

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Laurel Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000057
<b>Centre address:</b>	Templemichael Glebe, Longford.
<b>Telephone number:</b>	043 334 8033
<b>Email address:</b>	laurellodgelongford@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Templemichael Enterprises Limited
<b>Provider Nominee:</b>	Ann Watters
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Damien Woods;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	105
<b>Number of vacancies on the date of inspection:</b>	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.

**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 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 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
11 March 2015 09:00	11 March 2015 19:00
12 March 2015 08:30	12 March 2015 15:00

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 was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. This was the eighth inspection of this centre undertaken by the Authority. During the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was reviewed. The inspectors talked with residents, relatives and staff members during the inspection and also reviewed the feedback questionnaires returned to the Authority. In all eleven residents and twenty relatives/carers completed the pre-inspection questionnaires. A review of these found that residents and relatives were positive in

their feedback about the facilities, the availability of staff, their positive attitudes and dedication to residents well being. A high level of satisfaction with the service particularly the dedication and commitment of staff and the availability of an interesting and varied social/activity programme was conveyed. Relatives indicated that they received adequate information prior to admissions being arranged which helped them make informed decisions. They knew how to make a complaint and indicated that staff, the person in charge and provider were readily available to talk to if they had any queries or problems.

Residents that the inspectors talked to during the inspection said that they were "very well cared for" and described the staff as "kind, approachable and always there for us". Another resident said that there was "nothing to complain about" and that they "liked the company of other people and the staff are friendly and caring". Residents were complimentary about their day to day life experiences and described being able to go out with family, go to the town and to the local theatre as positive aspects of life. Residents also said they enjoyed a wide range of activities and that they could attend church services several times a week. They also confirmed that they felt safe and attributed this to the availability of staff, their positive professional manner, having access to a call bell and the presence of senior staff and the provider each day.

Laurel Lodge Nursing Home is a purpose-built facility that is registered to accommodate 107 residents who need care on a long or short term/respite basis and who have convalescence, rehabilitation, palliative or dementia care needs. The centre is divided into three units that have their own communal facilities, office space and general purpose areas. Hazelwood and Lissadell Lodge provide care for residents with general care needs and Glencar Lodge is dedicated to the care of people who have dementia. Each unit has several sitting areas where residents could sit together or they could choose to spend time in quieter rooms. The building was well maintained, comfortably warm, attractively decorated and appropriately equipped to meet the needs of residents.

There were safe secure outdoor garden spaces for residents to use and these were well cultivated and provided with appropriate seating. Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyze potential risks and control measures were in place to ensure risk was minimised. The centre was clean and well organised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated. There was an ongoing programme of decoration and maintenance undertaken by a team of maintenance staff and a health and safety officer.

Care, nursing staff and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged in social activity. There was a varied social care programme with interesting activities organised each day and three staff

were allocated to ensure activities took place as scheduled.

There was an ongoing training programme for staff and all staff had completed training in the mandatory topics of adult protection, moving and handling and fire safety. The inspector noted that there was access to local medical services including mental health services and that residents had good support from allied health professionals that included some who were employed privately to enhance accessibility. .

The person in charge and provider were interviewed at the time of initial registration and their fitness was determined at that time. Their fitness has continued to be determined by ongoing regulatory work that includes inspections to assess compliance with regulations and standards. The person in charge and the clinical nurse manager who is nominated to take charge in the absence of the person in charge demonstrated good knowledge of the legislation and standards throughout the inspection process. The provider who was present throughout the inspection and attended the feedback meeting also had a comprehensive understanding of her responsibilities. The inspector found that there was a strong commitment to ensure compliance with legislation and to ensure residents had a good quality of life that met their needs.

