

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lake House Nursing Home
Centre ID:	OSV-0000353
Centre address:	Portnablagh, Dunfanghy, Donegal.
Telephone number:	074 913 6197
Email address:	lakehousenh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sheephaven Properties Limited
Provider Nominee:	Desmond Gray
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
20 October 2015 15:00	20 October 2015 20:30
21 October 2015 09:00	21 October 2015 15:30

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	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an unannounced inspection and was the eighth inspection conducted by the Authority. During the inspection, the inspector met with residents, the person in charge and varied members of the staff team. The inspector observed care practice, reviewed the premises and also reviewed documentation required by legislation including care plans, accident and incident reports, policies, procedures and the staff day and night duty allocation.

The inspector found that residents were cared for by a dedicated staff team that knew them well and were committed to ensuring their well being. Residents told the inspector that they were able to make decisions and choices about their day to day routines such as when they went to bed, when they got up, the clothes they wore and what activities they took part in. They could pursue hobbies and activities each day and said these were varied, enjoyable and gave them time to spend together as a group. Residents said that they felt they were "at the heart of the service".

Lake House is a purpose designed building organised on two levels, and is located a few minutes from the coast at Portnablagh in County Donegal. It can accommodate 51 residents. The premises were noted to be well decorated and maintained to a good standard. Ten residents accommodated on the upper floor and there is lift access to enable them to move between floors easily. A major refurbishment had been completed over the past year to improve the environment and personal space for residents. Multiple occupancy rooms had been reduced from five to two and more en-suite facilities had been provided in single and double rooms. The standard of cleanliness and hygiene was found to be satisfactory and all areas were well organised and safe for residents to use. Bedrooms were well furnished and equipped to meet the comfort and privacy needs of residents. Residents had suitable facilities to store their clothes and personal belongings.

Arrangements were in place to promote residents' health and well being. Residents had access to general practitioners (GPs) and to allied health professionals when required. 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 by encouraging residents to remain stimulated and engaged with their treatment programmes and daily activities. Two residents described how they came to move to the centre and said that their health had improved and they had more people to talk to since they had moved to the centre. The inspector noted that there was a good range of social activity, that residents were encouraged to keep in contact with the local community and also noted that needs and abilities of residents were used as a basis on which to plan the activity schedule.

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 do as much as possible for themselves, to make friends and to engage in daily activities. Staff had received training in adult protection, moving and handling and fire safety as part of the ongoing staff development programme.

The inspector found that there were some areas that required attention and the action plan at the end of this report identifies the improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas for attention included maintenance issues such as painting of radiators that are chipped, footplate's for all wheelchairs in use and accessible information on residents needs to be made available to guide staff in the event of an emergency.

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):

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

Findings:

The statement of purpose had been updated to reflect the revised room layouts following the refurbishment.

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:

The role of the person in charge was fulfilled by an experienced nurse manager, who had responsibility for the day to day management and governance of the designated centre. She was familiar with all residents and could describe where areas of practice were regularly reviewed to ensure that the service met residents collective and specific needs. Audits were completed on areas such as hygiene and cleanliness, catering, medication management, the use of bedrails, near miss incidents and implementation of

the uniform policy.

The inspector found that where it was identified that practice needed to be improved that remedial action was taken. For example in relation to near miss incidents there was evidence that the incidents were discussed with staff and actions taken to prevent a recurrence. Staff now have a fob entry system to ensure that doors are not accidentally left open to present a security risk.

Medication audits indicated that staff adhered to good practice standards and no errors were identified. The uniform policy was audited in June and October 2015. Areas where staff had departed from the established uniform were emphasized following the audits to promote better practice in this area.

The inspector found that the systems in place to review the service identified where changes were required and that remedial action was taken where necessary. This protected residents and ensured that the service was safe and effectively monitored.

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 inspector reviewed a range of documents, including residents' care records, maintenance records, the directory of residents, duty rotas and training records. The inspector found that records were up to date, maintained in a manner that made information easy to access and were complete and up to date.

