

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lisdarn Centre for the Older Person
Centre ID:	OSV-0000490
Centre address:	Lisdarn Centre, Cavan.
Telephone number:	049 437 3190
Email address:	jenny.smyth@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	5

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 June 2016 09:10 To: 30 June 2016 18:15

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The Health Information and Quality Authority (HIQA) received an application on the 24 May 2016 from the provider to vary a condition to the certificate of registration, granted to the centre in the July 2015. Namely, the maximum number of residents that maybe accommodated at the centre is decreased from 36 to 32.

Additionally a revised Statement of Purpose was submitted to HIQA with the application to vary. This advised of a change in the specific care needs the centre intends to meet. Namely to change from providing 12 respite care beds to ten and to increase the number of residents accommodated for convalescent care from two to four. The proposed change in care needs along with the application to vary condition seven of the registration was assessed during the inspection.

The inspection evidenced the service has clear governance arrangements, good

clinical procedures with suitably skilled staff and resources to provide the specific care needs set out in the Statement of Purpose.

Notifications of incidents received since the last inspection was also considered and reviewed on this visit. The person in charge has changed since the last inspection. HIQA received a notification of a change of person in charge in February 2016. She was previously notified to HIQA as the deputy to the person in charge and has facilitated previous inspections well.

There were 27 residents in the centre during the inspection. There were 18 residents accommodated in the long stay unit and nine in the short stay unit. The majority of residents had complex medical conditions. In the long stay unit three residents had a percutaneous endoscopic gastrostomy (PEG) feeding system. One resident required tracheostomy care. There were arrangements in place for the general practitioner (GP) to visit the centre each week day.

There was an adequate complement of nursing and care staff on each work shift. There was a choice of a good variety of food at each mealtime. Residents nutritional needs were closely monitored. There were plans of care in place to meet the physical and psychosocial needs of each resident.

A total of 13 Outcomes were inspected. Eight outcomes were judged as compliant and four as substantially in compliance with the regulations. One Outcome was judged as moderate non-complaint namely, Safe and Suitable Premises. One bedroom accommodated four residents which is not in accordance with the Statement of Purpose dated May 2016.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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.

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 Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised in May 2016.

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):

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

Findings:

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place.

The governance arrangements in place are suitable to ensure the service provided is

safe and appropriate.

There was evidence of monitoring of the services. However, the procedures to complete audits requires review to inform learning and ensure enhanced outcomes for residents. The aim, objective and methodology was not defined for all planned audits. While a significant amount of clinical data was collected there was not a system to collectively review the information to identify trends to inform the development of improvement plans for enhanced individual and collective outcomes for residents. By way of example, the falls audit did not assist to identify repeat falls by individual residents. There was no correlation between the times falls occurred and staff levels. The information gathered from the post falls reviews was not included in the audit data to include contributory factors, for example changes to medication or onset of infection.

An annual report on the quality and safety of care was compiled reviewing and providing information on all aspects of the service provision for the previous year. Residents views on the service provided were obtained. Questionnaires were completed by residents or their next of kin.

Judgment:
Substantially 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 inspector found that all residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of three contracts of care.

All contracts were signed by relevant parties to include a contract for a resident recently admitted to the centre for short term care. The contracts specified the total amount payable and details the items covered by this fee.

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

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 has changed since the last inspection. HIQA received a notification of a change of person in charge in February 2016. The person in charge is a registered nurse and is noted on the roster as working in the post full-time. She was previously notified to HIQA as the deputy to the person in charge and has facilitated previous inspections well.

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. The nominated person to fulfil the role of the person in charge has more than three years experience of nursing older persons within the last six years as required by the regulations.

The person in charge has maintained her professional development and attended mandatory training required by the regulations. The person in charge provided all information requested by the inspector.

She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

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):

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

Findings:

There were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Medical records and other records, relating to residents and staff, were maintained in a secure manner.

The directory of residents contained the facility to record all information required by schedule three of the regulations. The directory of residents was maintained up to date.

The complaints procedure was displayed inside the main entrance for visitors to view and provided guidance on how to raise an issue of concern.

Written operational policies, which were centre-specific, were in place.

The complaints procedure was displayed inside the main entrance for visitors to view and provided guidance on how to raise an issue of concern.

The certificate of registration was displayed prominently as required by 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 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:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

Two key senior managers are notified to HIQA to deputise in the absence of the person

in charge. These arrangements are outlined in the Statement of Purpose.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were effective and up to date safeguarding policies and procedures in place. Staff demonstrated a good knowledge of adult protection issues. Staff identified a senior manager as the person to whom they would report a suspected concern. However, refresher training in the safeguarding of vulnerable adults was not completed with all staff in line with the introduction of a new safeguarding policy. The person in charge had identified staff requiring training and dates were planned for July.

One notifiable adult protection incident which is a statutory reporting requirement to HIQA has been reported in the past twelve months. The person in charge and provider had completed investigations with a report on the outcomes. Suitable safeguarding measures were implemented.