The last inspections of the centre were conducted on 22 April and 19 November 2014. The latter was a themed inspection that reviewed the arrangements in place for end of life care and food and nutrition. Overall, substantial compliance was found in relation to both outcomes. The inspectors found that the centre was operating in an effective and accountable manner and that the aims and objectives set out in the statement of purpose were being met in a manner that ensured residents well being. During this inspection a high standard of compliance was found except in two areas where revision of the procedures in place was required. The complaints procedure needed review to outline the role of the advocacy service and reflect the information described in the statement of purpose and the assessments that underpinned the use of bed rails also required review to convey that this equipment was only put in place when all other alternatives that could be used had not proved effective and to ensure appropriate adherence to the national policy on promoting a restraint free environment. These areas for improvement are further discussed in the body of the report and in the Action Plan at the end of this report.

**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 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):**

No actions were required from the previous inspection.

**Findings:**

The provider had submitted a revised statement of purpose as part of the application to register. This was found to contain the required information as described in schedule 2.

**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):**

No actions were required from the previous inspection.

**Findings:**

There is a clearly defined management structure that identifies the lines of authority and accountability. The person in charge is supported by the clinical nurse manager in Glencar-the dementia care unit who is nominated to take charge in his absence and by two other clinical nurse managers from the remaining units. The provider has an active role in the day to day operation and management of the centre and was present in the centre most days the inspector was told. This was confirmed by residents who knew her

well and who said she called in to talk to them regularly.

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed annually as required. A report of the review of the quality and safety of care delivered to residents during 2014 in accordance with regulation 23(d) Governance and Management was available. This included consultation with residents and their families as required. There was evidence of ongoing audits and improvements to the service. Areas that were reviewed included restraint use, the management and labelling of clothing, medication management and cleaning standards. The provider had a plan for improving the facilities during 2015 as apart of an ongoing improvement programme. A copy of the report was made available to the inspector as required.

**Judgment:**

Compliant

***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 inspectors found that residents and relatives were supplied with information such as a residents guide, the statement of purpose and a contract of care. Inspection reports were also made available.

Relatives and residents told an inspector that they were provided with comprehensive information prior to and at the time of admission. There was a residents' guide that was attractively laid out and provided a summary of the services provided.

Each resident had a contract that was signed by them or their representative and the document outlined the services to be provided and the fees to be charged. The costs for any additional services were described.

**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 had been no change to the role of person in charge since the previous registration. Guy Walton has worked at the centre several years. He is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and works full time in the centre.

He demonstrated good clinical knowledge and was clear in his understanding of his legal responsibilities under the regulations and standards. He had engaged in continuous professional development and had developed his knowledge in areas such as nutrition, end of life care and dementia care. He coordinates the training programme provided for all staff and provides the training in adult protection which is updated regularly.

His mandatory training in adult protection, moving and handling and fire safety were up to date as well as registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA).

Residents and visitors were familiar with the person in charge and said that he visited the units regularly and talked to them and to the staff groups.

**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:**

The centre had a well established and well organised administration system. The inspectors reviewed a range of documents, including residents' care records, staff records, the directory of residents, insurance certificates, financial records, duty rotas and training records. The inspectors found that records were accessible, maintained in a manner so as to ensure completeness and accuracy and there were secure storage arrangements available. All the required information was available in the records examined.

The inspector reviewed a sample of the Schedule 5 policies and found that they were comprehensive and provided appropriate information and guidance to staff. All the required policies were available and staff knew where to access policies and procedures when they needed to refer to them.

**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 designed 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:**

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced clinical nurse manager who worked full-time in the dementia care unit deputised in the absence of the person in charge.

The inspector found that that she had engaged in continuous professional development and was familiar with the legal responsibilities of the person in charge including requirements in relation to the submission of notifications to the Chief Inspector. She was familiar with the care needs of residents, the administration and management arrangements and was an active member of the management team.

**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:**

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff had received training in adult protection to safeguard residents and to protect them from harm and abuse.

Staff knew what constituted abuse and could describe a range of abuse situations including acts of omission and neglect and could give examples. They knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation. Two notifications of abuse forwarded to the Authority during 2014 were noted at the time to have been effectively managed. Any learning from incidents was conveyed to staff and training provided where it was identified as needed.

