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## Lough Erril Private Nursing Home, Lough Erril, Mohill, Leitrim

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Lough Erril Private Nursing Home
<b>Centre ID:</b>	ORG-0000357
<b>Centre address:</b>	Lough Erril, Mohill, Leitrim.
<b>Telephone number:</b>	071 963 1520
<b>Email address:</b>	info@lougherrilnursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Lakeview Retirement Home Limited
<b>Provider Nominee:</b>	Geraldine Scollan Greene
<b>Person in charge:</b>	Noreen Casey
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	Damien Woods;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	42
<b>Number of vacancies on the date of inspection:</b>	3

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

**Compliance with 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.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 09 April 2014 20:30 To: 09 April 2014 22:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 07: Health and Safety and Risk Management
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection report sets out the findings of an unannounced inspection, which was scheduled following information received by the Authority since the previous inspection with regard to staffing in the centre. The focus of this inspection was to monitor compliance with requirements relevant to adequate staffing levels to meet the assessed needs of residents to ensure their care and welfare was protected. Inspectors found that there was evidence that they were adequate staff on duty to meet the assessed needs of the residents. (This is discussed further under Outcome 18), and the information submitted to the Authority was not substantiated.

The inspectors also completed a follow up inspection and reviewed actions from the inspection completed in September 2013. These actions related to the Statement of Purpose, Contracts of Care, documentation with regard to finances and Risk Management procedures. The inspectors found that all of the actions were addressed with the exception of one which was in the process of being addressed.

The centre was found to be warm, clean and provided a tranquil relaxed environment. Relatives spoken with confirmed the centre was "always clean and warm" and in their opinion there was "adequate competent staff to meet the assessed needs of residents at all times. They were complimentary of the staff and stated they looked after the residents well, were warm and friendly towards relatives and communicated well with relatives with regard to any changes to their loved ones. Inspectors observed that staff engaged well with residents. The inspector noted that residents were supervised at all times in the foyer and sitting room areas. Residents told the inspectors that "staff looked after them well, staff were helpful and they enjoyed living in the centre".

The Action Plan at the end of this report identifies areas where improvements are required to comply with 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.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:**  
Leadership, Governance and Management

**Judgement:**  
Compliant

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
At the time of the last inspection the inspectors noted that the Statement of Purpose did not contain the following:

- arrangements made for emergency admissions
- whether day care services were provided
- details of any therapeutic techniques used in the centre and arrangements made for their supervision.

On this occasion inspectors found that the Statement of Purpose has been reviewed and updated. It accurately described the service provided in the centre and contained all of the information as required by current legislation.

**Outcome 02: Contract for the Provision of Services**

*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:**  
Leadership, Governance and Management

**Judgement:**  
Compliant

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

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

**Findings:**

At the time of the last inspection details of additional charges were not contained in the contract of care and a timescale of two months to agree the contracts was documented. On this occasion inspectors found that the policy and procedures relating to the Contract of Care have been amended, additional fees were itemised with costs detailed and the policy stated that the Contract of Care must be agreed with each resident within one month of admission.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The financial processes in place to ensure the safeguarding of residents' finances were reviewed. At the time of the last inspection inspectors noted written authorisation and records in relation to transactions for additional charges, money received, removed and/or returned was not consistently recorded and signed by both parties involved.

This had been addressed and inspectors found that the operations manager had reviewed the policy outlining procedures to guide staff on the management of residents' personal property and possessions.

Transparent records of the handling of residents' money were maintained for each transaction and a separate account was available for each resident. All transactions for additional charges are recorded in the residents' petty cash ledger. Two signatures were recorded in all instances.

## Outcome 07: Health and Safety and Risk Management

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

### Theme:

Safe Care and Support

### Judgement:

Non Compliant - Minor

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

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

### Findings:

Call bells were seen positioned within reach of residents in their rooms, a call bell facility was available in all bathrooms and toilet facilities. A Risk assessment had been completed in relation to the Call Bell Monitoring System and additional signalling devices have been erected. Clear guidance was also available at the nurses' station to alert staff to the residents seeking assistance.

