

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lucan Lodge Nursing Home
Centre ID:	OSV-0000061
Centre address:	Ardeevin Drive, Lucan, Co. Dublin.
Telephone number:	01 628 0555
Email address:	tanya@lucanlodge.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Lucan Lodge Nursing Home Limited
Provider Nominee:	Tanya Patterson
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	72
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 his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 July 2017 09:30 To: 11 July 2017 18:45

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

The Inspector was satisfied that the residents received a good quality service. There was full compliance with the regulations inspected from the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013.

During the inspection the inspector met with residents and some of their relatives, observed practice in the centre, and spoke with staff and the management team. They also reviewed a range of documentation including resident's records, medication records, and the organisation's policies and procedures.

Residents and families provided feedback on HIQA questionnaire and also in person during the inspection. Feedback was overall positive with comments about staff being very caring and responsive to the needs of the residents. Positive engagement

was seen between the residents and staff during the inspection. The premises were well maintained, and residents confirmed they had what they needed for comfort in their bedrooms.

The inspector found residents health and social care needs were being met by a team of staff who had been recruited using a robust process, and received training appropriate to their role. There was good access to health care services and medication management arrangements ensured people received the care and support recommended by the general practitioner and other healthcare professionals. Residents, and their relatives where appropriate, were invited to provide feedback on the service through resident forums and also in a feedback questionnaire. The provider was seen to respond to feedback and improvements had been made in line with the feedback received.

The management and staffing team in the centre demonstrated a commitment to ensuring the needs of residents were met through the provision of a quality service that met the regulations and standards. Improvements had been made from the last inspection and all areas of non compliance had been addressed with this inspection finding full compliance against the regulations inspected.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service.

The centre was seen to be operating in line with the statement of purpose which set out the service provided and the accommodation. The premises offered communal and private accommodation across three levels and included an internal courtyard accessible from two of the floors.

There was a clearly defined management structure in place. The provider representative, person in charge, and assistant director of nursing were all full time in the centre providing oversight of the service provided. There were clinical nurse managers I who provided shift oversight for staff nurses, care supervisors and health care assistants on each shift. They were supported by household staff.

Staff spoken with were clear on the management structure and the reporting arrangements.

Improvements had been made to the governance and management arrangements in the centre since the last inspection. The provider held regular meetings with the management team to receive information on how the centre was performing against expected standards. These clinical governance meetings covered topics such as the outcomes of audits, any complaints, residents' clinical needs (for example falls, pressure area care, nutritional needs), staffing and to review the risk management procedures in the centre. The risk register and any actions were reviewed as part of this meeting. There were also other meetings such as the management team meeting, nursing staff meetings, health care assistant meetings, and household staff meetings. Resident and relative feedback was also gathered through the year. There was also ongoing supervision of staff to make sure the service provided continued to meet residents'

needs.

The person in charge collected performance indicators relating to residents on a weekly basis and was knowledgeable what action had been taken to meet residents needs where they had changed. The learning from these weekly audits fed in to the training program and also topics covered during the staff meetings.

There was a programme of audits carried out and when any area was identified as requiring improvement and action plan was developed and people were allocated the task of delivering the change. Audits completed this year included wound care, nutrition, and restraint use in the centre. The inspector observed that improvements required from the audit findings had been made, for example in ensuring all residents had their weight reviewed each month.

An annual report had been produced that included the feedback from people using the service. It set out the centre's performance for the previous year and plan for the following year.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a person in charge who worked full time in the centre. They were a registered nurse with experience in care of older people. They were familiar with the requirements of the regulations and standards.

They were knowledgeable regarding the health and social care needs of the residents and were known as the person in charge.

There was an assistant director of nursing who provided cover when the person in charge was absent.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were systems in place to safeguard residents from being harmed and suffering abuse. There were measures in place to ensure a positive approach to responsive behaviours. Restrictive practice followed national policy.

The policy on 'safeguarding and elder abuse' was in place and staff who spoke with the inspector were clear of what action to take if they became aware of abuse. There was an ongoing programme of staff education. Training records indicated that all staff had received training on the detection, response to and management of abuse.

Residents who spoke with the inspector said they felt safe in the centre, as there were staff available to support them when they needed it. Feedback received in the HIQA questionnaires also reflected similar feedback.