There was a visitors' record located in the reception area at the main entrance. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspector spoke to and those who had completed questionnaires reported that they felt safe in the centre. They indicated that staff availability, the call bell system, the use of closed circuit television at the entrance and the security around the premises contributed to this.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment but the inspector found that the format for the assessments needed review. In the sample of restraint assessments reviewed, the inspector found that the information available did not support the use of equipment such as bed rails and many were put in place at the request of residents or relatives. There was a lack of information on why the bed rail was needed which according to staff was usually to protect residents from falling out of bed. There was evidence that discussion had taken place with the resident, his/her representatives and that these measures had been requested however the information did not indicate that the hazards associated with such equipment had been fully explained or that the restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe. There was little evidence of allied health professional input and no information on what alternatives for example low low beds had been trialled prior to the restraint measure being used. The person in charge had identified the use of bed rails as an area where improvements could be

made in the annual report and was working with the staff team to ensure residents and relatives were appropriately informed about the risks of this equipment and was also promoting the use of low low beds as an alternative where there were falls risks identified.

There were no problems associated with fluctuating behaviour patterns or challenging behaviour at the time of inspection. The inspector saw that one to one care was provided at times when residents needed extra support. Relatives confirmed that when situations had arisen where more active interventions were needed that these were put in place and that staff were very supportive and vigilant when residents developed illnesses or infections that caused changes in their behaviour. One relative described how an altered behaviour pattern that arose following admission was managed successfully with a good outcome for the resident who is now calm and able to enjoy a good quality of life. There was a policy that provided staff with guidance on how to manage behaviours that challenge and staff were well informed about how to manage such behaviour so that the dignity of the resident was protected and staff and residents were kept safe. Residents told the inspectors that they were aware that they were not left alone for long and said that staff responded quickly when they called for help.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety statement dated 28 June 2014. A comprehensive risk management policy that included the areas described in regulation 26(1) had been developed. There was information on general hazard identification and a risk register that outlined specific risks including a range of clinical risks. The general hazard areas identified included moving and handling, radiator surfaces, the management of clinical waste, accidents and incidents and fire safety. The clinical risks identified included falls, skin vulnerability and compromised nutrition status. There were good outlines of the risks presented and the control measures in place.

An emergency plan was in place to guide staff on to how to respond to serious untoward incidents. This procedure included a range of emergency situations such as loss of power, communication, gas leak , flooding and the management of an infectious illness. Arrangemetns had been made with other designated centres in the area to

provide a place of safety should the centre need to be evacuated.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were good supplies of personal protective equipment available in all units. An outbreak of norovirus during October 2014 had been notified to the Authority. The inspector found that infection control practices as described by staff met good practice standards. The public health office had been notified and a record was kept throughout the event of all residents and staff impacted. Staff described arrangements that had been put in place to control the spread of the infection and these included-staff working in their designated units only and not moving between units, restricted visiting arrangements, no movement of residents between units for activities and staff remaining off duty of ill. The local environmental health department had investigated possible causes and the recommendations made were noted to have been out in place. This had included extra measures for the purification of water.

Accidents and incidents were recorded and were reviewed regularly. The analysis undertaken described the number and nature of events and the time they took place. The inspector noted that there had been a gradual reduction in falls that resulted in injury during 2014 with 16 incidents recorded during the first quarter and 6 during the final quarter. Residents records conveyed that falls risks were reviewed monthly and updated with information that informed the risk profile. Measures were in place to prevent accidents in the centre and grounds. The building was clutter free and external areas were flat and well maintained. There were grab rails on each side of hallways and in bathrooms and toilets. Manual handling assessments were available, were up to date and reflected resident's dependency and included the equipment to be used and the number of staff required when manoeuvres were undertaken. All staff was trained in moving and handling of residents and the procedures for risk management outlined the timeframes for moving and handling training and refresher courses. Equipment was observed to be stored safely and securely in designated storage areas.