In response to the actions from the previous inspection privacy locks were installed on all communal bathrooms and en suite facilities. Bedrooms inspected with residents consent were clean, well kept and clutter free. En suite facilities that were not suitable for assistive use have been removed and these rooms have been refurbished. At the time of the last inspection items and equipment was stored in some bedrooms and some items were stored at a considerable height on top of wardrobes. This had been addressed on this inspection. Wardrobes were secured to a wall thereby decreasing the likelihood that they topple forward. At the time of the last inspection there was a lack of individual, enclosed and/or appropriate shelving in shared en suites. Staff informed the inspectors that the provider had purchased individual storage cabinets for each resident and they were in the process of getting these fitted.

Inspectors noted that there were small amounts of sanitary products stored unprotected in communal bathrooms. This may pose a risk of cross infection.

### Smoking room

At the time of the last inspection the smoking room did not have an internal viewing window therefore the staff were unable to supervise residents with a cognitive impairment in the smoke room unless they were also within the smoke room.

Inspectors noted on this inspection that the door of the smoking room had been fitted with an internal window. To assist with adequate ventilation in the smoking room the extractor fan has been fitted with a timer. Inspectors noted on this inspection that there was no odour of smoke on the corridors located near the smoking room.

**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.*

**Theme:**  
Workforce

**Judgement:**  
Compliant

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

No actions were required from the previous inspection.

**Findings:**

At the time of this inspection there were 42 residents living in the centre, 18 of whom were assessed as maximum dependency, nine as high dependency, 10 as medium dependency, three as low dependency and two were deemed independent. Residents had a mixture of age related physical/medical conditions and cognitive impairment.

Inspectors found there was 6 staff which comprised of two registered nurses and four care assistants on duty at the time of inspection. From a review of the working staff roster with regard to night staffing levels there were two nurses and four carers up to 23:00, one nurse and three carers up to 24:00hrs and one nurse and two carers from 24:00hrs to 07:30 am.

From review of additional rosters past and planned inspectors noted that these were the standard staffing levels. This was also confirmed by staff and visitors spoken with on inspection.

Staff on duty informed the inspectors that when staff were off sick or on leave that they were usually replaced by staff who worked part-time. From review of the working roster it was apparent that when staff were sick they were replaced by a regular staff member.

Inspectors were satisfied that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Inspectors formed this opinion as residents were satisfied that members of staff were available to them as required. Residents, staff and relatives spoken with expressed no concern with regard to staffing levels and commented that they felt that there was adequate staff to meet the assessed needs of the residents and that the care delivered to residents was of a high standard. Inspectors observed that call-bells were answered in a timely fashion, there was adequate staff to assist residents with night-time drinks. Additionally when residents requested to go to bed inspectors observed that staff were available to assist them. Residents were supervised in the sitting room throughout the inspection and inspectors noted that staff were seen to have time to spend chatting with residents.

From a review of the accident and incident record and discussion with staff there was no evidence to support that more incidents occurred post 20:00hrs.

Inspectors spoke with staff and informed them that staffing level needs to be kept continually under review depending on the assessed needs of the residents. Staff spoken with confirmed that they had received mandatory training in fire safety, safe moving and handling and elder abuse.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

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

Action Plan

Provider's response to inspection report<sup>1</sup>

Centre name:	Lough Erril Private Nursing Home
Centre ID:	ORG-0000357
Date of inspection:	09/04/2014
Date of response:	30/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 07: 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:**

Inspectors noted that there were small amounts of sanitary products stored unprotected in communal bathrooms. This may pose a risk of cross infection.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

To minimise the risk of cross infection, sanitary products stored in communal bathrooms are kept in storages boxes.

**Proposed Timescale:** 30/04/2014

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