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):

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

Findings:

Measures to protect residents being harmed or suffering abuse were in place. The centre had a policy and procedures for the prevention, detection and response to allegations of abuse. Staff had received training and information and refresher training on this topic to ensure their knowledge was up to date.

Staff could describe what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. They described being diligent about incidents such as unexplained bruising and investigating any such incidents, listening to residents and ensuring they responded to their needs in a timely way.

There was a visitors' record that 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 said that staff were kind and gentle and that they felt safe in the centre.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that are considered restraints such as bed rails was underpinned by an assessment and was regularly reviewed. The inspector noted that twelve residents had integrated bedrails in place. The person in charge said that residents and relatives receive information about the use of bedrails and the hazards associated with their use and are encouraged to use alternatives such as low beds and alarm mats for safety. There is a programme for restraint reduction in place.

There were no residents with fluctuating behaviour patterns or challenging behaviour. Staff could describe interventions such as one to one support, engaging residents in activity and in conversation as ways of effectively managing such behaviour to protect the dignity of the resident.

There were procedures in place for the management of residents' money. An action plan in the last report had been addressed and authorisation for the centre to manage residents' money in some circumstances was in place. Some residents have ward of court or enduring power of attorney in place to protect and manage their affairs.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. The centre had a health and safety statement and associated risk management procedures to guide staff in the identification and management of clinical and non clinical risks. There was good emphasis on general hazard identification and preventive actions were outlined. For example where residents sustained falls and were unobserved, neurological observations were maintained to ensure that further injury or deterioration was detected expediently. Hazard signs were used when cleaning was in progress to alert staff and residents to the activity in progress.

There were systems in place to ensure good infection control management and staff demonstrated good infection control know and practice. There were hand sanitising solutions and 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. There were supplies of personal protective equipment readily accessible to staff. There was a range of policies to guide staff in best practice.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were assessed and described in care records. Where risks were identified good practice protocols were introduced to minimise and control the risk identified. Accidents and incidents were recorded and there were good descriptions of the events that happened and the measures taken to prevent recurrences.

Measures were in place to prevent accidents in the centre and in outside area. The building was generally clutter free and there were grab rails in hallways and in bathrooms and toilets. A falls risk assessment was used to identify residents most at risk of falls to alert staff to their degree of vulnerability. Moving and handling assessments were available, were up to date and reflected resident's dependency, capacity to mobilise and the number of staff needed to provide assistance with manoeuvres. The assessments indicated where hoist transfers were required and there were several types of hoists and slings available. A number of residents wore hip protectors to prevent injury if they had a fall and nurses said that this encouraged residents to remain mobile and active as long as possible. The centre was noted to have a low incidence of falls and residents told the inspector that they were prompted to mobilise as much as they could each day. They also said that they participated in the "Go for Life" programme and did some pilates exercises to keep them active.

The fire safety arrangements overall were satisfactory and there were arrangements in place for all staff to receive fire training however some new staff employed since the training sessions took place earlier in the year had not received training. There was a fire safety procedure and clear floor plans of the building that identified the routes to the fire exits were on display. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. Fire drills had not been conducted during the period of refurbishment but were due to be reintroduced now that the layout had been finalised. There were personal evacuation plans completed for all residents however these were maintained on the care record which was computer based and were not readily accessible to staff in an emergency.

The service records indicated that the fire panel, extinguishers and emergency lights were serviced on a contract basis. There was a list of fire fighting equipment available as required. There were daily checks of the fire exits and alarm panel and these checks were up to date. There were several exit points from the building these were noted to be unobstructed.

Other areas that were noted to require attention included:

- Some wheelchairs did not have footplates and
- Raised toilet seats that were not permanently fixed required regular review to ensure they were stable and did not present a risk of falls.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were safe systems in place for the management and administration of medication. Staff were well informed about the medication in use and residents' medication regimes. The inspector found that resident's medication was reviewed by doctors, specialist services such as mental health and nursing staff. There was emphasis on ensuring that medication was regularly reviewed and items no longer required by residents were discontinued.