All staff were trained in what to do in the event of a fire. The health and safety officer has a lead role for health, safety and fire management. Staff described their training to the inspector. They described how they were taught to respond to the fire alarm, find fire extinguishers and move people through fire doors as part of the horizontal fire evacuation procedure to ensure their safety. The training also included the use of the stairway from the first floor in the Lisadell unit. Regular fire drills were completed and there were strict time frames for responding to the fire alarm alert. The fire alarm was serviced on a quarterly basis, a list of fire fighting equipment was available and was serviced on an annual basis as required. The inspector noted that this was last completed on 10 July 2014. There were adequate means of escape and fire exits were noted to be unobstructed. There was a daily check to ensure that they were free at all times. Fire exit routes were clearly marked and the fire procedure was displayed. Unplanned activations of the fire alarm were recorded and these had been the result of toast burning and a smoke detector that required attention according to the record maintained.

The centre had a missing person procedure and there were safety measures in place to ensure that residents did not leave the building unnoticed. Exit doors were alarmed and the dementia unit was secure.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were safe systems in place for the management of medication. There was a clinical room where the medication trolleys were stored in all units. These areas were inspected in two units, Glencar and Lisadell and were noted to be clean, well organised and contained clinical equipment and the policies, procedures and good practice guidance that applied to medication management. The fridges used to store medication was clean and functioning at an appropriate temperature which was checked and recorded daily by staff.

Staff were well informed about the medication in use and residents' medication regimes. The inspector found that resident's medication was reviewed every three months by the GP and nursing staff. Residents who could manage their own medication were encouraged to do this and were supported by staff with this task where needed. Residents had a choice of pharmacist staff confirmed.

Medications that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. A random sample of the medication in use was checked and the balance in stock was in accordance with the amount described in the register.

In the dementia care unit residents were observed closely when taking medication and where problems arose with swallowing medication liquid preparations were used where available. The inspector observed a nurse administering medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Red aprons were worn to alert other staff and residents that a medication round was in progress. The inspector observed nurses greeting residents, making them comfortable and taking time to talk to them as they administered medication. A

monitored dosage system is in use and the original prescriptions were available with the medication administration records. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded.

**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 inspector reviewed the notifications supplied to the Authority and the accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement for submitting notifications to the Chief Inspector.

**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:**

There were 105 residents in the centre during the inspection. In the Lisadell unit there were 33 residents accommodated and the dependency levels were assessed as 14 residents with maximum to high care needs and 19 residents with medium to low level needs. The Hazlewood unit accommodated 36 residents and 13 were assessed as having high to maximum care needs and the remainder were determined as having medium to low care needs. In the dementia unit-Glencar there were also 36 residents accommodated and 19 were assessed to be in maximum to high care category and the remainder were assessed as having medium to low care needs. Many residents were noted to have a range of healthcare problems and the majority had more than one medical condition. The majority of residents were in advanced old age with 46% aged over 86 and 10% of that group were aged 96 and over. The inspector found that there were satisfactory systems in place to ensure residents well being and that nursing care was informed by up to date knowledge, the use of evidence based assessments tools and appropriate supports from medical staff and from allied health professionals.

The arrangements to meet residents' assessed needs were described in individual care plans. The inspector found a good standard of individualised care planning and appropriate access to medical and allied health care professionals was facilitated. Recognised assessment tools were used to determine care needs and subsequently used to evaluate residents' progress and to assess levels of risk. There were assessments in place for continence care, nutrition, memory, vulnerability to pressure area problems, communication and moving and handling needs. There was a record of the resident's health condition and treatment given completed daily and these records described the staff's interaction with residents, monitoring of residents' health, general well being and the activities they attended and how they participated/responded during particular activities.

