



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

## Issued by the Chief Inspector

Name of designated centre:	Loughshinny Residential Home
Name of provider:	Bartra Opco No. 1 Limited
Address of centre:	Blackland, Ballykea, Loughshinny, Skerries, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	06 March 2023
Centre ID:	OSV-0006616
Fieldwork ID:	MON-0037962

## About the designated centre

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

Loughshinny Residential Home is a designated centre registered to provide 24-hour health and social care for up to 123 male and female residents, usually over the age of 65. It provides long-term residential care, convalescence and respite care to people with all dependency levels and varied needs associated with ageing, physical frailty as well as palliative and dementia care. The philosophy of care as described in the statement of purpose is to provide a person-centred, caring and safe alternative for older people and to enable each resident to maintain their independence and thrive while enjoying a more fulfilled and engaged life. The designated centre is a modern two-storey purpose-built nursing home on the edge of the village of Loughshinny in North County Dublin. Accommodation is provided in 123 single bedrooms, each with its own en-suite facilities and decorated to a high specification standard. There is a wide range of communal areas, including dining rooms, sun rooms and lounges available to residents, as well as a hairdresser facility. There are several enclosed, safe, wheelchair accessible gardens available for residents to use during the day. There is ample parking available for visitors.

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

Number of residents on the date of inspection:	93
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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
Monday 6 March 2023	10:00hrs to 14:30hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

The inspector spoke with a number of residents living in the nursing home and they all confirmed that they felt safe and secure living in the centre. The residents had access to the external enclosed gardens. They informed the inspector that they went outside for a walk independently and others said they

The provider had applied to increase the occupancy in the centre by three beds with the creation of one single and one twin en-suite bedrooms. The new rooms were viewed together with the rooms which had a change of function. The bedrooms were finished to a high standard and both bedrooms met the regulatory requirements.

Residents had access to an adequate amount of storage space in their single ensuite bedrooms. Those spoken with expressed satisfaction with the storage space provided including the lockable cupboard they had access to by their bed.

Residents' right to privacy was maintained. There were privacy locks on each bedroom, en-suite, communal bathroom and toilet door. Residents were supported to exercise their civil, political and religious rights.

A number of residents informed the inspector that they had access to a programme of activities and chose whether to attend or not. Residents had access to television, newspapers and radios. The inspector saw a number of residents involved in a group activity in the morning and saw a large number attending Mass in the afternoon.

Visitors were welcomed into the centre and were observed visiting residents in their bedrooms and in the coffee dock.

Residents who spoke with the inspector said the staff were kind and caring. They said they were treated with respect and dignity at all times, and there was always staff available to meet their needs in a prompt manner. Staff were observed assisting residents to mobilise in the corridors and assisting some residents with their lunch.

Residents said it was a very nice place to live and they would recommend it. They did not have any complaints but said they would speak to a nurse if they did.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and in response to an application to vary conditions one and three of the current certificate of registration. The inspector found that improvements had been made and the compliance plans identified on the last inspection had been addressed with one outstanding issue in progress.

The governance of this centre was good. The provider of Loughshinny Residential Home was Bartra Opco No.1 Limited. The person in charge was supported by the provider representative, the chief operations officer and the compliance manager. They were all present on inspection and demonstrated a willingness to address areas for improvement identified on this inspection. The person in charge demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

The person in charge and the management team had oversight of the quality of care being delivered to residents. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents and found that the provider was proactive in identifying and managing risks in the centre. A comprehensive annual review had been completed for 2022, it included feedback from residents and a quality improvement plan.

The centre was well resourced. Staff had access to the equipment and training required to ensure they could meet the needs of residents. The two newly developed ensuite bedrooms contained all the required furniture and fittings in line with the legislative requirements. They were ready for occupation.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. There was a full complement of staff in place, with the small number of vacancies filled and awaiting garda clearance prior to commencing in their role.

Staff spoken with were familiar with residents' needs. They also demonstrated that they were knowledgeable and skilled in safeguarding and safe moving and handling of the residents.

All staff who spoke with the inspector confirmed that they felt supported, and that they could raise issues readily with the person in charge. There was a good system of supervision in each of the departments.

## Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

The annual review for 2022 was reviewed and it met the regulatory requirements.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident, their next-of-kin or power of attorney. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre. It included details of the additional three beds and reflected the revised floor plans submitted.

Judgment: Compliant

### Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

### Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

## Quality and safety

Overall the inspector was assured that residents received a good standard of service. Resident told the inspector that they felt safe living in the home.

The inspector saw evidence of end-of-life assessments for a sample of residents. These had been completed on admission and included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Residents with communication difficulties had personalised care plans in place. Each one reviewed accurately reflected the residents assessed communication needs.

The premises were viewed with the person in charge. The centre was bright and airy with adequate lighting and heating. The two new ensuite bedrooms were completed with the required furniture, fittings and space to meet the needs of three



residents. There was a communal sitting room on each of the four units and open seating areas in each unit. In addition, each unit had a dining room and on the ground floor there was a large activities room, coffee dock and well furnished reception area for residents to enjoy.

Infection control practices were good including staff adherence to the centre's uniform policy. All areas of the centre viewed were clean and clutter free. The issues identified on the last inspection had been addressed. The inspector viewed the Aspergillus risk assessment and several cleaning check lists which were completed on a daily basis by the team of house keepers.

Residents expressed satisfaction with the choice of food, its presentation and they assured the inspector that it was enjoyable. Residents had access to a variety of cool drinks with their meal and were offered hot drinks after their desert.

Medication management practices were as per the centres detailed policy. The systems in place were safe and the staff had a good knowledge of safe medication management, which was observed by the inspector during this inspection.

Documents reviewed in relation to residents who had been transferred into and out of the service were available for review. The centre had implemented the use of the national transfer document and nurses and doctors transfer letters were available for those transferred from the acute sector.

The residents' guide had been updated in January 2023. It included details of all the services and facilities available in the nursing home. It also, included details of the patients advocacy service, the complaints process and visiting.

### Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Their communication needs were identified on admission and care was being provided in accordance to their communication care plan.

The sample of communication care plans reviewed were clear, concise and personalised.

Judgment: Compliant

### Regulation 13: End of life

End-of-life care plans were completed and updated as and when necessary. They reflected the residents personal wishes and there was evidence of resident and

family involvement.

Judgment: Compliant

### Regulation 17: Premises

The premises were clean, tidy and clutter free. The bedrooms provided for an adequate amount of private space and storage space for residents. There was an adequate amount of storage space to meet the needs of residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Water and a glass was available in the residents rooms. Residents informed the inspector that there was a good choice of food available to them and that they could access food and snacks whenever they wanted.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files.

Judgment: Compliant

## Regulation 27: Infection control

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements were implemented further to the last inspection to ensure precautions in place had improved thus preventing the potential spread of transmissible infections.

Four new clinical wash hand sinks had been ordered. There was a plan in place to replace the existing wash hand sink at each of the four nurses stations to ensure they supported effective hand hygiene practice and minimised the risk of acquiring or transmitting infection.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

The inspector observed good practices in how the medicine was administered to the residents. Medicine that was to be administered appropriately as prescribed and dispensed.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

# Compliance Plan for Loughshinny Residential Home OSV-0006616

Inspection ID: MON-0037962

Date of inspection: 06/03/2023

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A full review of the current sinks took place following the last inspection on the on the 11/10/22 and as agreed in the action plan, the installation of the required spec of sink will be installed by the 31/06/23.</p>	

## 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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2023