

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lakes Nursing Home
Centre ID:	OSV-0000447
Centre address:	Hill Road, Killaloe, Clare.
Telephone number:	061 -375547
Email address:	adminlakes@ehg.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Elder Nursing Homes Ltd
Provider Nominee:	Pat Shanahan
Lead inspector:	Mary Costelloe
Support inspector(s):	Geraldine Ryan;
Type of inspection	Announced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	3

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.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 January 2015 10:00	12 January 2015 18:00
13 January 2015 09:30	13 January 2015 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspectors met with residents, relatives and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

While there was evidence of good practice in many areas and there were systems in place to review some aspects of the safety and quality of care, the inspectors were

concerned that there were inadequate governance arrangements in place to maintain oversight of all departments including cleaning/ infection control.

The inspectors had further concerns that some aspects of the physical design were still inadequate and did not comply with the Regulations and Standards, there were inadequate numbers of baths and showers for residents' use.

Parts of the building both externally and internally were defective and poorly maintained. While the provider had carried out extensive refurbishments during the past 12 months to the communal areas including the day and dining rooms, reception/entrance lobby and oratory, many parts of the building required further repair and refurbishment.

On the day of inspection, the inspectors were satisfied that the nursing and healthcare needs of residents were being met. Nursing documentation was of a high standard. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The areas for improvement are contained in the Action Plan at the end of this 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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector reviewed the statement of purpose. It required updating to include the arrangements for dealing with the reviews of residents' care plans.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that there was a full time person in charge with the appropriate experience and qualifications for the role. Deputising arrangements were in place in the absence of the person in charge. The senior staff nurse who normally deputised for the person in charge was on extended sick leave however, another senior staff nurse had been appointed in her absence. There was an on-call out of hours system in place.

The provider had established a clear management structure, and the roles of managers and staff were set out and understood.

While there were systems in place to review some aspects of the safety and quality of care, the inspector was concerned that there were inadequate arrangements in place to maintain oversight of all departments including cleaning and infection control. This is discussed further under outcome 8.

The provider had involved residents/relatives in an annual quality survey and the findings of the last survey of October 2014 were generally positive, issues raised such as review of cleaning and the exterior appearance of the centre had not been fully addressed.

Some aspects of the physical design were still inadequate and did not comply with the Regulations and Standards. This is discussed further under outcome 12.

An incident regarding a serious medication error had not been notified to the Chief Inspector within the required time-frame. While a full investigation had been carried out into the incident, improvements to practice had not been fully implemented. This is discussed further under outcomes 9 and 10.

Judgment:

Non Compliant - Moderate

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Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed the resident's guide which was displayed and available to residents in the centre. The guide contained all information as required by the Regulations.

Contracts of care were in place for all residents. The inspectors reviewed a sample of contracts of care. They included the fees to be charged, the services to be provided and details of additional charges were set out.

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:
The person in charge is a registered nurse with the required experience in the area of nursing older people. She has been employed in the post for the past three years, she works full time. She was on-call at weekends and out-of-hours.

The person in charge was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a Diploma in Rehabilitation and had recently completed FETAC (Further Education Training Awards Council) Level 6 in Team Leadership. She recently

attended training in relation to end of life care, wound management, medication management and health and safety.

A senior staff nurse deputised in the absence of the person in charge.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors were not satisfied that records as required by the Regulations were maintained in the centre; for example:

- the nurse signature list required updating to reflect current nursing staff.
- the provider had not ensured that the maximum dosage of PRN 'as required' medications had always been prescribed.
- some residents weights recorded on the medication administration/prescription sheet were not accurate and did not concur with the most recent weights recorded on the computerised nurse documentation system.
- the list of prescribed nutritional supplements was not up to date, having been last updated in November 2014.
- the transcribing of medications was not in line with the centre's medication policy. While there were two nurse signatures, the date of transcription was not always clear. There was no date included when the general practitioner (GP) signed the transcribed prescription.

All records as requested during the inspection were made readily available to the inspectors.

All policies as required by Schedule 5 of the Regulations were available and up to date. Systems were in place to review and update policies. Staff spoken with were knowledgeable of policies. Policies were centre specific and reflected in practice.

The inspector reviewed the register of residents which was found to be complete and in compliance with the Regulations.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge and management team were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

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:

The inspectors found that measures were in place to protect residents from being harmed or abused.