The inspector reviewed five resident's care plans and specific areas within other care plans that related to end of life, wound care and dementia. Care plans for residents at a high risk of falling and where bedrails were in use were also reviewed. The plans of care were noted to be updated at the required intervals or when there was a change in a resident's health condition. The inspector noted that there were comprehensive details recorded under all the relevant care plans. Specific problems such as anxiety were described well with the interventions that could prove effective outlined clearly to guide staff actions. The inspector saw that staff recorded responses to treatment and also described the role of social activities and how they contributed to residents well being and reduced anxiety. Personal choices were described and the inspector saw that residents could get up and go to bed at times of their choosing and also that they could spend time on their own in their rooms if they wished. Residents confirmed that they could make these choices and also could decide if they wished to participate in activities or do something else. Staff demonstrated good knowledge of residents' care needs and had completed a summary of lifestyles and background to help them provide care in a person centred way. There was documentary evidence that residents or their representative were involved in the development and review of the resident's care plan when these were reviewed or updated. Relatives confirmed that they were involved in discussions about care plans and knew the contents of their relatives care plan.

The risk assessments completed were linked to an associated care plan. Care plans for

residents with dementia or behaviours that challenge were noted to be person-centred and reflect their needs well. There was good detail on how memory problems impacted on day to day life. Staff had recorded communication difficulties and also residents capacity to recognise family members and staff. Triggers for behaviour changes were outlined and preventative and reactive strategies to address fluctuations in behaviour were described and adhered to by staff.

Residents had access to GP services and there was evidence of medical input and review including times when health care needs changed. A review of residents' medical notes showed that GP's visited the centre to review medications. Nursing staff could articulate residents care needs comprehensively and it was evident from the conversations the inspector had with them that they identified changes promptly and sought medical advice.

Access to allied health professionals including speech and language therapists, dieticians, occupational therapists and community mental health nurses was available.

There were two pressure area problems receiving attention and the inspector found that here were appropriate wound care plans and strategies to prevent deterioration in place. There was a wound management policy which guided the staff in the prevention and management of wounds. The inspector saw that records outlined the size and extent of the tissue damage, the dressings in use and progress each time the dressing was changed. Staff were well informed on wound care practice. There were a range of pressure relieving equipment in use and this was noted to be in good condition and operating effectively.

There was a range of social events organised by a team of three activity therapists. The inspector found that social care options were varied and available daily. Music sessions and particularly old time music, singing, card games and bingo were very popular. In the dementia unit a room had been decorated as an old style kitchen with period furniture, crockery and a fire place to prompt memory and to provide a focus for reminiscence. Pictures and a fire place were other additions to further prompt memory and recall. This had worked well and relatives said that they often took residents there to chat and remember past times. Activity staff interviewed said that they meet weekly to discuss the programme and vary activities according to residents choices and what was going on locally. For example, if plays are on in the local theatre they arrange to go and at the time of the inspection many residents had expressed a wish to see the newly refurbished cathedral in the town which they hoped to visit soon. An activity was scheduled for morning and afternoon in each unit and once a week there was a larger event for all residents collectively such as a music session and this was usually held in the Glencar unit. There was good contact with the local community and secondary school pupils had varied roles in the centre that included playing music and participating in events.

Residents records reviewed conveyed that their social needs had been assessed and their interests recorded. Care and activity staff were noted to engage in one to one

activity with residents who could not take part in a group activity and this was noted to be a regular aspect of care interventions.

**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:**

Laurel Lodge is a modern purpose-built nursing home that is comprised of three units named Glencar, Hazelwood and Lisadell respectively. It is located a short drive from Longford town and is just off the N4 Dublin/Sligo road. The centre can accommodate 107 residents. The standards for space and facilities outlined by the Authority were met.

The entrance opens onto a bright spacious reception area that has seating for residents and visitors.

The Hazelwood unit accommodates 36 residents in three double rooms and 30 single rooms. Twenty four rooms have en suite facilities and there are two further assisted bathrooms for residents use. There is access to two courtyard gardens and the unit has three sitting areas and a large dining room.

