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## Inis Ree Lodge, OSV-0000350, 21 May 2018

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# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Innis Ree Lodge
Name of provider:	Allenfield Care Homes Limited
Address of centre:	Ballyleague, Lanesborough, Roscommon
Type of inspection:	Unannounced
Date of inspection:	21 May 2018
Centre ID:	OSV-0000350
Fieldwork ID:	MON-0021507

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Innis Ree Lodge is a purpose built centre for older people that accommodates 58 residents. It is located in the village of Ballyleague approximately 14k from the towns of Roscommon and Longford and overlooks the river Shannon . The centre provides care for male and female residents requiring long term, respite, convalescent and dementia care. The ethos of the centre as described in the Statement of Purpose is one of resident centeredness and the motto is "We work in your home". Residents' accommodation is provided on the ground floor and comprises five separate communal areas, each with dining facilities reflecting a household model. There are 54 single bedrooms and two twin bedrooms all with en-suite shower and toilet facilities. Bedrooms are spacious and have good storage space and each room has a kitchenette which has a fridge, worktop and cupboards, a kettle and a washing machine. The building makes good use of natural light and en-suites were suitably ventilated. There are ample corridors for residents to walk and the centre has landscaped gardens surrounding it and an enclosed courtyard garden.

**The following information outlines some additional data on this centre.**

Current registration end date:	21/03/2021
Number of residents on the date of inspection:	56

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
21 May 2018	18:00hrs to 23:30hrs	Marie Matthews	Lead

## Views of people who use the service

The inspector met with several residents on the night of this inspection. All commented in very positive terms about the service they received.

They told the inspector they were well looked after and were happy with the care provided. They said they could see a doctor when they needed to and that there were plenty of staff available to help them. Several residents were relaxing in armchairs in their rooms on the evening of the inspection and some were in bed. They told the inspector that this was their preference and said that the staff respected their choice regarding when they retired to their rooms or went to bed and also when they got up. They described staff members as really helpful and said that the staff were very respectful and that their call-bells were responded to in a timely manner on day and night duty.

Residents spoken with were very happy with the food provided and told the inspector they had plenty to eat and a good choice was available at all mealtimes. Residents said they felt safe in the centre. They knew the person in charge and the assistant manager well and would not hesitate to discuss any concerns with her or other staff members.

## Capacity and capability

The inspection took place in the evening as HIQA had received unsolicited information prior to the inspection concerning the night time staffing levels which impacted on residents choices at bedtime. The unsolicited information was not substantiated by the inspector's findings.

The provider had a clear management structure in the centre and had delegated responsibilities appropriately. For example the person in charge was identified as the provider representative and was responsible for the day-to-day management of the centre and for the supervision of clinical practice. She was supported by an assistant manager. Both the person in charge and the ADON had completed their shift but returned to the centre to facilitate the inspection.

There was evidence of effective management systems to ensure the care and welfare of residents. The company is based in Norway and is run by a board

of directors. One of the directors attends quarterly management meetings and meets residents in the centre. Minutes of the management team meetings were available. Data on clinical indicators was monitored monthly and the person in charge sent a monthly report to the board of management which detailed the number of admissions, discharges, accidents and incidents, complaints and human resource issues.

There was an effective complaints procedure in place and evidence that complaints were responded to in a timely manner. Complaints were appropriately managed and used to inform service improvements. Information was communicated to residents or their families on the outcome of investigations. Learning from complaint investigations was evident. For example, one complaint reviewed by the inspector had resulted in changes in the systems for supervising staff and staff training.

Staffing levels were decided based on the needs of residents and this was reviewed monthly. All staff were provided with a range of training to assist them to care for residents and most had completed mandatory training areas. The system for ensuring an overview of staff training required review to ensure this information could be easily retrieved. The staff were familiar with the residents and knowledgeable of their health-care needs.

#### Regulation 14: Persons in charge

The centre was managed by a full time registered nurse with considerable experience in care of older people who is suitably qualified and who is an experienced manager. The authority had been notified of her planned departure from the role of person in charge and of her replacement by the current assistant manager who commences in the role on 25th May 2018. This staff member was present and helped facilitate the inspection. She is an experienced registered nurse with a management qualification and demonstrated competence in her role.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill-mix of nurses and care staff was appropriate to the assessed needs of residents and the layout of the building. The person in charge confirmed that staffing levels were increased in response to residents needs which were assessed monthly. There were two nurses on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a range of training opportunities to support them in carrying out their role in the centre. This included training in pressure area care, restraint management, infection control, complaints management and respect and dignity as well as mandatory training in safeguarding, fire safety and manual handling. The system for recording training completed by staff required minor review to provide better oversight of the training completed.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence of effective management systems to ensure the care and welfare of residents.

There was a clearly defined management structure in place with all staff clear of their roles and responsibilities. There were arrangements in place to oversee the running of the centre and to respond to any issues that arose.

Judgment: Compliant

### Regulation 32: Notification of absence

Suitable arrangements were in place for the governance of the centre in the absence of the person in charge. An assistant manager who is a registered nurse provided cover in her absence.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints policy was displayed in the centre and also accessible to residents and relatives in the 'Residents guide'. The centre's complaints log detailed

the investigations completed and the outcome and the inspector saw that complaints were used to inform quality improvements.

