Lisdarn Centre, OSV-0000490, 14 March 2018

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Lisdarn Centre
Name of provider:	Health Service Executive
Address of centre:	Cavan, Cavan
Type of inspection:	Announced
Date of inspection:	14 & 15 March 2018
Centre ID:	OSV-0000490
Fieldwork ID:	MON-0020929

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides 24- hour nursing care to 32 residents (16 long-term and 16 short-term for assessment, rehabilitation, convalescence and respite care). The centre is a single storey building located in the grounds of a general hospital on the outskirts of an urban area. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions while promoting their independence, health and well-being in a safe therapeutic environment.

The following information outlines some additional data on this centre.

Current registration end date:	12/06/2018
Number of residents on the date of inspection:	30

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
14 March 2018	10:30hrs to 18:00hrs	Siobhan Kennedy	Lead
15 March 2018	09:00hrs to 15:00hrs	Siobhan Kennedy	Lead

Views of people who use the service

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. They told the inspector about their daily routines, activity plans and interactions with the community. Residents were happy with the support and assistance provided by staff, the laundry service and provision of food. Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre. No concerns or issues were identified nor suggestions to improve the service.

Capacity and capability

Residents considered the centre to be a good place to live. The atmosphere in the centre was pleasant and residents enjoyed each others company and communicating with staff and visitors.

Regulations in relation to documentation/records in this section required improvement.

Those involved in the governance of the centre demonstrated that they had good knowledge of the Health Act, regulations and standards and had taken measures to ensure that the environment is in compliance with the legislation. Over the past two years bed occupancy levels have been reduced from 44 to 32 in order to provide sufficient space for individual residents using the service. However, in spite of this reduction, the layout and design of the building still remains unsuitable to meet the long-term needs of residents. Therefore management has taken the decision to reduce the number of long-term beds over a phased period of time and in consultation with residents and relatives to provide accommodation and care only for residents on a short-term basis. Since February 2018 there have been no new admissions of residents requiring extended/long term care.

Prior to the inspection the provider submitted the required registration documentation. The application for renewal of registration was completed on 16 January 2018 seeking approval to accommodate 32 residents. An examination of the information showed that the floor plan did not fully correspond to the findings on inspection and the statement of purpose did not describe in detail the accommodation provided for residents.

Matters arising from the previous inspection carried out on 26 September 2017 which related to care planning, safeguarding, fire safety, complaints and staff

training were addressed. Bedrooms of multiple-occupancy were reduced from 4 to 3 beds but sufficient storage space remains outstanding.

There were adequate resources in the centre to meet residents' needs. Staff were recruited in compliance with employment and equality legislation, including the appropriate vetting procedures. The numbers and skill-mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. Staff had undertaken training in the new safeguarding procedures and were knowledgeable and skilled in fire safety procedures and safe moving and handling of residents. They were aware of the organisational structure, knew the reporting procedures and were monitored and supervised.

The full-time person in charge had good experience of the provision of residential care to older persons and provided good leadership to the team. The nominated persons who were available in the absence of the person in charge facilitated the inspection process and were knowledgeable regarding their roles, management of the centre and care and condition of residents. The provider representative was available at the commencement of the inspection and for feedback during the inspection.

Monitoring systems were in place and there was evidence of a range of audits, such as clinical care, health and safety and equipment provided for residents. The person in charge told the inspector that these systems were put in place to ensure that the service delivery was safe and effective.

An annual review report was available. This included evidence of consultation with residents and had a quality improvement plan. An initiative which has been commenced is entitled "Flourishing Together" and focuses on promoting more person-centred care. Individual contracts of care had been agreed with residents detailing the service provision and charges.

The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations. Appropriate notifications were received by the Authority. An outbreak of a notifiable disease was managed in accordance with infection control procedures. Residents' personal information was kept safely. The inspector was informed that all staff were Garda vetted and an examination of a sample of records confirmed this, however, the records in respect of each member of staff were not kept in the designated centre and available for inspection.

Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration contained the necessary information, however, on inspection it was found that the floor plans did not fully reflect the

designated centre.

Judgment: Not compliant

Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative and is accountable and responsible for the provision of the service.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on day and night duty to meet residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training. Appropriate systems and practices were in place to guide staff.

Judgment: Compliant

Regulation 21: Records

Records in respect of each member of staff were not kept in the designated centre and available for inspection.

Judgment: Not compliant

Regulation 23: Governance and management

An effective governance structure was in place.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care had been agreed. These highlighted the terms on which residents reside, services to be provided and the fees.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose did not fully out line the facilities a (description of bedroom accommodation) in accordance with schedule 1 of the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place.

Judgment: Compliant

Quality and safety

Residents highlighted that the care and support provided was of a good quality and ensured their safety.

In this section improvements were required to the regulations in relation to the premises, infection control and risk management.