There is a policy on the management of responsive behaviour. Staff could describe particular residents' daily routines well to the inspector. The majority of staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. A small number of staff have not received training to date. Training is being facilitated for eight staff members in July 2016. Additionally one nurse staff member is attending training following the development of new course by the local psychiatry team.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. It was evidenced in medical files the community mental health nurse visited the centre.

There was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were 18 bedrails in use. A risk assessment was

completed prior to using bedrails. Signed consent was obtained. A restraint or enabler register was maintained. All residents were checked periodically throughout the night. Bumpers were fitted over some bedrails to minimise risk of injury for residents with poor skin integrity or those with involuntary movement. In line the national policy on promoting a restraint free environment further work is required. At the time of this inspection 61% of the residents had two bedrails raised.

Judgment:
Substantially 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Staff had completed refresher training in fire safety evacuation procedures. There was an ongoing program of fire safety evacuation training in place. However, the fire drills were not undertaken at periodic intervals. The last fire drills were completed In January 2015 and previously June 2014.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors provided were serviced quarterly and annually as required.

Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building. Each resident had a personal emergency evacuation plan in place.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. Staff hand had completed training in hand hygiene.

A small number of residents smoked. A risk assessment was completed and a plan of

care developed. It detailed if the resident was safe to smoke independently and outlined the level of assistance and supervision required in a plan of care.

Falls and incidents were documented. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review is completed to identify any contributing factors for example, changes to medication or onset of an infection. This was an area of improvement identified in the action plan of the last inspection report.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size. These were documented in care plans and available to all staff at the point of care delivery.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to the centre was restricted in the interest of security for the health and safety of residents.

Judgment:

Substantially 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):

Findings:

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. This was revised since the last inspection and included updated procedures to manage medication errors. A medication error report form was developed as required by the action plan of the previous inspection report.

All medication was delivered monthly and dispensed from individual packs. On arrival, the prescription sheets from the pharmacist were checked against the medication kardex to ensure all medication orders were correct for each resident.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The maximum amount

for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The centre was in the process changing to a new prescription sheet. Some kardex's were written on the new sheet. The columns at the top of the sheet did not have designated headings to indicate the route and maximum dose. The person in charge drafted an amended version of the prescription sheet on the day of inspection.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medicines were being stored safely and securely in a double locked cabinet in the nurse office. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

Judgment:
Substantially 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 a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to HIQA as required.

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):

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

Findings:

There were 27 residents in the centre during the inspection. There were 18 residents accommodated in the long stay unit and nine in the short stay unit. Twelve residents had maximum dependency care needs. Six residents were assessed as highly dependent and six had medium dependency care needs. Three residents were assessed as low dependency.

The majority of residents had complex medical conditions. In the long stay unit three residents had a percutaneous endoscopic gastrostomy (PEG), (a feeding tube which is placed through the abdominal wall and into the stomach allowing nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth). The care pathway for each resident who required this intervention was described well in care plans. Each resident was regularly reviewed by the dietician. One resident required tracheostomy care (a tube which is inserted into the windpipe to assist breathing).

A preadmission assessment was completed to ensure the centre could meet the needs of prospective residents. Prior to the admission of a resident requiring tracheostomy care, nursing staff were provided with specialist training in the managing the care needs of the resident. Onsite support was provided following the admission of the resident.

The arrangements to meet residents' assessed needs were set out in individual care plans. A range of risk assessments had been completed. There was good linkage between assessments completed and developed plans of care.

There were plans of care in place for each identified need. In the sample of care plans reviewed there was evidence risk assessment and care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had good access to GP services. The GP attended the centre each week day. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Residents had timely access to allied health professionals to include speech and language therapist, dietician, physiotherapy and a chiropodist. There was access to a clinical nurse specialist in wound care. Care plans were in place to outline the type and frequency of wound dressings. Wound assessment charts were completed at the change of each dressing.

Residents had plans of care for end-of-life. The care plans contained good detail of personal or spiritual wishes. There were nine residents with a do not resuscitate (DNR) status in place. There was a system in place to ensure the DNR was reviewed at regular intervals to uphold the validity of the clinical decision. Three deaths occurred in the past 12 months. The end-of-life care needs of each resident were met in the centre. The palliative care team provided advice and support when required. There was no resident under the care of the palliative team at the time of this inspection.

Nutritional screening was carried out using an evidence-based screening tool. There were two residents on a pureed diet and six on a minced moist diet. Four residents required their fluids to be thickened. The instructions for food and fluid consistency were clearly described in care plans and available to staff in the dining room. There was a good dietary intake observed by the inspector at mealtimes by the residents. Eight residents were independent in eating by themselves in the long stay unit. There was a good choice of a variety of nutritious wholesome food provided. Each resident's weight was closely monitored and referrals to the dietician were made for specialist advice.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Progress has been made to date by the provider in terms of addressing both physical space and facilities in the designated centre. The maximum number of residents accommodated in each multiple occupancy bedroom has decreased over the past number of years to presently three residents in each bedroom area. On this inspection it was noted one bedroom accommodated four residents in the long stay unit which is not in accordance with the Statement of Purpose dated May 2016.