The inspectors reviewed the comprehensive policies on protection of residents from abuse, responding to allegations of abuse and management of whistle blowing. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received recent training.

The inspectors were satisfied that residents' finances were managed in a clear and transparent manner. The administrator and person in charge told the inspector that small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons. Receipts were maintained for all purchases.

The inspector reviewed the policies on meeting the needs of residents with challenging behaviour and or aggression/violence and the use of restraint or enablers. The policies outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. Inspectors reviewed the file of a resident presenting with behaviours that challenge and noted that up to date assessments and care plans were in place to guide and direct staff.

Staff promoted a restraint free environment. There were no residents using bedrails at the time of inspection. There were six residents using specialised reclining chairs. The inspector reviewed the files of some residents using these chairs. All residents had been assessed by the occupational therapist (OT). Comprehensive up to date risk assessments had been carried out in consultation with the OT, GP and family. Up to date care plans were in place, hourly checks were carried out and two hourly release checks were also recorded.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and appeared happy in the company of staff.

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):

This was the centre's first inspection by the Authority.

Findings:

While the provider had some systems in place to protect the health and safety of residents, staff and visitors, the inspectors had concerns that systems in place to

manage infection control were inadequate. The inspectors also had concerns regarding the location and ventilation of the smoking room.

There was a health and safety statement available. An inspector reviewed the risk register and found that it had been regularly reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included. There were regular health and safety meetings held with staff to discuss issues of concern, the last meeting took place on 1 December 2014.

There was a comprehensive site-specific emergency plan in place. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection.

An inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in May 2014 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 15 October 2014. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. Fire safety training took place annually and included evacuation procedures and use of fire equipment. Staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that staff had received up-to-date formal fire safety training.

A new designated smoking room had been provided for residents since the last inspection. The inspectors had concerns that the smoking room was located in an area that could not easily be supervised. The room was located in a bedroom corridor area away from the main communal day areas. While the smoking room had been risk assessed, adequate measures had not been put in place to ensure the safety of residents, the inspectors were not satisfied that half hourly checks on residents were adequate. There was no window and no natural ventilation provided to this room. This action is included under outcome 12.

The inspectors had concerns regarding infection control practices and cleaning procedures, these were brought to the attention of the person in charge and quality and governance manager on the morning of the first day of inspection.

Inspectors observed that some areas of the building were not maintained in a clean condition. Several shower chairs were soiled and dirty indicating obvious lack of regular thorough cleaning. Some shower equipment was defective and difficult to clean, for example parts were torn and rusted. Cleaning equipment trolleys were noted to be dirty. Inspectors observed poor infection control procedures in relation to cleaning procedures being carried out. Cleaning staff spoken with were unable to explain and did not demonstrate best practice in cleaning procedures/ infection control.

Inspectors noted that inadequate communications systems were in place to ensure up-to-date information on infections in the centre was available to all staff. Some cleaning staff told inspectors that they presumed a resident had an infection if they saw a yellow bin in the bedroom.

The inspectors noted bags of soiled linen and clothing stored in close proximity to clean bed linen in shower rooms and store rooms contrary to best practice in infection control.

There was one bedpan washer available which was located in the ground floor sluice room. There were 33 residents accommodated on the first floor and staff described how they covered soiled bedpans and urinal bottles with plastic bags and brought them down the stairs for cleaning to the ground floor bed pan washer.

The inspector noted on the second day of inspection that shower equipment had been cleaned and defective equipment had been disposed of. The inspector was advised that four new shower chairs had been ordered. The person in charge told the inspector that clear guidelines for cleaning of equipment will be drawn up and that responsibility for cleaning of equipment will be allocated to specific staff.

The manager of the contract cleaning company visited the centre on day 2 of the inspection. The inspector was advised that the contract cleaning company's infection control specialist had been requested to visit the centre on Thursday 15 January 2015 and would be spending one week on site to retrain all cleaning staff, review cleaning procedures and cleaning chemicals in use and sign off on individual staff competencies. The regional manager in future will carry out weekly evidenced based audits.

The quality and governance manager advised the inspector that communication will be reinforced and clear guidelines will be drafted to ensure all staff including cleaning staff are updated on a daily basis regarding infections in the centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspectors noted that while there were written operational policies relating to the ordering, prescribing, storing and administration of medications to residents,

improvements were required to some aspects of medication management practices.