Glencar Lodge is dedicated to the care of people with dementia. It can accommodate 38 residents in 32 single and three double rooms. Seventeen rooms, including the three shared rooms, have en suite facilities. There are five toilets, two showers and an assisted bathroom to meet the needs of the remaining 18 residents who do not have en suite facilities. There is a large dining room and a separate sitting area for residents. The environment in the dementia unit had been decorated and organised to promote the independence of residents and to assist their cognitive abilities. The inspectors found that signage, reminiscence material and furnishings had been provided which enhanced the environment, made it more home like and provided stimulation for residents. An old fashioned kitchen/sitting area with a fire place, old style furniture and fixtures was very popular with residents and visitors and the objects on display were used by staff and visitors to prompt memory and conversation.

The Lisadell unit is organized over two floors. There is lift and stair access to the upper floor. There is sitting and dining space on both floors. Accommodation is organised in three double rooms and 27 single rooms and with the exception of two rooms all have en suite facilities. There are two assisted baths and showers in addition to the en suite facilities. There is also rooms here for relatives to use if they wish to stay during periods when residents are critically ill or at end of life.

The building was comfortably warm, clean and odour free. There was appropriate equipment for use by residents and staff which was maintained in good working order. Equipment, aids and appliances such as hoists, call bells, hand rails were in place to support and promote the independence of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use all equipment.. There were suitable and sufficient toilet, bath and shower facilities. Dining and sitting room facilities were appropriate in size to meet residents requirements, well decorated and attractively furnished. Each unit had office space for staff, kitchen areas to prepare drinks and snacks and a laundry area.

**Judgment:**

Compliant

***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:**

Relatives and residents were aware that there was a complaints procedure in place and said they felt able to discuss problems with the provider, person in charge or any member of staff.

Residents that the inspectors talked to could describe who they would speak to if they had any issues or wished to make a complaint. The complaints procedure was displayed at the entrance area and described the steps to follow when making a complaint.

A record of complaints was maintained as required. A number of issues had been addressed during 2013. The issues of concern were outlined, the investigations undertaken and the outcome including if the complainant was satisfied. If not satisfied with the outcome of a complaints investigation an appeal could be made to an independent person and the contact details were available on the main notice board.

**Judgment:**

Substantially 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:**

This outcome was extensively reviewed during the themed inspection undertaken in November 2014. Care practice was noted to be of a high standard and no requirements were identified. The inspectors again found that resident's end-of-life care preferences/wishes were identified and documented in their care plans and found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre and that the legislative requirements and good practice standards continued to be met. There was one resident in receipt of end of life care during this inspection. Overnight facilities and refreshments were offered to residents' family members and friends and there was space for a number of people to spend time with residents when end of life care was in progress.

There were procedures in place to assess pain and nurses had a recognised monitoring tool to assess and record pain. Analgesia was administered as required and monitored for effective outcomes. Records reviewed described interventions and advice from the palliative care team which staff said was a significant asset in their efforts to provide a high standard of care and comfort at end of life.

There were issues that staff said they had to consider particularly where capacity to make decisions was limited due to residents high levels of dependence, dementia or a combination of complex conditions and staff recognised that decisions made in relation to end of life care were determined by the clinical presentation that prevails at the time in the absence of residents being able to make a decision on their own behalf. The inspector found that staff were well informed and had appropriate procedures to guide their practice in place.

**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***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

This outcome was also reviewed during the themed inspection and no actions were identified for attention. The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place which was centre specific. The policy provided detailed guidance to staff and is supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes. Staff were familiar and knowledgeable about the policies in place and knew where policy documents were located when they needed to refer to them. Several good practice initiatives were in place.

These included:

- Snack foods and fruit was provided when beverages were served during the day
- The consistency of foods was determined carefully in accordance with professional guidelines to ensure that residents could eat a normal diet for as long as possible
- Residents were consulted about menus and food choices and their preferences were included in the menu choices.