The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. In instances where medication was transcribed two nurses signed the administration record this was subsequently signed by a doctor. The maximum dose of "as required" medication to be

given in a 24 hour period was indicated on administration charts.

Medications that required special control measures were carefully 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. The inspector checked the arrangements and found they complied with safe practice.

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administering medicines to residents. The inspector found that medication was dispensed safely and that administration records contained all the required details. There were protocols in place for the safe administration of medication which included information on medication that should not be crushed. Residents were encouraged to keep control of their medication where possible and where residents could not manage all their medication staff assessed what was safe for them and facilitated them to manage and control some of their medication.

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 47 residents in the centre during the inspection. The majority of residents were in advanced old age. There were nine residents aged ninety or over, and twenty eight were aged between eighty and ninety. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition.

The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computer programme. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Four resident's care

plans and certain aspects of other care plans related to the management of nutrition, diabetic care and dementia were reviewed.

The inspector found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspector saw evidence that the ethos of person centred care was promoted each day. Residents could for example get up at times of their choice and could remain in bedroom areas or go to the communal areas to meet others or take part in an activity. The sitting areas were well supervised and the inspector observed that staff greeted residents and engaged them in conversation when they entered each area. There was an emphasis on ensuring that all residents were engaged and included in interactions.

Care plans provided a good overview of residents' care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was delivered in accordance with established criteria to ensure well being and prevent deterioration. They were updated at the required intervals or in a timely manner in response to a change in a resident's health condition.

Residents had access to GP services and records showed that GP's visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available. There was evidence that residents and relatives were involved in care plans and their views were recorded and incorporated into daily care practice.

The inspector noted that residents with particular conditions such as dementia or diabetes that care arrangements in place reflected current good practice standards. Care plans for residents with dementia had information that described their capacity and where particular difficulties prevailed. For example inability to formulate words which led to frustration was described together with ways that staff should help the resident communicate. The interactions of staff were recorded and how they interacted to relieve her sadness at her situation reflected a good ethos of person centred care. There was information available on orientation to surroundings, the social care needs of residents and how these were being addressed. The interventions put in place when residents had fluctuating behaviour patterns, agitation or restlessness were described and there was a record of factors that could influence these behaviours so that they could be reduced to enhance residents' well being.

There was appropriate monitoring of residents who had diabetes. One resident had type 1 diabetes and blood glucose levels were monitored several times a day. Individual glucose monitoring equipment was available in accordance with current infection control protocols. Wound care management was noted to be effective and staff were supported by input from a tissue viability specialist who had provided training for nurses and

carers. One wound care problem was receiving attention and the inspector noted that wound care plans outlined the frequency and type of dressings to be used and there was an ongoing evaluation of progress and the condition and size of the wound.

Food and nutritional requirements were assessed and monitored and residents were able to provide their views on the menus and indicate their particular preferences. Staff described how they organised the menu and ensured variety and interest. There was regular monitoring of weight to detect fluctuations and staff were aware of the indicators that required referral to allied health professionals and medical staff. The inspector saw that the residents that were being monitored closely were responding to enhanced nutrition and the care interventions in place.

The record of residents' health condition and treatment given each day and night was up to date and comprehensive in the sample of records examined. Reviews and evaluations of care were completed at the required intervals and when care needs changed. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was a varied and interesting social programme and designated staff and carers facilitated activities. There was a high level of participation in activities. Residents were very complimentary about the opportunities they had to meet and talk together and themselves. There was an emphasis on spontaneous activity initiated by care staff and nurses who encouraged residents to talk and chat together. The conservatory area at the front of the building was a focal point where residents met to talk and greet visitors to the centre. Overall the inspector found that health and social care was delivered to a high standard.