The inspectors were concerned that improvements to practice had not been fully implemented following a serious medication error that took place during the past year. While the allergy status of residents was now included in red ink on the top of the administration /prescription sheet, inspectors found it difficult to clearly see this status due to the number of different ink colours in use on the sheets. The person in charge told inspectors that new administration /prescription sheets were on order which would include a red watermark allergy alert across the entire page. The person in charge immediately put stickers with large red bold print indicating allergy status and identifying the known allergen on all medication charts and on the front cover of files of residents with known allergies.

The nurse signature list required updating to reflect current nursing staff. This is actioned under outcome 5: Documentation.

The provider had not ensured that the maximum dosage of PRN 'as required' medications had always been prescribed. This is actioned under outcome 5: Documentation.

Some residents weights recorded on the medication administration/prescription sheet were not accurate and did not concur with the most recent weights recorded on the computerised nurse documentation system. This is actioned under outcome 5: Documentation.

The list of prescribed nutritional supplements was not up to date, having been last updated in November 2014. This is actioned under outcome 5: Documentation.

The transcribing of medications was not in line with the centre's medication policy. While there were two nurse signatures, the date of transcription was not always clear. There was no date included when the general practitioner (GP) signed the transcribed prescription. This is actioned under outcome 5: Documentation.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for recording of medication errors and nursing staff were familiar with them.

Regular medication management audits were carried out in house. The inspector reviewed recent audits and no major issues had been identified. Staff confirmed that results of audits were discussed with them.

All staff had completed recent medication management training and individual medication management competencies were completed.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Notifications as required had been notified to the Chief Inspector in the past.

One incident regarding a serious medication error had not been notified to the Chief Inspector within the required time frame.

Judgment:

Non Compliant - Moderate

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:

The inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with wounds, restraint measures in place, presenting with challenging behaviour, at high risk of falls and nutritionally at risk. See outcome 7 in relation to restraint and behaviours that challenge.

A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, choking assessment and manual handling.

The inspectors noted that care plans were in place for all identified issues. Care plans were person centred, guided care and were regularly reviewed. Evidence of consultation with resident/relative was documented. Relatives spoken with confirmed that they were regularly consulted and involved in the review of their family members care plans.

The inspectors were satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound care plans in place. Wounds had been assessed by the tissue viability nurse (TVN) and recommendations were reflected in the care plans.

The inspectors were satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician or SALT. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements and thickening agents were administered as prescribed.

The inspector reviewed the files of a number of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated following each fall. The person in charge formally audited falls on a monthly basis. Evidence of learning and improvement to practice was evident. Low-low beds, alarms and crash mats were in use for some residents. The day rooms were supervised at all times.

Staff continued to provide meaningful and interesting activities for residents. There was a full time activities coordinator employed. An activity care plan had been developed for each resident which clearly set out their individual interests and capabilities. The inspectors observed residents enjoying a variety of activities during the inspection. Many of the residents actively partook while others stated that they enjoyed listening and looking on. Residents spoken to told the inspector that they enjoyed the variety of activities taking place. Many residents and relatives complimented the Christmas programme of events and the New Years party. The activities coordinator had recently completed Sonas training (therapeutic programme specifically for residents with Alzheimer disease) and she told an inspector that she planned to commence weekly

Sonos sessions. A new poly tunnel had recently been constructed and the activities coordinator spoke of the plans for the poly tunnel programme.

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):

No actions were required from the previous inspection.

Findings:

The inspectors had concerns that some aspects of the physical design were still inadequate and did not comply with the Regulations and Standards. Parts of the building both externally and internally were defective and poorly maintained. Some parts of the building and some equipment were not maintained in a clean condition, cleaning and infection control are discussed further under outcome 8.

The building is H-shaped with the communal areas in the centre of the ground and first floors and the bedroom accommodation in the corridors to the sides. Bedroom accommodation consists of 47 single and five twin bedrooms. All bedrooms have en suite toilets. There are four additional shower rooms for residents and one additional assisted bathroom with a bath, as well as five additional assisted toilets. Each floor has a sluice room with a secure, coded locking system. Staff changing and showering facilities, including a dining room are provided separately. There is a separate toilet and wash-hand basin for catering staff.