Structural work to the bedroom designated for end of life care was undertaken. A different bedroom at the end of the unit was designated for end of life care. The bedroom was suitable in size, well furnished and ensured privacy for residents. A sofa

was provided to facilitate families stay overnight.

A new lobby was constructed to provide access to the bathroom containing a bath. Residents no longer have to enter a triple bedroom to gain access to the bathroom. Windows were replaced at the rear of the building. Some of the bathrooms have been upgraded. The person in charge confirmed and documentation was given to the inspector evidencing the remaining bathrooms were being upgraded and would be provided with new sanitary fittings during July 2016.

While each resident had their own wardrobe they were small in size limiting choice in the selection of clothing for storage. While some bedrooms were provided with new wardrobes and bed side lockers no additional new furniture has been provided to any residents' bedrooms since the last inspection.

In accordance with the Regulatory Notice Premises and Physical Environment issued by HIQA in January 2016, outlining a revised timeframe to demonstrate compliance with Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland, the plan agreed with HIQA at renewal of registration in July 2015 remains to be upheld in accordance with the extended timeline.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. In addition to the person in charge there are two clinical nurse managers rostered full time. The roster has been reviewed since the last inspection to ensure there is senior manager hours allocated for weekends for the purpose of staff supervision.

There was a policy for the recruitment, selection and vetting of staff. There was a reliance on agency staff. The number was kept to a minimum. The same staff were regularly used. Some agency staff have been offered permanent contracts of employment. A new agency nurse was rostered on the day of inspection and was working closely alongside a nurse to assist in becoming familiar with residents.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. As described previously in the report refresher training in safeguarding vulnerable adults and training in responsive behaviours was identified as a requirement for some staff.

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:

PJ Wynne
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:	Lisdarn Centre for the Older Person
Centre ID:	OSV-0000490
Date of inspection:	30/06/2016
Date of response:	09/07/2016

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:

The procedures to complete audits requires review to inform learning and ensure enhanced outcomes for residents. The aim, objective and methodology was not defined for all planned audits.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The Registered Provider and the Person in Charge will develop an audit plan for 2016-2017.

The procedures to complete audits will be reviewed to inform learning and to ensure enhanced outcomes for residents. The aim, objective and methodology will be defined for all planned audits. This will be carried out in consultation with the Practice Development Coordinator for Social Care who is due to take up post on Monday 1st August.

A trend analysis of all audit reports and action plans will be carried out and this will inform practice.

Proposed Timescale: 31/01/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

A small number of staff have not received training to date in responsive behaviours

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

PMAV training has been booked for 10 places for the 23/08/2016.

Proposed Timescale: 23/08/2016

Theme:

Safe care and support

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

In line the national policy on promoting a restraint free environment further work is required. At the time of this inspection 61% of the residents had two bedrails raised.

3. 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:

Lisdarn Centre will explore and document every alternative e.g low low beds, floor mats, sensor alarms, bed wedges, to promote a restraint free environment.

Assessment for the use of bedrails will continue to be used prior to the use of bedrails. Residents will continue to be informed of the risks of bedrail usage. All bedrail usage will be reviewed on an on-going basis.

Proposed Timescale: 30/09/2016

Theme:

Safe care and support

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

Refresher training in the safeguarding of vulnerable adults was not completed with all staff in line with the introduction of a new safeguarding policy.

4. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Safe guarding dates planned for 28th July 2016, 7th and 26th October 2016 and 7th December 2016

Proposed Timescale: 07/12/2016

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:

Fire drills were not undertaken at periodic intervals.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Monthly planned fire drill practices will be carried out, where a group of staff will be given a scenario, a number of staff will be identified as residents and the remaining staff will be then asked to carry out an evacuation. These drills will be observed and documented to identify areas where improvements are required

Proposed Timescale: 31/08/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

Some kardex were written on the new sheet and the columns at the top of the sheet did not have designated headings to indicate the route and max dose.

6. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All Drug Kardex sheets will have columns to identify the route and max dosage.

Proposed Timescale: 31/07/2016

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:

One bedroom accommodated four residents which is not in accordance with the Statement of Purpose dated May 2016.

In accordance with the Regulatory Notice Premises and Physical Environment issued by HIQA in January 2016, outlining a revised timeframe to demonstrate compliance with Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland, the plan agreed with HIQA at renewal of registration in July 2015 remains to be upheld in accordance with the extended timeline.

No additional new furniture has been provided to any residents' bedrooms since the last inspection.

7. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The Statement of Purpose will be amended to reflect that there is one bedroom with four residents.

The Regulatory Notice Premises and Physical Environment issued by HIQA in January 2016, outlining a revised timeframe to demonstrate compliance with Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland, the plan agreed with HIQA at renewal of registration in July 2015 will be upheld in accordance with the extended timeline.

The Registered Provider and the Person in charge will work with colleagues in estates to ensure residents have sufficient space to store their personal clothing and possessions. This will be carried out on a phased basis.

Proposed Timescale: 31/08/2016