Residents had a care plan which was based on an on-going comprehensive multidisciplinary assessment of their needs. The care plans were implemented, evaluated and reviewed. There was information which reflected the residents' changing needs and outlined the supports required to maximise their quality of life in accordance with their wishes. Staff liaised with community services regarding

appropriate admission and discharge arrangements. Residents had good access to nursing, medical and allied health care. Arrangements were put in place to assist residents to support them to make decisions consistent with their capacity for example referrals to the ward of court system. Currently the centre is in the process of implementing epicare, a computerised system for documenting care information. In preparation for the move from long term care to short term care a new assessment model to underpin the care planning process is being considered. This will emphasise and assess residents' strengths and promote independence. There was a good variety of social and recreational activities and the inspector saw that residents had a lot of fun participating in an exercise session with music.

Residents received palliative care based on their assessed needs and this aimed to maintain and enhance their quality of life and respected their dignity. The centre has participated in a palliative care programme which supports staff to provide for the needs of residents in a residential setting without the necessity to be discharged to an acute service. Currently a staff member is undergoing a post graduate course in palliative care and the centre is part of the Irish Hospice Ceol group which promotes end of life care and after-care. Observation of the administration of medicines during the inspection was satisfactory. Currently a staff nurse is participating in a nurse prescribing course.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

The accommodation comprises of two units. Unit one is for residents requiring long term care and will accommodate no more than 16 residents. There are five three bedded rooms and three single bedrooms one of which is only for end of life care. It is anticipated that the number of bedrooms in this unit will be reduced when the transitional arrangements (provision of short term care only) are finalised.

Unit two which is currently for short-term care will accommodate no more than 16 residents. It consists of four four bedded rooms, one two bedded room and two single bedrooms.

There were sufficient communal facilities and these areas were homely, pleasantly decorated, comfortable and warm. The number of toilets, baths and showers were adequate to meet residents' needs. It was noted that there was little storage space for equipment, insufficient wardrobe space for some residents, no external safe area and outstanding maintenance issues for example patches of dampness, plumbing leaks and poor decoration of bedrooms.

There were measures in place to protect residents from being harmed or suffering abuse. Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre.

A recently recruited staff nurse has expertise in infection control. Staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste. However, all infection prevention control measures were not in place, for

example the sluice room was storing clean items and a shower trolley required repairing.

Overall, there were arrangements in place to manage risk but on inspection it was noted that the plant room was storing combustible items.

Residents meetings were held and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice in a range of matters, for example bed and meal times, television programmes, listening to the radio and participating in local and general elections. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate.

A restraint-free environment was promoted and any restraint measure was used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure. Records were maintained in accordance with the regulations regarding restraint.

Regulation 12: Personal possessions

Some residents did not have adequate space for personal processions in their bedroom area.

Judgment: Not compliant

Regulation 13: End of life

End of life care was appropriate and comfortable and met residents' and relatives' needs.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to all of the matters set out in Schedule 6.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritious meals which were safely prepared, cooked and served.

Judgment: Compliant

Regulation 26: Risk management

A risk noted in the centre during the inspection had not previously been identified and therefore measures and actions had not been implemented to control the risk.

Judgment: Not compliant

Regulation 27: Infection control

The appropriate procedures for the prevention and control of all health care associated infections were not in place.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health care was provided.

Judgment: Compliant

Regulation 8: Protection

Policies and procedures were implemented to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were protected.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The administration of medicines was satisfactory.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Lisdarn Centre OSV-0000490

Inspection ID: MON-0020929

Date of inspection: 14/03/2018 and 15/03/2018

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**
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Fire Officer from Estates visited the Centre on the 19/04/2018, carried out a review of the plans. New floor plans to be developed to reflect the accurate/current use of each room within the Centre.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: In accordance with nationally agreed protocols between the HSE and HIQA, staff records will be available in digital format on site with the inception of the Therefore software Programme. Copies of records are available for inspection by request through the Representative of the Registered Provider in consultation with the local HR office.	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	

New statement of purpose submitted on the 13/04/2018

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

All current extended care residents now have adequate wardrobe space.
A new built in wardrobe was fitted on the 20th March 2018

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

A plan of works to address the deficits is in the process of being drawn up in conjunction with the Estates dept, including the development of a redecoration programme.

All works are planned for completion by December 2020.

Additional storage space will be provided as beds are reconfigured and as the bedroom space will reduce.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

No items will be stored in the plant room.
The door is locked and a sign is now in situ informing staff that the door is to be kept locked at all times.
Staff have been made aware that no items to be stored in same.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Bedpan covers are no longer stored in the sluice rooms

A new shower trolley has been ordered

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Yellow	13/4/2018
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain	Not Compliant	Yellow	23/04/2018

	his or her clothes and other personal possessions.			
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.	Not Compliant	Orange	December 2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Yellow	30/4/18
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	15/04/2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the	Not Compliant	Orange	30/4/18

	Authority are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	13/04/2018