As stated in previous inspection reports there were inadequate numbers of baths and showers for residents' use. There was one bath located on the ground floor and two showers on each floor. This impacted on residents' choice in relation to showering and bathing facilities.

There was no space provided to accommodate residents to receive visitors in private.

There was no window or natural ventilation provided to the designated smoking room.

The rendering and paintwork to the external walls of the building was in disrepair.

Many of the fire exit doors were ill fitting with large gaps underneath and above them,

inspectors noted strong draughts around these doorway areas. Fire exit doors were located mainly on corridors but an exit door was located in the first floor day room and residents commented on the cold draught from same. The provider told the inspector that priority would be given to replacing these doors.

While the provider had carried out extensive refurbishments during the past 12 months to the communal areas including the day and dining rooms, reception/entrance lobby and oratory, many parts of the building required further repair and refurbishment.

Flooring to many areas were worn and defective, wall tiles to some shower rooms were broken, wall paper was torn on some corridor areas, paintwork to timber was chipped, paintwork was stained to some walls and ceilings. Defective areas of wall including gaps were also noted around some electric sockets in some bedrooms. The décor including bed linen and soft furnishings to some bedrooms was worn and stained. The provider told the inspector that phase 2 of the refurbishment plan was due to commence and that he would prioritise these works and include a comprehensive plan with the action plan response.

The inspectors noted inadequate furniture and screening curtains in some shared bedrooms. There was only one locker and one small wardrobe provided in a shared bedroom. There were no chairs provided in the same shared bedroom. Inadequate screening curtains were provided to ensure privacy in shared bedrooms.

The inspectors noted that some equipment such as shower chairs were not fit for purpose. The wheels to many shower chairs were rusted and the net backing on one chair was torn. These chairs had been removed from use on the second day of inspection and the inspector was informed that four new shower chairs had been ordered.

The building was generally warm and comfortable. The communal areas were bright with comfortable furnishings. There was a bright, comfortable dining room adjoining the kitchen. The kitchen was spacious and well equipped and there was a food safety management system in place.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds, bath and mattresses. The inspector viewed the service and maintenance records for the equipment and found they were up-to-date.

All areas throughout the building were wheelchair accessible and the corridors have grab rails. The first floor is accessible by stairs and a lift. Residents have access to an enclosed garden with a seating area.

Inspectors noted that the building was secure. The external doors had a thumb print security system in place. All external doors were key coded, the fire exit doors were fitted to the fire alarm and CCTV cameras were installed at the front door exit area to ensure additional safety.

Judgment:

Non Compliant - Moderate

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Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found evidence of good complaints management. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place; it included details of the complaints officer and appeals process. The complaints procedure was clearly displayed.

The inspector reviewed the complaints log. Details of complaints including verbal complaints, action taken, outcomes and details of whether the complainant was satisfied or not with the outcome were documented. There were no open complaints at the time of inspection.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

The inspector had carried out an in-depth inspection of this outcome in April 2014. The inspector was satisfied that residents' end-of-life needs were well managed with a high standard of nursing care being provided at this stage of life.

There was ample evidence of good practice under this outcome and no actions were required from that inspection.

The inspectors noted very detailed individualised end of life care plans in place. All staff spoken with had received training on end of life care.

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):

No actions were required from the previous inspection.

Findings:

The inspector had carried out an in-depth inspection of this outcome in April 2014. The inspector was satisfied that residents' nutritional needs were well managed with a high standard of nursing care being provided. There was ample evidence of good practice under this outcome and no actions were required from that inspection.

Residents were offered a varied and nutritious diet. Some residents required special diets or modified consistency diets and these needs were met. The quality and presentation of meals was of a high standard. Residents and relatives commended the quality of the food. Staff and residents confirmed that snacks and drinks were available throughout the day and night from the kitchen. The inspector observed a variety of drinks available to residents and staff were observed to encourage residents to take drinks.

The daily menu was displayed; choices were available at every meal. Residents confirmed that they were given a daily choice.

The inspectors observed the dining experience to be a pleasant one. The main dining room was bright, homely and comfortable. Residents sat at table seating up to six; condiment sets, sauces and serviettes were provided. A choice of drinks was offered including water, milk and fruit juices. Residents and staff chatted over lunch and the atmosphere was relaxed and unhurried. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently. The person in charge together with the nursing staff monitored the meal times closely.