There was transparent system in place for the management and safeguarding of residents' finances and valuables. The inspector reviewed the records where a small amount of cash was held for residents. They included deposits and withdrawals and each entry was signed by the resident, where possible, and two members of staff. Receipts were held for any charges, and a balance sheet was available to residents at their request. The provider was not a pension agent for any of the residents.

The inspector reviewed the policy on 'managing episodes of violence and aggression' and found it to provide clear guidance and directions to staff as to how they should respond and strategies for dealing with responsive behaviour. Staff supporting residents were seen to know them well, and were putting agreed procedures in place to support each individual resident. For example support to those who wanted to walk, and conversation about known information for those who wanted to talk about topics of interest to them. Staff had also undertaken training in relation to dementia and responsive behaviour and crisis prevention training.

The policy on restraint provided guidance for staff based on the national policy. Staff confirmed that they continued to promote a restraint free environment and it was noted less restrictive practice was being used in the centre. There was a process in place to agree the use of restraint in each case where it was recommended. It was agreed with the resident, where possible, the person in charge, clinical nurse manager II, and the

general practitioner (GP). At the time of the inspection 13 residents were using bed rails, a number by choice. For each resident there was a risk assessment in place that included the alternatives that had been trialled prior to approving the use of the bedrails. Staff described the regular checks that were carried out when bedrails were in use, and records confirmed this to be the case.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

The health and safety of residents, visitors and staff was promoted and protected.

The centre had a risk management policy in place that described how risk would be assessed and managed in the centre. The risk register held the information gathered from putting the policy in to practice. It included risks specific to the centre, such as the steep drive, and how those risks were to be managed. The record showed it was regularly reviewed and updated.

There was an emergency plan and an updated health and safety statement in place. Health and safety meetings were held every six months to review all of the arrangements in place in the centre, and identify if any improvements were required. Information from audits and findings from the accident and incidents were used to inform the meeting.

Accidents and incidents were recorded in detail providing information on the incident, steps taken, and the outcome for the person or people affected. There was also an action plan for each incident to address any improvements or changes that could be made to reduce the risk of it occurring again.

Records reviewed on inspection showed that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. This included fire extinguishers and emergency lighting. There were weekly and monthly checks carried out by staff which included checking that all the fire doors were releasing on the alarm sounding. The inspector saw that there was adequate means of escape and fire exits were unobstructed.

Staff spoken with were clear on what to do in the event of the fire alarm sounding. They

were able to describe the process for receiving orders and how to move residents away from fire, using the designated compartments in the centre. All staff had completed fire safety training within the past year.

Records reviewed showed that fire drills were practiced regularly, with five having been completed in 2017 using different scenarios to support staff to practice their skills. Records of these fire drills included those in attendance, times and any issues identified which required improvement.

Staff were observed assisting residents to be mobile with the use of mobility aids, and using hoists where identified as necessary. A moving and handling assessment was in place for each resident, and appropriate equipment was available in the centre to meet the residents' needs. Records showed all staff had completed moving and handling training in the last three years.

Infection control policies and procedures were in place. Staff practices was seen to follow the procedures. There were hand washing facilities, hand sanitisers and personal protective products such as aprons and gloves available throughout the centre.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

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

Findings:

The residents were protected by the centres policies and procedures for medication management.

There were written policies and procedures in place relating to the ordering, prescribing, storing and administration of medicines to residents. There were also procedures in place for the handling and disposal of unused and out of date medicines. Staff spoken with were aware of these policies and procedures and copies were available for review at all times.

All medicines were stored securely within the centre, and fridges were available for all medicines that required refrigeration. All controlled medicines (MDA) were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each shift.

The inspector reviewed the processes in place for administration of medicines and observed that nurses were knowledgeable regarding residents individual medication requirements and their practice reflected the centres policies and national guidance.

The recording system noted when the nurse administered the medication. Where medications were dropped or refused the medication system had a clear process for recording the reason the medication was not administered. An audit was completed on the data from the medication system, and also the wider medication practice in the centre. The audits seen by the inspector showed high levels of compliance with the expected standards.

Records showed the management team and general practitioner was conducting reviews of each resident's prescribed medications on a quarterly basis.

Medication errors were recorded on the accident forms and the findings were included in the health and safety reviews.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents' needs were being assessed prior to admission covering their current needs and any medical history to ensure the service was appropriate before a place was offered. On admission a detailed assessment was completed and care plans were put in place to set out how the residents' identified needs were going to be met.

