



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:	02 November 2023
Centre ID:	OSV-0006616
Fieldwork ID:	MON-0037347

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 126 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 124 single and one twin bedroom, 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:	101
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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
Thursday 2 November 2023	09:30hrs to 17:00hrs	Sheila McKeivitt	Lead
Thursday 2 November 2023	09:30hrs to 17:00hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

The inspection took place over the course of a day in Loughshinny Residential Home, during which time inspectors spoke with residents and visitors to gain insight and feedback about living in the centre and the service provided. Inspectors observed that the atmosphere in Loughshinny Residential Home was relaxed, residents looked well cared for and reported that they enjoyed living in the centre. Overall residents and visitors reported they were happy with the service and care provided to them and their loved ones.

The designated centre was a modern two-storey purpose-built nursing home on the edge of the village of Loughshinny in North County Dublin. Accommodation was provided in 124 single and one twin bedroom, each with its own en-suite facilities. The centre was divided into four units, Shennick, Colt, St Patricks 1 and St Patricks 2 named after islands in the local area. Inspectors observed breakout areas throughout the centre where residents were gathered having a cup of tea together or reading a newspaper.

There were day-rooms in each unit where some residents were observed watching television. In addition, there was an activities room situated on the ground floor where a small group of residents were engaging in an art activity, most were practicing their painting skills. This class was facilitated by an activities coordinator and with traditional Irish music playing in the background. It was a well-designed and welcoming space for residents to participate in activities. The area was decorated with pictures of residents doing activities and enjoying day trips. There was also a large reception area with a coffee dock adjacent to it where residents could sit and chat with their visitors.

Residents spoken with on the day of inspection expressed their satisfaction with their rooms and the surrounding views. Inspectors observed that rooms were nicely designed, well-kept and provided space for each resident to decorate to their own tastes.

Residents told inspectors that their bedrooms were cleaned each day and the place was kept spotlessly clean. During the walk about inspectors observed that the centre was clean, tidy and well maintained. Inspectors observed that a clinical wash hand sink had been installed at each of the nurses stations ensuring they were accessible to staff.

Visitors spoken with confirmed there were no visiting restrictions during the day other than at mealtimes. Those spoken with said they visited their relative in their bedroom but often went down to the coffee dock at the main reception which the resident enjoyed, as they could all have a hot drink while chatting.

Residents' spoke positively about the activities available to them. A number of residents told inspectors about the recent Halloween party, where staff came in

fancy dress and residents chose the best dressed. One resident described it as 'great craic, with plenty of food, dance and just good fun'. Inspectors observed a small group of residents participating in an art class, where residents were practicing their painting skills. Residents said there was a good variety of activities available to them and this was reflected in the activities schedule on display with music and singing at the weekends from a local entertainer.

Staff were described by residents as very attentive, young and enthusiastic. Those spoken with said their call bell, if used, was answered promptly and they felt there was enough staff on duty to meet their needs. Inspectors observed staff attending to residents' needs throughout the course of the day, some were engaged in one to one activities, others in group activities while some were doing their own thing such as, reading the daily newspaper or resting in the privacy of their bedroom.

Residents' told inspectors that they enjoyed the choice of food offered to them. They said the portions were good and they could eat their meals either in the dining room or their bedroom. However, a number of residents spoken with said the food and hot drinks were sometimes cold when served. They said that this was the case irrespective of where they were served their meal, but a number added that it occurred more frequently in the morning when served breakfast in their bedroom. The main issue of concern raised was the morning tea and porridge were served cold or warm not hot.

Inspectors observed the service of morning drinks and noted that the service was not to the highest standard. For example, tea and coffee were served in a cup without a saucer. Residents were offered a choice of biscuits which, when accepted, was served on the table beside them. There were no side plates or napkins on the service trolley for a dignified tea and service experience.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This unannounced inspection was carried out to assess the overall governance of Loughshinny Residential Home and to identify if actions outlined in a previous compliance plan from the inspection carried out in March 2023 had been completed and improvements sustained.

Overall, the inspectors found that the registered provider had replaced the existing hand wash sink at each of the four nurses' stations with clinical wash hand sinks to ensure they supported effective hand hygiene practice and minimised the risk of acquiring or transmitting infection.

Bartra Opco No 1. Limited is the registered provider for Loughshinny Residential

Home. Overall, effective governance and management systems were in place in the centre, ensuring good quality person-centred care was delivered to residents. There were clearly defined roles and responsibilities and a robust management structure in place. There was a governance structure in place which identified clear lines of accountability and responsibility. The person in charge worked full-time in the centre and was supported in their management role by an assistant director of nursing and four clinical nurse managers. Other staff members included nurses, healthcare assistants, activity coordinators, catering, household, maintenance and administration staff.

There were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. These systems included an auditing programme and audits were completed on a monthly and quarterly basis with action plans in place to address any issues identified. Inspectors observed that handover notes were comprehensive and person-centred.

A review of training records for staff showed staff were up-to-date with training and there was a schedule in place for refresher training with fire and safeguarding training due to take place in December. Staff spoken with on the day of inspection were knowledgeable about safeguarding procedures and told inspectors they felt supported in their roles.

There was an adequate number of staff available to ensure that care was provided in accordance with the centre's statement of purpose and to meet the assessed needs of the residents living in the centre. The person in charge and clinical nurse manager were seen to support and supervise staff on the day of inspection.

Rosters were reviewed and while there were some health care staff vacancies in the service these gaps appeared to have been managed well with the current available staff, there was limited use of agency staff noted. There was one registered nurse on each unit at all times supported by care staff. Inspectors were given assurances on the day of inspection that this arrangement is regularly reviewed in line with the dependency levels of residents and if they were to change the staffing levels would be amended accordingly. Call bell audits were reviewed and call bells appeared to be answered promptly on the day of inspection also.