There was a fresh water dispenser available for residents on both floors. A selection of

drinks were available in each day room. Residents could help themselves to tea and coffee which were available in the dining room throughout the day.

The inspector spoke with the chef on duty who was knowledgeable regarding residents special diets, likes and dislikes.

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 inspectors noted that the privacy and dignity of residents was respected by staff. Bedroom, bathroom doors and screening curtains were closed when personal care was being delivered.

Residents were treated with respect. The inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect. Relatives spoken with told the inspector that staff were very caring and treated residents with respect.

Residents' religious and political rights were facilitated. Mass was celebrated weekly and the rosary was recited twice weekly in the oratory. The person in charge told inspectors of arrangements in place for residents of different religious beliefs. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during past elections.

Daily national and weekly local newspapers were available to residents. Some of the residents were observed reading. Residents had access to a telephone for use in private.

Staff outlined to the inspector how links were maintained with the local community. Local musicians visited regularly and local school children visited during the year. Local transition year students visited and were involved in a variety of activities with residents.

Residents were encouraged to attend family occasions and many went on family outings. Some residents went into the local town on a regular basis. Residents were facilitated to go on day trips and outings during the summer months. Many of the residents had attended the local senior citizens Christmas party.

Meetings were held with residents. Notice of upcoming meetings were displayed and relatives were invited to attend. The inspector noted that the last meeting took place on 9 January 2015 but had been poorly attended. The previous meeting held in July 2014 had been well attended. Minutes of meetings were maintained; the inspector noted that residents had discussed issues such as the complaints process and provision of activities. The residents had discussed their interest in getting a poly tunnel to undertake more gardening activities. The inspector noted that the poly tunnel had recently been constructed and was ready for use.

The person in charge outlined how she had links with an advocacy service and how she could access this service should a resident request it. She stated that the administrator was currently undertaking advocacy training and will be able to facilitate residents in house. The inspectors noted that there was no information displayed to inform residents that this service was available.

There was an open visiting policy in place. Relatives spoken to stated that they could visit at any time and were always made feel welcome and refreshments were always offered. Most residents received visitors in the day rooms but some used the dining room area while others used their bedrooms. There was no space available to residents who wished to receive visitors in private. See action under outcome 12.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

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.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on residents' personal property and possessions. Arrangements were in place for the regular laundering of residents clothing. Residents' laundry was collected and returned twice weekly by an external company, this service was included in the fee. All clothing was collected in individual bags and washed separately. Residents and relatives spoken to were satisfied with the arrangements in place.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection there were sufficient staff on duty to meet the needs of residents. There were two nurses and eight care assistants on duty during the daytime, two nurses and six care assistants on duty in the evening time and two nurses and three care assistants on duty at night time. The person in charge was normally also on duty during the day time. Many of the residents and relatives spoken with and questionnaires reviewed commented that staff were always very busy and had less time to spend chatting with residents. The person in charge told inspectors that five nurses had left during the year, four having obtained positions with the HSE, a senior nurse was on extended sick leave and that nursing hours had been reduced by six hours per day as a result. She stated that they were actively recruiting nursing staff and two nurses were currently undergoing adaptation and were due to commence work in February 2015. She stated that nursing rosters, staffing levels and work organisation would be reviewed once the two new nurses were available.

The provider told the inspector that they were actively trying to recruit a clinical nurse manager to support the person in charge.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of training certificates, induction training and appraisals were noted on staff files.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training in dementia care, dysphagia, HACCP, restraint management, end of life care, falls management, infection control,

nutritional assessment, CPR, understanding Parkinson's disease and medication management.

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lakes Nursing Home
Centre ID:	OSV-0000447
Date of inspection:	12/01/2015
Date of response:	12/02/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There were inadequate governance and management arrangements in place to maintain oversight of all departments including cleaning / infection control.

Issues raised following a review of the quality and safety of care had not been fully addressed.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Some aspects of the physical design were still inadequate and did not comply with the Regulations and Standards.

Following the investigation into a serious medication incident, improvements to practice had not been fully implemented.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

A comprehensive review of the cleaning practices has been undertaken and there are significant improvements in the standard of cleaning in the home. This will be monitored closely by the Person in Charge, who will be supported in her role by the Operations Manager and the manager of the contract cleaning company.

