection were independently mobile and could manage the stairs. The first floor had bed space for up to eight residents on the day of this inspection. Bedrooms three, four, five and seven were occupied, while single bedrooms one, two and six were vacant.

The provider and person in charge were aware of the requirements of the Regulations and the Authority's Standards and were aware of the requirement of a lift and associated risks in its absence. Measures put in place to control risks included a pre-admission assessment and a strict admission policy, with criteria for residents accommodated on the first floor to ensure only residents who were independently

mobile with the capability to manage the stairs and who were not on night sedation, were accommodated on the first floor to such time that the provider addresses non-compliance. The statement of purpose and admission procedure was updated to include these criteria.

Staff training in fire safety and moving and handling of residents was maintained and ongoing.

Theme: Workforce

Outcome 18: Suitable staffing

Action required from previous inspection:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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.

Inspectors were satisfied that the numbers and skill mix of staff on duty at the time of inspection was appropriate to the assessed needs of residents, and the size and layout of the designated centre. Staff rotas were available to confirm these staffing levels as normal.

Systems were in place to ensure the documents required under Schedule 2 of the Regulations were obtained for staff working in the centre.

Resident's dependency, incidents and activity levels are monitored and reviewed by the person in charge who has responsibility to ensure appropriate staffing.

Report compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

25 June 2013

Provider's response to inspection report *

Centre Name:	Lake House Nursing Home
Centre ID:	0353
Date of inspection:	11 June 2013
Date of response:	17 July 2013

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*.

Theme: Governance, Leadership and Management

Outcome 7: Health and safety and risk management

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

Residents were maintained on two, or more, floors without the provision of a lift.

As highlighted on the previous inspection, inspectors expressed concern in relation to residents on the first floor having no alternative means/plan of escape/exit in the event of the main stairwell being unsafe to use.

Action required:

Provide a lift where residents are maintained on two, or more, floors.

Action required:

Provide adequate means of escape in the event of fire.

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

Action required:	
Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records 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:	
Please find attached a letter from our fire engineer, which states that the Lakehouse Nursing Home meets the necessary requirements to ensure that all people in the designated centre will be evacuated safely from the building in the event of a need to evacuate.	Complete
We have an evacuation plan in place and are the moment performing fire drill and mock evacuations on a weekly basis with all staff.	Ongoing

Theme: Effective care and support

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:
Aspects of the existing premises did not meet the requirements of the Regulations and the Authority's Standards.
Limitations of the existing centre, such as multi-occupancy rooms, the lack of assistive toilets, showering and bathing facilities within or close to residents bedroom accommodation in the glen and rooskey did not promote the privacy and dignity of 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.

Action required:	
Provide adequate private and communal accommodation for residents.	
Action required:	
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
Action required:	
Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
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:
<p>Provider's response:</p> <p>We are currently in discussions with our bank to have funds available for the proposed work as was stated at our meeting on the 11th June, 2013.</p> <p>We expect this work to commence in December 2013 and be completed by April 2014.</p> <p>These works will also include the installation of a lift in order for safer access of resident to the first floor. We are at the final stages of the design to re-organise the internal layout of the building to reduce the beds from 57 to 44.</p> <p>The size and layout of these rooms will be suitable for all residents needs to ensure that their privacy and dignity is upheld at all times.</p> <p>We will furnish you with the final design when it is available.</p>	01 April 2014