Each care plan reviewed was person centred and gave a good overview of the resident including their abilities and support needs. Each resident had care plans in place that covered topics such as nutrition and hydration, communication needs, mobility and safety, and spirituality and cultural needs. Where residents had specific health needs there were care plans that described the specific need and how it was to be met. They covered areas such as appropriate equipment to use, any review or observations required, and what to do if the resident's needs changed, or intervention was not

effective. Examples of clear care plans were seen for catheter care, pain management, diabetes, pressure care and responsive behaviors. The care provided was seen to be in line with the care plans, as detailed in nursing notes and other clinical professionals notes.

There was information on the life history of each resident to support staff to know their preferences and routines. Staff were seen to know the residents well, and took action when it was noted that their needs had changed.

A range of nursing tools were used to assess residents and identify if there were any changes in their presentation. There were also risk assessments in place to ensure care was delivered safely but without limiting residents' independence.

Evidence was seen during the inspection that residents' health and social care needs were being monitored, and where there was a change in the presentation of the resident, action was taken quickly to respond to that. For example when a resident was not able to swallow effectively a referral was made to the speech and language therapist who attended the centre, assessed the resident's needs, and a new care plan was drawn up with the revised advice that had been provided.

Records showed that where medical treatment was needed it was provided. They showed that residents had timely access to general practitioner (GP) services, and referrals had been made to other services as required, for example the speech and language therapist or dietician.

Residents who spoke with the inspector said the service was very good, staff were very kind, and if you needed to see a doctor it was arranged.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when residents returned to the centre, for example from hospital, there was a clear summary of the residents needs and guidance on any interventions needed.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The inspector followed up on an action from that last inspection. It was observed that natural light to the lower ground floor had been improved by the removal of a low wall at the front of the centre.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

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

Findings:

The inspector followed up an action from the previous inspection in relation to the choice offered to residents taking a modified diet. The chef explained the options available to residents, the additional requests that could be made and personal requests that could be facilitated. The options described on the menu were seen to be available to the residents.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The provider consulted with residents and they participated in the organisation of the centre.

Resident council meetings were held in the centre. The minutes from the last meeting on 3rd of July confirmed a range of topics were covered including the type of activity being carried out on the ground floor, staffing levels, the quality of the physiotherapy support, and the odour from waste. There was an action plan created following the meeting and named people were recorded as being responsible for addressing the improvement required.

There was access to advocacy, and information posted in the centre with contact details. Examples were given where residents had been encouraged to avail of the service.

The routines followed in the centre appeared to follow the wishes of the residents. For example residents were choosing what time to get up, where to take their meals, whether to spend time in communal areas, and also choosing from the selection offered at each meal. There were whiteboards through the centre that provided information on the plan for the day in relation to activities and meals.

There were a range of activities taking place during the inspection and residents confirmed there were always things going on and they were always given the option of joining in. Each resident had a care plan relating to activities and what their interests were. Residents had a wide range of needs and abilities and so a range of options were being explored including some clubs and classes outside of the centre.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Staffing arrangements met the needs of the residents living in the centre.

Through observation, review of records and speaking with residents and staff the inspector was satisfied that on the day of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents. The roster was available in planned and actual format and reflected the staff on duty. There was also a physiotherapist employed in the centre, and an occupational therapy role was being recruited for to cover leave. A review of staffing arrangements had been completed following the last inspection, and vacant posts had been recruited to which had improved the outcomes for residents.

The provider promoted professional development for staff and was committed to providing ongoing training. A training record was maintained that showed all staff had completed training in fire safety and safeguarding of vulnerable adults. Training records showed that there was in-house training, training courses external to the centre and online courses available to staff. The training undertaken by staff included training in supporting residents with dementia, medication management, wound management, support for people with intellectual disabilities, and nutrition and dysphasia. Examples were also seen where staff had been trained in certain procedures to reduce the need for residents to attend the hospital, for example managing the replacement of indwelling catheters.

All staff were supervised appropriate to their role in the centre. The management team oversaw the running of the centre, and each shift had a lead nurse who oversaw the staff practice and they were supported by a lead in each unit. This included a process for completing annual appraisals.

A recruitment policy in line with the requirements of the regulations was implemented in practice and a review of a sample of staff recruitment files found that all were complete. They included a full employment history where gaps in employment was undertaken and documented, and Garda Síochána (police) vetting. Assurance was given by the provider that Garda vetting was in place for all staff. The inspector confirmed that up to date registration numbers were in place for nursing staff.

There were no volunteers attending the centre at the time of the inspection.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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