All vacant nursing posts have been filled, and the PIC is now supported by an additional 3 experienced Senior Staff Nurses. This will enable her to maintain oversight of all departments including cleaning/infection control.

There is a planned programme in place to address aspects of the physical design of the building, which is progressing well. This is outlined in more detail as part of Outcome 12.

A serious medication incident had not been reported to the Chief Inspector within the required timeframe. This has since been addressed. A full investigation was undertaken and further improvements to practice have been implemented since the inspection. There is now a robust system in place to ensure that all drug allergies are prominent and highly visible in bold red print on the prescription and medication administration charts. There are 'high alert' stickers placed on the medical files of all residents with drug allergies and on the prescription charts and medication administration records. The Pharmacist has agreed to be responsible for the transcription of all regular prescriptions, and for ensuring the GP has signed and dated the charts. The prescription chart has been enhanced to reflect transcription practices in the home, Nursing staff will transcribe prescribed medications in exceptional circumstances only, such as out of hours, according to the centre's transcription policy whereby 2 designated nurses will co-sign and date the transcription and the GP will sign and date it within 72 hours. Monthly audits of medication management procedures will continue in the home and compliance will be monitored by the Person-in-Charge who will be supported by the Quality & Governance Manager.

Proposed Timescale: Refurbishment programme re: building: 31st December 2015.
Medication Management Review: March 31st for all improvements.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

- the nurse signature list required updating to reflect current nursing staff.
- the provider had not ensured that the maximum dosage of PRN 'as required' medications had always been prescribed.
- some residents weights recorded on the medication administration/prescription sheet were not accurate and did not concur with the most recent weights recorded on the computerised nurse documentation system.
- the list of prescribed nutritional supplements was not up to date, having been last updated in November 2014.
- the transcribing of medications was not in line with the centre's medication policy. While there were two nurse signatures, the date of transcription was not always clear. There was no date included when the general practitioner (GP) signed the transcribed prescription.

Action Required:

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:

The signature list has been updated to reflect the current staff.

All PRN medications also have a maximum dosage in 24 hours detailed on the prescription chart.

The weight column on the electronic prescription chart has been removed, as it was misleading because it only contained the first weight entered instead of the current or most recent weight recording. Instead, the most recent weight recordings are easily available in the resident's medical record.

The list of prescribed nutritional supplements has been updated and is accurate.

Where nurse transcribing occurs, all transcribed prescriptions are co-signed by 2 nurses and signed and dated by the GP within 72 hours, according to the Nurse Transcribing Policy.

All resident records are retained for a period of 7 years after the resident has ceased to reside in the centre.

Proposed Timescale: 12/02/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The inspectors had concerns that the smoking room was located in an area that could not easily be supervised. Adequate measures had not been put in place to ensure the safety of residents, the inspectors were not satisfied that half hourly checks on residents were adequate.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

All residents who smoke have been assessed by the nursing staff and an individualised care plan is in place, which details smoking habits/choices and the level of supervision required, including frequency of observation when smoking. Supervision of the smoking room has been enhanced to reflect individual resident's needs.

The designated smoking room is a newly appointed smoking area in the centre. The current ventilation system will be further improved by the addition of a Fresh Air intake system. The natural light to the room has been improved by a recently installed window in the door and a skylight. There is currently no alternative area within the home for use as a smoking room, and these measures, combined with enhanced individualised supervision arrangements will maximise resident safety in this area.

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

Some areas of the building were not maintained in a clean condition.

Several shower chairs were soiled and dirty.

Some shower equipment was defective and difficult to clean.

Cleaning equipment trolleys were dirty.

Cleaning procedures were not being carried out in line with best practice.

Inadequate communications systems were in place to ensure up-to-date information on infections in the centre were available to all staff.

Bags of soiled linen and clothing were stored in close proximity to clean bed linen in shower rooms and store rooms.

There was no bedpan washer available on the first floor.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

The environmental cleaning procedures and practices have been reviewed and all areas of the building are maintained in a clean condition. The contract cleaning staff have had on-site competency assessments and retraining to enable them to carry out cleaning procedures in line with best practice. The contract cleaning manager is supporting the Person-in-Charge in monitoring compliance with standards of cleaning, by carrying out weekly spot checks and audits of practice.