Residents told the inspector that the food was varied and good quality. The inspector was told that meals were "restaurant quality", "very tasty and wholesome" and residents also said "we have a choice and can ask for something else at any time". Residents' food likes and dislikes were recorded and kept in the kitchen together with the special dietary requirements of individual residents.

As described earlier there was dining rooms in each unit. They were decorated to a high standard, were attractively furnished and adequately spacious to accommodate residents in specialist chairs or using mobility equipment. The inspector observed that meals were well presented in appetising individual portions. Staff were seen to assist residents in a manner that protected their dignity during meal times. There were several staff available to serve meals so that no one had to wait for assistance. Staff sat beside residents who needed prompting or assistance to eat and ensured they knew what they were being offered and took time with meals. Staff interviewed could describe the different types of meals that were served and the textures that had to be adhered to for safe swallowing. Snacks, beverages and cold drinks were available throughout the day and staff were observed to remind residents to have a drink and to provide drinks where residents could not assist themselves.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements including monthly weights and more frequent monitoring was put in place if fluctuations upwards or downwards were noted. All residents who were vulnerable to weight loss had been assessed and had a nutritional care plan was in place. One resident in the dementia care unit was being monitored closely as his weight loss had been consistent over a period of time despite a range of interventions. Medical opinion including assessments from mental health specialists had been sought. A care plan that described his nutrition care was in place and his nutrition intake was being monitored daily. Residents have access to Health Service Executive community professionals such as occupational and speech and language therapists. Where needed these services were also accessed privately.

There was a planned menu that provided two choices of cooked meal at midday and in the evening. Nutritious snack options were available to ensure sufficient and adequate calorie intake particularly where residents were on fortified diets. The fortification of food was noted to include yoghurts, milk puddings and extra butter. Staff had access to kitchen areas to prepare snacks for residents during the night.

Staff were seen to assist residents in a manner that protected their dignity and ensured their well being during meal times. There were several staff available to serve and assist with meals so that no one had to wait for assistance. Staff sat beside residents who needed prompting or help to eat and ensured they knew what they were being offered and took time with meals. Staff interviewed could describe the different types of meals that were served and the textures that had to be adhered to for safe swallowing. Snacks, beverages and cold drinks were available throughout the day and staff were observed to remind residents to have a drink and to provide drinks where residents could not assist themselves. Residents who spent time in their rooms were noted to have liquids readily available and were prompted to drink regularly by staff who called in to see them.

**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 inspector found that residents were able to contribute to the operation of the centre, that they were able to make meaningful choices that contributed to their quality of life and that care was delivered in a professional manner that promoted independence and ensured that dignity was respected. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspectors observed that staff engaged positively with residents at all times. They greeted them when they entered rooms and their interactions were noted to be cheerful, helpful and respectful.

Consultation with residents was achieved through regular meetings and by circulating questionnaires to elicit their views on the service. The most recent responses had indicated satisfaction with the appearance and layout of the centre, the range of activities, standards of care and the emergency arrangements. Residents felt they knew what to do in the event of fire for example. There were well established networks with residents' families and they told the inspector that they were regularly asked to provide feedback on the service during care plan reviews, as part of formal monitoring the service and during more informal day to day contacts with staff.

Residents who had dementia were noted to have good support from staff and there were good descriptions of communication needs in care records. Staff could outline how they engaged residents to orientate to their environment and participate in day to day life to their maximum ability. They described giving residents simple choices, plenty of time to respond to questions, speaking slowly and clearly and encouraging them to participate in familiar activity and in reminiscence sessions that helped them recall events familiar to them.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass or have priests or ministers visit them in the centre. Mass was celebrated in the centre four times a week in the oratory and residents could go there to spend time quietly at other times. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and they kept them up to date with community events.