Staff files were well-maintained in a secure filing system. There was evidence that all registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration certificate. An Garda Síochána (police) vetting disclosures were in place for staff working in the centre. There was a directory of residents available in the centre however there were some gaps identified, discussed further under Regulation 19.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents. All policies were reviewed according to their schedule and were up to date, in line with regulatory requirements.

The complaints procedure was updated to include the changes required under S.I. 628 of 2022 and this was displayed prominently in the centre. The record of complaints was reviewed by inspectors. These records identified that complaints

were recorded and investigated in a timely way. There was also evidence of referrals made to advocacy services. Inspectors also observed posters with details on how to access SAGE and Patient Advocacy Services in different areas around the centre.

An annual review completed for 2022 was available for review, it included feedback from residents and a quality improvement plan for 2023.

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. The addresses and telephone numbers of a number of residents' next-of-kin and general practitioners (GP) were not included.

Judgment: Substantially compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for against injury to residents and other risks, including damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents.

Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The annual quality and safety review had been completed and contained input from the residents living in the designated centre.

The person in charge had the support of an assistant director of nursing and four clinical nurse managers, who were supernumerary in order to undertake supervision and management duties.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was reviewed, this showed that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded. In addition, the provider had an up-to-date complaints policy in place.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to staff and all were updated at a minimum of every three years and as required.

Judgment: Compliant

Quality and safety

Inspectors found that residents' health, social care and spiritual needs were well

catered for.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents' were facilitated to communicate and were enabled to exercise choice and control over their life and to maximise their independence.

Residents had an activities assessment completed which reflected each resident's interests, likes and preferences. There were adequate facilities available to deliver activities to residents. These facilities included a large activities room and day-rooms. Residents were seen to have adequate opportunities to participate in meaningful activities on the day of inspection. Residents had access to newspapers, radio and television and were observed reading and watching television on the day of inspection. There was a courtyard garden also in the centre where residents' had planted flowers.

Infection control practices had improved. The issue in relation to accessibility to clinical wash hand sinks identified on previous inspections had been addressed. There were sufficient hand sanitisers available on the corridors and staff hand hygiene practices were good.

Inspectors reviewed a sample of residents' records and saw that residents were assessed using a variety of validated tools. These were completed within 48 hours of admission. Detailed and person-centred care plans were in place addressing the individual needs of the residents, and these were updated within four months or more often where required.

Residents' health care needs were met with residents having access to all members of the multi-disciplinary team in a prompt manner.

Inspectors were assured that residents received wholesome nutritious food. Food was prepared in line with the menu on display. Staff were knowledgeable of the resident's individual preferences. However, the service of food and drinks required review to ensure food and drinks were hot when received by residents and to ensure they received food in a manner that reflected best practice.

Staff were knowledgeable of actions to take in the event of the fire alarm sounding. Staff informed inspectors that they had undertaken fire training and that the fire alarms were checked weekly.

The policies and procedures in relation to safeguarding assured inspectors that residents were being safeguarding against all forms of abuse.

Regulation 18: Food and nutrition

The service of hot food and drink required review to ensure that both were at an adequate hot temperature when served to residents. The serving of tea and biscuits

needed to be improved to ensure a dignified experience for the residents.
Judgment: Substantially compliant
Regulation 27: Infection control
Clinical wash hand sinks had been installed beside the nurses station in each of the units. They were now accessible to staff.
Judgment: Compliant
Regulation 28: Fire precautions
<p>The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.</p> <p>Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.</p>
Judgment: Compliant
Regulation 5: Individual assessment and care plan
A sample of residents' assessments and care plans reviewed were person centered and reflected the residents whom the inspectors had met on the day. There was evidence of resident and family involvement where appropriate.
Judgment: Compliant
Regulation 6: Health care
Residents had access to their general practitioner (GP) and members of the inter-

disciplinary team.

Judgment: Compliant

Regulation 8: Protection

Staff were facilitated to attend training in recognising and responding to a suspicion, an incident or disclosure of abuse. All staff were appropriately vetted prior to commencing work in the designated centre.

The centre was a pension-agent for a small number of residents. These processes were reviewed and the inspectors saw that the residents' monies were going into a separate interest-bearing bank account in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents' were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities. Residents had access to television, radio, daily and weekly newspapers.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Loughshinny Residential Home OSV-0006616

Inspection ID: MON-0037347

Date of inspection: 02/11/2023

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: An audit was conducted of the Directory of Resident and any addresses and telephone numbers of a number of residents' next-of-kin and general practitioners (GP) that were not included are now included. A new Directoy of Residents audit will be developed and uploaded on Loughshinnys auditing system Viclarity. A meeeting has been scheduled for the 21/11/23 with Viclarity to discuss the development of this audit and proposed date to go live.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: A meeting took place with the Person in Charge, Head Chef and Group Catering Manager on the 21.11.23 to discuss the findings of the report. A review of the morning breakfast service took place to ensure that both food and hot drinks were at an adequate hot temperature when served to residents. The review also included the serving of morning, afternoon and evening drinks to ensure they are served to our residents at the highest standard. This review took place on the week of the 20/11/23 and all findings will be actioned by the 01/12/23. As an immediate action of the inspection, a new check list has been put in place in the kitchen to ensure that, before leaving the kitchen all tea trollies contain the appropriate cup, saucer, side plate etc. to ensure a dignified experience for the residents.	



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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	01/12/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/12/2023