Cleaning trolleys and equipment are clean, and old or worn equipment has been replaced. Stock levels of cleaning equipment and products have been increased. The manager of the contract cleaning company will undertake weekly spot checks and regular audit of cleaning procedures. She will communicate findings with the Person-in-Charge.

All defective equipment has been decommissioned and disposed of. New shower chairs and commodes have been purchased.

There is a cleaning schedule in place for the cleaning of clinical equipment and this is carried out by the care staff. The Person in Charge monitors adherence to the schedule and the cleanliness of clinical equipment.

Communication systems between nursing and cleaning staff have been improved; cleaning staff are updated on a daily basis and are made aware if there is any resident with an infection or other areas of concern relevant to the undertaking of their duties.

Bags of soiled linen and clothes are no longer stored in shower rooms or in close proximity to clean linen and clothes.

A bedpan washer will be installed in the existing sluice room on the first floor. This will be completed by 31st May 2015 to allow time for all necessary building, mechanical and electrical works to be completed to accommodate the equipment

Proposed Timescale: 31st May 2015: bedpan washer. Other actions have been completed.

Outcome 10: Notification of Incidents

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

An incident regarding a serious medication error had not been notified to the Chief Inspector within the required time frame.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:

It is acknowledged that a serious medication error had not been notified to the Chief Inspector within the required timeframe. The incident has now been notified to the Chief Inspector. The matter was thoroughly investigated and improvements to practice have been implemented as detailed under Outcome 2. The requirement to notify the Authority within the required timeframe in the event of such an incident has been identified as an important part of the learning from this critical incident review. Compliance with the improved medication management practices will be monitored by the Person-in-Charge and she will be supported in this by the Quality & Governance Manager.

Proposed Timescale: 12/02/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There were inadequate numbers of baths and showers for residents' use.

There was no space provided to accommodate residents to receive visitors in private.

There was no window or natural ventilation provided to the designated smoking room.

The rendering and paintwork to the external walls of the building was in disrepair.

Many of the fire exit doors were ill fitting and draughty.

Flooring to many areas were worn and defective, wall tiles to some shower rooms were broken, wall paper was torn on some corridor areas, paintwork to timber was chipped, paintwork was stained to some walls and ceilings.

Defective areas of wall including gaps were also noted around some electric sockets in some bedrooms.

The décor including bed linen and soft furnishings to some bedrooms was worn and stained.

There was inadequate furniture and screening curtains in some shared bedrooms.

Some equipment such as shower chairs were not fit for purpose.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

An extensive programme of refurbishment is under way, and significant progress has been made in upgrading the home to date, and this work will continue throughout 2015 to improve the comfort and facilities for all our residents.

All defective equipment such as shower chairs and commodes have been disposed of and replaced with new equipment. Completed.

There are 5 showers and 1 assisted bathroom available for the residents; 3 showers are available on the ground floor and 1 assisted bathroom is available on the ground floor. 2 showers are available on the first floor. There is a further shower on the first floor, which will be upgraded, but is currently not deemed suitable for resident's use. September 2015.

The provision of additional showers may be considered as part of future improvement works, but has not been prioritised within the refurbishment programme for 2015.

A Quiet Room has been identified for residents to receive visitors in private. Completed.

Worn or stained bed linen has been disposed of and new bed linen has been purchased to replace it. Completed.

Defective areas of walls, gaps around electrical sockets have been repaired since the inspection. Completed.

Any staining on existing paintwork is currently being attended to by the Maintenance Person, and will be completed by March 31st 2015.

All defective wall tiles in shower rooms will be replaced by 31st March 2015.

There is an extractor fan in the designated smoking room, and this will be enhanced with the installation of a Fresh Air system. There is borrowed natural light through a window situated in the door. This will be completed by March 31st 2015.

Work will commence on panelling all corridor areas in the home on 1st March 2015, and this will be completed on June 30th 2015.

The repair of draughty exit doors has been identified as high priority of the refurbishment programme and work is to be commenced shortly on these areas. Four timber Fire Exit doors will be replaced by PVC door sets to include all necessary building, electrical and electronic works. This work will be completed by June 30th 2015.

All defective and worn flooring at exits will be replaced or repaired where appropriate as part of the overall flooring programme. This work will be prioritised to be completed by July 31st 2015.

The entire exterior of the building will be painted and decorated. These works will

commence in suitable weather conditions and will be completed by 30th September 2015.

Proposed Timescale: 30/09/2015