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:

Lake House has undergone a major refurbishment over the past two years. A lift was installed to facilitate access to the upper floor to accommodate the needs of dependent persons. The multiple occupancy rooms have largely been eliminated with the exception of two rooms that continue to accommodate three residents. An action plan in the last report required that the use of communal rooms be addressed and that availability of bathroom, shower and toilet facilities be improved to meet the needs of residents had been addressed during the refurbishment. Residents could have a choice of having a bath or a shower and ensuite facilities were available in some rooms. The refurbishment had enhanced the environment for residents particularly the personal and bedroom space available.

The laundry had been relocated to an outside building. The area was noted to be well organised with adequate equipment for washing and drying general laundry and personal clothing. It was possible to access the area behind machines so that debris and dust did not accumulate to present a fire hazard. Laundry staff were aware of this risk and all areas were noted to be clean and hazard free. There was a system to label clothing and each resident had an individual basket in which clothing was placed for transfer back to bedrooms.

The premises are domestic in style and were decorated to a good standard with the exception of some radiators where paintwork was chipped or damaged. Residents rooms had personal items such as photographs, ornaments and pictures which reflected their lifestyle and family connections. There were handrails in hallways and in communal facilities. There was appropriate equipment in place to support and promote the independence of residents. This was maintained in good working order and associated service records were available. Call bells were readily accessible and the inspector noted these were left within reach of residents when they were in bed.

The inspector found that there was an area where residents could smoke safely and appropriate space for domestic staff to store cleaning equipment and products. Staff were aware of the controls related to hazardous substances and the storage area was locked when not in use.

Judgment:

Substantially 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 staff used their knowledge and expertise to good effect in how they assessed residents and encouraged them to participate in activities, social events and to express their views. For example, significant aspects of life such as contact with family, religious faith, past interests and hobbies were recorded in care records and this information was used to develop the activity schedule. There were two staff who facilitated activities with support from carers and nurses.

The activity programme reflected the needs of all residents. Some activity was aimed towards residents who had dementia and the inspector saw that reminiscence and orientation were scheduled regularly. Other activities included quiz games, exercises, singing and music. Residents were encouraged to remain in contact with their local community. The inspector saw records that reflected this. Some residents went to active age clubs, went home, went out to do their official business and went to exhibitions.

The inspector saw that the standard of organised activity enabled maximum participation of residents with words for songs available for singing sessions and reminiscence material from the local area used as a prompt for conversations.

There were no restrictions on visitors and residents had a room where they could meet their visitors in private if they wished.

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 inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. The inspector was found that the day and night staff allocation was appropriate to meet the needs of residents. However, support to the person in charge required improvement as the inspector noted she had considerable on call responsibility and also noted that recent illness absence of nurses meant that the time she had available to undertake direct nursing care .

The inspector spoke 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 said that the person in charge provided good leadership and guidance.

The inspector was provided with details of the training that had been provided to staff during the past two years. This was noted to be identified in a systematic way that ensured that all mandatory training was completed within the required time frames. Training was described by staff as having a good impact on care practice. For example training on nutrition had included practical ways to improve food intake and the importance of hydration which improved their awareness of residents' diets and prompted them to encourage fluid intake. They also described moving and handling training and said that the assessments they had available included information on the particular hoist and sling to be used.

Residents and staff were observed to have good relationships and 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. The inspector observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining room and sitting areas throughout the inspection days.

Judgment:

Substantially 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

DRAFT

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lake House Nursing Home
Centre ID:	OSV-0000353
Date of inspection:	20/10/2015
Date of response:	

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk presented by wheelchairs without foot plates and unsecured raised toilet seats had not been identified as part of the hazard identification procedures.

1. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

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

the designated centre.

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

Proposed Timescale:

Theme:

Safe care and support

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

Arrangements were not in place for new staff recruited to receive fire safety training. Formal fire training sessions were arranged in the early part of the year and no recent fire drills had taken place to ensure all staff had required fire training.

2. 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:

Proposed Timescale:

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:

Some radiators required painting as they showed signs of wear and tear and were chipped.

3. 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:

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Support to the person in charge required improvement as she had considerable on call responsibility and recent illness absence of nurses meant that the time she had available to undertake her person in charge responsibility was compromised.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Proposed Timescale: