



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

Issued by the Chief Inspector

Name of designated centre:	Lough Erril Private Nursing Home
Name of provider:	Lakeview Retirement Home Limited
Address of centre:	Lough Erril, Mohill, Leitrim
Type of inspection:	Announced
Date of inspection:	17 May 2024
Centre ID:	OSV-0000357
Fieldwork ID:	MON-0043340

About the designated centre

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

Lough Erril Private Nursing Home is a purpose built facility located near Mohill, Co Leitrim. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is over two levels. All resident accommodation is on the ground floor. There are four twin bedrooms and 36 single bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Friday 17 May 2024	09:00hrs to 17:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

The inspection found that residents enjoyed a good quality of life and their individual needs were met. The overall feedback from residents in this designated centre was that they were happy with the care they received and that staff looked after them well. Residents told the inspector that they were "very happy here" and that "the staff are very good to me".

This was an announced inspection carried out over one day to monitor compliance with the regulations and inform an application to vary the conditions of registration of the designated centre. On arrival the inspector met with the person in charge. Following an introductory meeting the inspector did a walk around of the centre. This gave the inspector an opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. During the walkabout the inspector observed that residents were receiving support and assistance from staff with their personal care and with starting their day. It was clear that residents were facilitated to have a good quality of life and their rights to spend their days as they wished were upheld by staff.

The inspector observed staff interacting with residents during the day and it was evident that management and staff in the centre knew residents well and were familiar with each residents needs and preferences. The atmosphere in the centre was busy and well managed. Call bells were responded to in a timely manner and staff did not appear rushed. Residents told the inspector that they felt safe living in the centre and that they enjoyed the various activities and outings that take place.

Lough Erril Private Nursing Home provides respite and long term care for both male and female adults with a varied range of dependencies and needs. The designated centre is registered to accommodate 44 residents and the provider recently submitted an application to vary their registration conditions and increase the centres occupancy to accommodate 45 residents. The provider had converted a bathroom into a single bedroom which was found to be well laid out and fit for purpose. A new bathroom was constructed next door to this bedroom from an office space and it was spacious and well laid out. Both rooms met the requirements of the regulations. A review of the records and talking with residents the inspector was assured that residents had been consulted about these changes and there was minimal disruption to the service provided. These changes were in line with their recent application to vary the providers conditions of registration and increase the occupancy of the designated centre to accommodate 45 residents.

The design and layout of the centre promoted a good quality of life for residents. Residents had access to a number of communal spaces, including two day rooms, a dining room and unlocked courtyard gardens in the middle of the centre. The centre was exceptionally clean and all areas were maintained to a good standard. The centre was warm and comfortable throughout. The courtyard gardens were well maintained with mature plants and shrubbery that provided interest and there was

suitable garden furniture for residents to sit and enjoy.

Residents bedroom accommodation was provided in a mixture of single and twin bedrooms, some of which had en-suite facilities. Several bedrooms had been personalised with residents own belongings such as photographs and ornaments and overlooked the courtyard gardens. One bedroom had been personalised with murals to reflect the residents interests and life experiences from home.

The inspector sat with residents in the dining room at lunchtime and observed that residents enjoyed a pleasant and social dining experience. There was sufficient and timely support provided by staff for residents in the dining room and there was a choice available of salmon or chicken on the day. The food looked appetising and residents were observed enjoying and finishing their food. Dining staff were aware of residents specific dietary requirements and additional portions were offered to residents by the chef during the meal.

There was an activity schedule displayed in the day-room which gave residents information on the activities that were planned during the week. Residents told the inspector that they went out to the local park and puppies had visited the centre the day before, both of which they really enjoyed. There was a small dog that visited the centre everyday and the inspector observed residents smiling, interacting and laughing at the dog during the day. An activity co-ordinator was on duty and was observed encouraging residents to participate in various activities during day. During the afternoon a music session provided a couple of hours of enjoyable entertainment for the residents. Staff supported residents to participate in the session and it was evident that staff knew the residents' preferred levels of participation and supported them to join in. Staff were observed chatting with the residents throughout the day discussing local and national news.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The centre was well managed for the benefit of the residents who lived there. There was an experienced and established management team in place who worked hard to ensure that safe and appropriate care and services were provided for the residents and that residents rights were upheld. As a result this inspection found high levels of satisfaction reported by residents and their visitors and good compliance with the regulations. On this inspection the provider was found to have made significant improvements following their last inspection and had fully implemented their compliance plan to ensure compliance with the regulations.

The registered provider is Lakeview Retirement Home Limited. The centre has an

experienced registered provider representative and person in charge in place. They are supported by an established team consisting of a business manager, an assistant director of nursing, a clinical nurse manager, nurses, health care assistants, activity staff, housekeeping, catering and maintenance.

There was a clearly defined management structure in place. The person in charge (PIC) is an experienced nurse and works full time in the centre. They are supported in their role by the directors of the centre and an assistant director of nursing who also deputises for the PIC in their absence. Staff working in the centre told the inspector that the management team were actively involved in the day to day operations of the centre and frequently spoke with staff, residents and families. This was validated by the inspectors' observations on the day. Residents and families were familiar with the person in charge and said that they were available and approachable if they wanted to speak with them.

The provider ensured that resources were made available to provide care and services in line with the statement of purpose against which the centre was registered. There were enough skilled and knowledgeable staff to provide safe and appropriate care for the 39 residents that were living in Lough Erril Private Nursing Home on the day of the inspection.

A review of the centre's rosters confirmed that there were sufficient numbers of staff available to meet the assessed needs of residents both during the day and at night. The registered provider had maintained staff numbers in line with the centre's statement of purpose. There was a full complement of staff in the centre on the day of the inspection.

There was a comprehensive training programme in place which incorporated a selection of both face to face and online training. Records confirmed that all staff were up to date with their mandatory training in safeguarding, fire safety and manual handling. Staff had also recently attended training in responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The provider and nursing management had arranged one to one care for a resident currently displaying signs of responsive behaviour to support this resident and maintain a safe environment in the centre for all residents.

Both the clinical assistant manager and clinical nurse manager were observed throughout the day supervising staff especially during mealtimes and activities. Staff were knowledgeable in their roles and responsibilities and were able to clearly tell the inspector what they would do in the event of an infection outbreak, fire emergency and if an allegation of abuse was disclosed to them.

The inspector reviewed the minutes of governance and staff meetings which had taken place. This assured the inspector that there was good oversight of the service being provided to residents and that any risks or issues identified were addressed. The management systems in place supported that the service provided was safe, appropriate, consistent and effectively monitored. An annual review of the quality of the service in 2023 had been completed. There was an audit schedule in place to

monitor the standards of care provided. Clinical audits were comprehensive and completed regularly to oversee the care provided. Results of audits confirmed high levels of compliance and where improvements were identified there were appropriate action plans implemented and reviewed. The schedule of planned audits included falls, skin care, care plans, restraints, medication management and infection control.

Accidents and incidents within the designated centre were recorded and well-managed. However, not all incidents were notified to the Chief Inspector as required by the regulations. This is discussed further under regulation 31, Notification of incidents.

The inspector reviewed four residents' contracts for the provision of services and found that they accurately described the service provided and the charges for the service, including any additional charges. All contracts of care were up to date with the current charges in place and had been signed each resident or representative.

There was a complaints policy and procedure in place to deal with complaints received from residents or family members. There was a low level of complaints within the centre all of which had been recorded and fully investigated in a timely manner with outcomes included. The complaints process was on display in the centre and there was independent advocacy services available for residents and families if required. The complaints policy and statement of purpose outlined the key stages of how a complaint is dealt with, however it did not include the 2023 changes made to regulation 34 which requires a nominated review officer be made available , should the complainant request a review of the final decision.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary the the conditions of registration by changing the purpose of two rooms in the designated centre and increase the occupancy from 44 residents to 45 residents. The inspector reviewed the structural changes made to the premises and was satisfied that the were suitable and in line with the regulations. The prescribed information submitted as part of the application was complete and accurately reflected the changes to the layout of the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection and a review of planned and actual rosters, the

inspector was assured that there was a sufficient number and skill-mix of staff available to meet the assessed needs of all residents.

Staff were appropriately supervised by the management team throughout the day.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to training. A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, manual handling and safeguarding older people. Staff had also recently completed training on managing challenging behaviours, hand hygiene and medication management.

The inspector found that staff were appropriately supported and supervised in their work. As a result staff practices were in line with the centre's policies and procedures and ensured that good standards were maintained in key areas such as infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities. Both the provider and person in charge were present and involved in the day to day running of the centre and were well known by residents and their families.

There were effective management systems in place to monitor the effectiveness and suitability of the care being delivered to residents. However, from reviewing records it was identified that greater oversight was needed in relation to reporting in writing to the Chief inspector any incidents as set out in Regulation 31 (1) paragraphs 7 (1) (a) to (j) of Schedule 4.

A comprehensive annual review of the quality of the service had been completed and residents were consulted and referred to as part of the review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of four contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. All contracts of care reviewed had been appropriately signed and included the residents room number.

Judgment: Compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place this document required updating to accurately describe the complaints process and meet the requirement of regulation 34.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While notifications were submitted to comply with Schedule 4 of the regulations, a review of records confirmed that not all incidents of serious injuries to residents requiring immediate and/or hospital treatment had not been submitted to the office of the Chief Inspector. The inspector identified by reviewing records that four incidents that occurred and required medical/and or hospital treatment had not been notified to the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints received by the provider however this policy and procedure had not been updated to incorporate amendments made to this regulation by recent statutory legislation. For example, the policy did not refer to an internal nominated review officer to further investigate a complaint if the complainant was not satisfied with the complaints officers final decision.

Judgment: Substantially compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from an established and caring staff team. Residents had good access to GP services and other health and social care specialists. This is a good service that delivers high quality care to residents. Residents' independence, privacy and dignity were upheld through staff policies and practices. There were sufficient recreational opportunities available to residents if they wished and residents could choose how to spend their time.

Staff were found to be knowledgeable about residents individual care needs, likes and dislikes, past history and hobbies. There was evidence that residents' meetings took place and that residents were consulted as part of the day to day operations in the centre. One resident was the nominated advocate for residents in the designated centre and led the residents' meetings regularly. The meetings provided residents' with a forum to suggest or discuss any ideas or issues with the services, care or facilities provided. The inspector reviewed minutes of residents' meetings, which sought feedback on areas such as activities and the quality of food being served.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' needs. The inspector found that the designated centre was clean and bright. Corridors contained rails fixed to the walls to assist residents with their mobility. Residents' accommodation was individually personalised with residents' own belongings. Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

There were sufficient cleaning staff, equipment and supplies available. Cleaning staff spoken with demonstrated a good knowledge of their cleaning processes, with appropriate separation of clean and unclean items during cleaning processes. The inspector noted that staff had a good working knowledge of infection, prevention and control.

The inspector visited the laundry and sluicing facilities in the centre and found them to be suitable for their intended purpose. Laundry staff were familiar with residents clothing and provided a high quality service. There was also sufficient storage in the centre which ensured that there was appropriate segregation of clinical and non clinical items. All equipment used to support residents with their care needs was observed to be clean and well-maintained.

The inspector spent time in the dining room during lunch and sat with residents to chat and observe mealtime practices. There was a choice of meals offered at lunchtime and a menu was on display for reference. There was good social

interaction observed between residents themselves and also with staff members supporting and assisting with eating and drinking. A member of the management team was present to oversee a timely and efficient service was provided for residents. The food looked and smelt appealing and residents were observed enjoying and finishing their meals. Staff were very attentive to residents needs and were familiar with their preferences at mealtimes. The chef attended the dining room to offer extra portions for any residents that wished to have more. Residents who spoke with the inspector expressed satisfaction with the food, baking, snacks and drinks provided in this designated centre.

The inspector reviewed a sample of care plans and found that all residents had an assessment of their needs and a care plan in place to support their clinical, psychological and social care. Care plans and associated care records included clear and up to date information for all aspects of the residents care needs including prescribed treatment plans from specialist practitioners. In addition daily care records and concise progress notes were completed documenting all care given by medical, nursing and care staff.

Medication practices were found to be safe and well managed. Medication systems were in place and staff spoken with were knowledgeable of their regulatory responsibilities when administering medicines. Staff could clearly explain the process of obtaining a new prescription for any changes in residents medication regimes prescribed by the general practitioner. There was appropriate and safe storage of medications in the designated centre.

The centre was found to be clean and warm throughout. Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control and staff were observed using good hand hygiene techniques and personal protective equipment (PPE) appropriately throughout the day of inspection. Cleaning staff spoken with demonstrated a good knowledge of cleaning processes, with appropriate separation of clean and unclean items during cleaning processes. The inspector noted that staff had a good working knowledge of infection, prevention and control.

Residents who displayed episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were provided with timely support and reassurance. Staff were aware of residents assessed needs and this contributed to effective interventions. In instances where responsive behaviours were observed, appropriate information was recorded in residents daily notes and in behavioural support plans. Access to specialised support such as psychiatry of old age was in place for residents who needed this level of intervention. One resident was provided with one to one support from an allocated member of care staff which provided this resident with reassurance and purposeful engagement.

Residents had access to television, internet, radio and newspapers. The inspector observed visitors coming and going on the day of the inspection and there were no restrictions on visiting. The inspector found that residents living in the centre were now being provided with activities in accordance with their capacities and

capabilities. There was a clear focus on identifying resident's preferences for activity provision.

Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances and had adequate space to store their clothes and personal possessions.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre were appropriate to meet the needs of the residents as outlined in their statement of purpose and conformed to matters set out in Schedule 6 of the regulations.

The provider had refurbished a day room and family room and had installed additional clinical hand washing sinks throughout the designated centre in line with the compliance plan following the previous inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed a mealtime sitting in the dining room and was reassured that residents were offered choice and were supported with eating and drinking. There was adequate quantities of food available and it appeared wholesome and nutritious. Residents were observed enjoying and finishing their meals. Staff provided assistance to residents in a respectful and patient manner.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards

for the prevention and control of health care associated infection published by the Authority were implemented by staff. This was evidenced by:

- The allocation of sufficient staff resources to clean and maintain the centre.
- The registered provider had invested and installed additional clinical hand washing sinks throughout the designated centre.
- Staff were observed completing hand hygiene between points of care and personal protective equipment was worn appropriately.
- There was sufficient clinical hand wash sinks in place throughout the centre and wall mounted hand sanitizers.
- The centre had sufficient sluicing facilities in place.
- There was effective management of laundry facilities in place to ensure clean and soiled laundry did not come into contact.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

All medicinal products were stored securely at the centre. The inspector observed nurses administering medications safely and in line with best practice. Staff could clearly explain the procedures in place to order, receive and administer medications appropriately as prescribed by the general practitioner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector requested specific care plans to review wound care, diabetes care, challenging behaviour and falls management within the designated centre. Each care plan reviewed by the inspector found that a comprehensive assessment had been completed with 48 hours of admission and included sufficient details to guide the clinical nursing care of each resident. Care plans had been formally reviewed at the required intervals and were up dated when a residents condition changed. Care plans were person centred and included details of the residents daily routines and their likes and dislikes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff demonstrated their knowledge and skills when responding to residents that displayed challenging behaviour. The inspector observed staff engaging with residents displaying these behaviours during the day in the dining room and day room. Staff were kind, respectful and reassuring in their approach to these residents and acknowledged each residents concern. All staff had completed training in 2023 to guide them in managing and responding to challenging behaviour.

Judgment: Compliant

Regulation 9: Residents' rights

During the inspection, the inspector observed that the staff team provided residents with personalised support. The staff treated residents with respect, and dignity while ensuring that their privacy was promoted.

Two on-site activity coordinators led a variety of activities, such as bingo, hand massage, reminiscence therapy, music and interactive exercises. The activity schedule was on display in the centre, and the residents were kept informed of news and events through resident committee meetings every month.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lough Erril Private Nursing Home OSV-0000357

Inspection ID: MON-0043340

Date of inspection: 17/05/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person in Charge and Registered Provider will ensure compliance to this regulation. The Person in Charge will review all incidents and accidents involving any of the residents and inform the Registered Provider. • The Person in Charge will notify the Chief Inspector in writing, within 3 days, of the occurrences of any of the following incidents: <ol style="list-style-type: none"> a) unexpected death of a resident, including if the death occurred in a hospital setting b) any fire c) any loss of power, heating or water d) any incident where an unplanned evacuation of the nursing home took place e) an outbreak of any notifiable disease f) any serious injury to a resident that required immediate medical and/or hospital treatment g) any unexplained absence of a resident from the nursing home h) any allegation, suspected or confirmed abuse of any resident i) any allegation of misconduct by the registered provider or by a member of staff j) any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

- The Statement of Purpose will be reviewed to include an updated complaints procedure that will ensure compliance with Regulation 34, Complaints Procedure.
 - The complaints policy and procedure will be reviewed to include the following detail:
 - Each resident/resident representative is informed that they can freely raise any concerns or complaints to any member of staff. Residents are asked for their feedback regularly and encouraged to raise any worries at any time. A copy of the complaint's procedure can be found in the residents' guide which is located in every bedroom and the family room.
 - The complaints policy and procedure is displayed in a framed picture in the main reception area.
 - The Nominated Complaints Officer is the Director of Nursing. The Assistant Director of Nursing covers this role in her absence.
 - Complaints are investigated and concluded within a 30-day period following the receipt of the complaint.
 - The complainant will be informed in writing by the Director of Nursing, regarding whether the complaint has been upheld, the reasons for this decision, any improvements recommended and details of the review process.
 - The Nominated Review Officer is the Business Manager. The complainant can ask the Business Manager to review the decision of the Complaint Officer.
 - The Review Officer will conduct and conclude a thorough review of the complaint within 20 working days after the receipt of the request and provide a written response to the complainant.
 - The Review Officer will inform the complainant in writing of the reason why the complaint has not been investigated and concluded in 30 days and why a review may not have been started and concluded within 20 days.
 - The registered provider, ie Lough Erril Private Nursing Home will
 - ensure recommended improvements, highlighted by the Complaints or Review Officers are actioned.
 - has access to records and information in relation to their complaint, subject to the law
 - ensure the resident is not adversely affected for making a complaint The registered provider will ensure practical assistance is provided to a complainant, so that they can:
 - understand the complaints process,
 - make a complaint in accordance with Lough Erril Private Nursing Home complaints procedure
 - request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint
 - refer the matter to an external complaints process, such as the Ombudsman.
 - ensure all documentation relating to complaints is fully and properly recorded and stored in a secure location.
 - Provide a general report as part of Lough Erril Private Nursing Home annual review stating the following:
 - level of engagement of independent advocacy services with residents
- complaints received, including reviews conducted.
 Ensure nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with Lough Erril Private Nursing Home's complaints

procedure, and Informal Consolidation of the Health Act 2007 (Care and Welfare of Residents in Designated Center’s for Older People) Regulations 2013 as of March 2023.

- Ensure all staff are aware of the Lough Erril Private Nursing Home’s complaints procedures, including how to identify a complaint and the Health Act 2007 (Care and Welfare of Residents in Designated Center’s for Older People) (Amendment) Regulations 2012 (S.I. No. 95 of 2012).
- A copy of the Statement of Purpose is available in each resident’s bedroom and in the family room for both residents/and their families and friends to read.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Person in Charge will notify the Chief Inspector in writing, within 3 days, of the occurrences of any of the following incidents:
 - a) unexpected death of a resident, including if the death occurred in a hospital setting
 - b) any fire
 - c) any loss of power, heating or water
 - d) any incident where an unplanned evacuation of the nursing home took place
 - e) an outbreak of any notifiable disease
 - f) any serious injury to a resident that required immediate medical and/or hospital treatment
 - g) any unexplained absence of a resident from the nursing home
 - h) any allegation, suspected or confirmed abuse of any resident
 - i) any allegation of misconduct by the registered provider or by a member of staff
 - j) any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body
- Incident and accident audit will be carried out monthly and will include a review of the notification requirement to the Chief Inspector.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The complaints policy and procedure will be reviewed to include the following detail:

- Each resident/resident representative is informed that they can freely raise any concerns or complaints to any member of staff. Residents are asked for their feedback regularly and encouraged to raise any worries at any time. A copy of the complaint's procedure can be found in the residents' guide which is located in every bedroom and the family room.
 - The complaints policy and procedure is displayed in a framed picture in the main reception area.
 - The Nominated Complaints Officer is the Director of Nursing. The Assistant Director of Nursing covers this role in her absence.
 - The Review Officer will inform the complainant in writing of the reason why the complaint has not been investigated and concluded in 30 days and why a review may not have been started and concluded within 20 days.
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 - Complaints are investigated and concluded within a 30-day period following the receipt of the complaint.
 - The complainant will be informed in writing by the Director of Nursing, regarding whether the complaint has been upheld, the reasons for this decision, any improvements recommended and details of the review process.
 - The Nominated Review Officer is the Business Manager. The complainant can ask the Business Manager to review the decision of the Complaint Officer.
 - The registered provider, ie Lough Erril Private Nursing Home will
 - ensure recommended improvements, highlighted by the Complaints or Review Officers are actioned.
 - has access to records and information in relation to their complaint, subject to the law
 - ensure the resident is not adversely affected for making a complaint The registered provider will ensure practical assistance is provided to a complainant, so that they can:
 - understand the complaints process,
 - make a complaint in accordance with Lough Erril Private Nursing Home complaints procedure
 - request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint
 - refer the matter to an external complaints process, such as the Ombudsman.
 - ensure all documentation relating to complaints is fully and properly recorded and stored in a secure location.
 - Provide a general report as part of Lough Erril Private Nursing Home annual review stating the following:
 - level of engagement of independent advocacy services with residents
- Ensure nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with Lough Erril Private Nursing Home's complaints procedure, and Informal Consolidation of the Health Act 2007 (Care and Welfare of Residents in Designated Center's for Older People) Regulations 2013 as of March 2023.
- Ensure all staff are aware of the Lough Erril Private Nursing Home's complaints procedures, including how to identify a complaint and the Health Act 2007 (Care and Welfare of Residents in Designated Center's for Older People) (Amendment) Regulations 2012 (S.I. No. 95 of 2012).

All staff will be alerted to the changes in the complaints policy and procedure. A monthly audit of complaints will be undertaken by Management to ensure compliance with the complaints policy and procedure. Audit findings will be highlighted to staff and raised at the monthly management meeting.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	26/06/2024
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.	Substantially Compliant	Yellow	26/06/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within	Not Compliant	Yellow	26/06/2024

	3 working days of its occurrence.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Not Compliant	Yellow	26/06/2024