Judgment: Compliant

## Quality and safety

A review of residents' care records, feedback from residents and relatives and observations of interactions between staff and residents evidenced that residents were receiving a good standard of care and their needs were being met in a way that reflected their individual preferences. The inspector observed that the person in charge and the Assistant Director of Nursing were known to residents and residents reported that they felt safe in the centre.

Care records showed that residents had regular reviews by their General Practitioners and access to allied support services such as physiotherapy, speech and language therapy and dietetics. Residents were assessed on admission and reviewed monthly thereafter. Care plans were developed which reflected the residents' individual needs. The care plans reviewed were comprehensive and contained a good level of person centred information. A few examples were seen where more specific information was required to guide staff. For example, the care plan of a resident with diabetes did not specify how often the resident's blood glucose should be checked or what his blood glucose range should be.

Where residents had responsive behaviour associated with their dementia, their care plans identified what might trigger the behaviour and how the staff should respond. There was good access to the psychiatry of later life team and the community mental health nurse visited the centre regularly.

A restraint free environment was promoted and less restrictive interventions such as crash mats and low entry beds were used. The centre was clean and appropriate infection controls were in place. Good storage facilities were provided in each bedroom for the residents' belongings and each residents clothing was laundered in their bedroom which reduced the risk of infection spread.

Residents' rights were seen to be respected. The spacious design of the bedrooms encouraged residents to spend time in their rooms and several residents were observed to have retired to their bedroom on the night of the inspection and were sitting watching television with family members or friends. The inspector was told by visitors that there were no restrictions on visiting and there was a choice of areas where they could meet. There was a choice of communal areas where residents could spend their day and residents were supported to choose how and where they spent their time. There was a range of activities which were provided in different areas of the centre including twice-weekly live music sessions, dementia specific group activities and one-to-one therapies.

Appropriate fire safety precautions were evident including regular maintained checks of equipment. Regular fire drills were carried out but these didn't include details of the duration of the drills. A smoking room was available and was in use at the time of the inspection. The door was held open so smoke migrated to the surrounding areas which could expose residents and staff members to risks associated with passive smoking.

### Regulation 11: Visits

There was an open visitor's policy. Residents could meet visitors in private in their bedrooms which had tea/coffee making facilities and two armchairs or in a designated meeting room. Relatives were observed to use several seating areas for visits during the inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents retained control of their belongings. There was appropriate secure storage facilities in their bedrooms clothing was laundered in their bedroom which reduced the risk of infection spread. Separate laundry facilities were available for larger items of clothing and for bed linen.

Judgment: Compliant

### Regulation 13: End of life

There was good support provided to residents from the palliative care team. Most residents had their own bedroom. End of life care plans were completed for all residents which indicated their end of life wishes as regards location and their spiritual and emotional wishes.

Judgment: Compliant

### Regulation 17: Premises

The centre was purpose built and designed to promote independence. It provided a clean, warm, homely environment for residents. Most residents had their own

bedroom which had en-suite bathroom facilities and a kitchenette area. The door to the smoking room required a self closing device to ensure it closed and contained smoking fumes.

Judgment: Substantially compliant

### Regulation 27: Infection control

There were appropriate infection control procedures in place in line with the standards for the prevention and control of health care associated infections. Staff had completed training in infection control.

Judgment: Compliant

### Regulation 28: Fire precautions

Arrangements were in place for the prevention and containment of fire. Suitable fire fighting equipment was provided and service records of the equipment confirmed regular servicing took place. All fire exits were unobstructed and records were available to verify that daily checks were completed by nursing staff. All staff members had completed fire safety training. Regular fire evacuation drills were completed and a good level of detail was recorded regarding what took place however the duration of the drill was not recorded.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents were assessed prior to admission to ensure their needs could be met and care plans were developed and reviewed at regular intervals. Some information was found in the evaluation notes which should have been included in the care plan and some care plans required more specific person centred information to help the staff to provide the care required.

Judgment: Substantially compliant

## Regulation 6: Health care

There was evidence of regular review by general practitioners and residents had access to a range of health care professionals. Care was observed to be evidenced based.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date training on the management of responsive behaviours. Where responsive behaviours were identified care plans were developed which included proactive and reactive strategies to guide staff.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to make choices about how and where they spent their time and there was evidence they were consulted on all aspects of the service. A residents' committee met once a month and minutes were recorded. Residents had access to an independent advocate who attended the centre regularly. There was a range of opportunities for residents to engage in meaningful occupation and recreation and residents said they enjoyed the program of activities provided. An oratory was available for religious services. Residents confirmed that they had been facilitated to vote. Staff were observed to knock on residents doors' prior to entering and were respectful towards residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Innis Ree Lodge OSV-0000350

Inspection ID: MON-0021507

Date of inspection: 21/05/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Doors to the smoking area are now slam shut and are kept closed at all times. Staff advised to use other entrance to the Day Centre to minimize the risk of passive smoke to all.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Drills and Evacuations are now timed and this will be logged from now on.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: We are in the process of re-writing all the Care Plans ensuring they are more specific and person centered. They will be completed by the end of August 2018.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	05/06/18
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	06/06/18
Regulation 5(1)	The registered provider shall, in	Substantially Compliant	Yellow	31/08/18

	so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
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