**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 were systems in place to safeguard residents' property and money. The inspectors reviewed these procedures and found that there were records of personal property and any money held for safe keeping. The administrator could describe how finances were managed and had a clear system in place to account for any money held on behalf of residents.

Residents' rooms were personalised with photographs, pictures and other personal possessions. The inspectors saw that residents could bring in items of furniture and pictures from home and these were arranged in their rooms according to their wishes. There was space for residents to keep personal items secure in their rooms.

The laundry areas were well equipped and clean. There was a security button system in place to reduce the loss of clothing and carers said that there were very few problems with lost clothing. Residents said that their garments were well cared for and returned to them in good condition.

**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:**

The inspectors reviewed staffing levels on each unit and discussed the staff allocation with the staff teams. They described how they allocated workloads and determined staffing requirements. From observation of care delivery, the availability of activities and the comments from residents and relatives the inspector concluded that the staff allocations in each unit was appropriate to meet the needs of residents.

There was good information on dependency levels available and cognitive care needs as well as physical care needs were both used to make the judgement on dependency.

The inspectors carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit existed among staff. Nurses and carers worked well together the inspector was told. The inspectors were provided with details of the training that had been provided to staff during 2014. Training had been provided on a range of topics that included:

- Elder abuse and the protection of vulnerable people
- Fire safety
- Infection control
- Hand hygiene and infection control
- End of life care

Moving and handling and  
Continence care and  
Nutrition

All staff had up to date training in the mandatory topics- fire safety, adult protection and moving and handling and the training record provided confirmed this. A staff nurse in the dementia unit was undertaking a degree at masters level in dementia care and was keeping the staff team there up to date with new developments in this area.

Residents were observed to have good relationships with staff and were comfortable and relaxed when staff approached them. Residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. Relatives interviewed said that staff ensured that residents remained as independent as possible. One relative said that her family member had come in to the home mobile and continent and had continued independent in these areas. The inspector observed that call-bells were answered quickly, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection days.

The recruitment procedures were in accordance with good practice guidance and employment legislation. Staff had contracts that described the work they were employed to undertake and their hours of work. There were regular staff meetings and topics for training were identified based on development needs and on the need to develop skills in specific areas. The person in charge said that this year the focus would be on dementia care to coincide with the themed inspections for 2015.

**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:***

Geraldine Jolley  
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 report<sup>1</sup>

<b>Centre name:</b>	Laurel Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000057
<b>Date of inspection:</b>	11/03/2015
<b>Date of response:</b>	29/04/2015

### 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 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

The procedures in place for the assessment and use of restraint measures such as bedrails required review to reflect the Department of Health guidelines and the commitment to promoting a restraint free environment.

#### Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

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

designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

This area has been heavily audited in the past and this has resulted in a reduction in the use of restraint year on year with a 96.66% reduction since 2011 across the whole home. The common place use of bed rails in the acute hospitals means we are often fighting an uphill battle with newly admitted residents who have experienced rails in hospital and no longer feel secure without them. We do try to inform new residents who ask for bed rails of the negatives and potential dangers and we offer and suggest alternatives, this has now been made clear in the resident's notes. No resident has any form of restraint in place at the request of relatives.

**Proposed Timescale:** 27/03/2015

**Theme:**

Safe care and support

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

In the sample of restraint assessments reviewed, information available did not support the use of equipment such as bed rails. There was a lack of information on why the measure was needed or what alternatives had been put in place before this measure was introduced.

**Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

If residents do not mention Bed Rails then we do not discuss the matter at all on admission and the default position is not to have them. Of 107 residents only 4 have bedrails used as a method of restraint and these are all due to advanced dementia and immediate falls risk. There are a small number of residents who insist on bed rails, as above, after being assessed as not requiring them. In all cases alternatives have been discussed prior to the use of rails but have not been agreed by the resident. Since the inspection we have made this very clear in the resident's records. Once they are informed however we continue to respect the resident's wishes, whether we agree with them or not.

**Proposed Timescale:** 27/03/2015

