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

Issued by the Chief Inspector

Name of designated centre:	Shannon Lodge Nursing Home
Name of provider:	Shannon Lodge Nursing Home Rooskey Limited
Address of centre:	Main Street, Rooskey, Roscommon
Type of inspection:	Unannounced
Date of inspection:	10 May 2024
Centre ID:	OSV-0000383
Fieldwork ID:	MON-0042994

About the designated centre

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

Shannon Lodge Nursing Home is a purpose-built bungalow-style facility located in the village of Rooskey, Co. Roscommon. It is a short drive from the N4 Dublin-Sligo road and a fifteen-minute drive from the town of Mohill. The centre provides care for 36 residents with a range of care needs from low to maximum. The nursing home is organised over two levels. All resident accommodation is on the ground floor, and the upper floor is allocated to office space and staff facilities. Residents' bedroom accommodation is comprised of 18 single and nine double rooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping, catering and activity staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30

How we inspect

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 10 May 2024	09:30hrs to 16:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life supported by a team of staff who were responsive to their needs. The feedback from residents was that they were happy with the care they received and that staff were caring, kind and looked after them very well. All residents who expressed an opinion said that they felt safe and secure living in the centre. One resident told the inspector that "this is a great place to live", while another resident added " they do all they can for you".

Following an opening meeting with the provider and person in charge, the inspector did a walkabout of the premises which allowed them the opportunity to meet with residents and staff as they prepared for the day. The inspector observed that many residents were relaxing in the communal areas where a religious service was being streamed through the television. Other residents were observed spending time in their own bedrooms, reading the local papers or listening to the radio.

Staff and residents were observed discussing the range of activities that were arranged for the day with residents showing particular interest in the baking activity that was planned for later in the day. There was a schedule of activities advertised throughout the centre which informed residents of what activities were going to be provided that day. Some residents spoke about the upcoming trip to the local garden centre and were looking forward to choosing plants for the garden area.

There was a calm and relaxed atmosphere in the centre. A number of staff and residents interactions were observed, residents who had communication needs were supported by staff in a positive manner. Resident's were given time and space to make their views known. These interactions confirmed that staff were aware of resident's needs and were able to respond to those needs in a constructive manner. Residents who walked with purpose were supported by staff in a dignified manner and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

Shannon Lodge nursing home is a two-storey building which is registered to provide care for a maximum of 36 residents. Residents bedroom and communal accommodation is set out on the ground floor with office and staff facilities located on the first floor. On the day of this inspection there were 30 residents living in the centre. Bedroom accommodation comprised of 18 single and nine twin bed rooms, all with full en-suite facilities.

The inspector found that the centre was well-maintained, comfortable and well furnished throughout. There were a range of Items of traditional memorabilia that were familiar to residents that were displayed throughout the centre to encourage reminiscence and conversation, such as antique style crockery, cameras and televisions. There were two sitting rooms which provided sufficient space and suitable seating to meet the assessed needs of the residents. An oratory was also

available for resident use. There was an accessible enclosed garden area which had sufficient seating for resident comfort.The garden was decorated with artificial grass, brightly coloured flowers and a water feature.

Residents bedrooms were personalised with items of significance such as soft furnishings, pictures and ornaments. Residents were provided with sufficient storage facilities to be able to storage and access their personal belongings. All rooms observed on this inspection contained a lockable facility for residents.

Residents were well-supported to enjoy their meals and all were observed to be offered a choice at each meal service. For example at breakfast residents were offered the full choices on the menu even though staff were aware of what residents usually had for breakfast. On the day of the inspection the options available for the main meal consisted of a salmon dish or a curry alternative. Both residents and catering staff confirmed that additional choices were available should residents not like the options offered. Some residents who did not wish to have their meal in the dining room were supported to have their meal in their preferred location which was normally their own bedroom. Meals appeared nutritious and appetising. Residents commented positively about the quality and variety of food provided. The inspector observed that there were sufficient numbers of staff available at meal times to provide residents with support if they needed it.

There were sufficient handrails in place along all the corridors to support residents with their safe mobility. The inspector observed that residents who required assistance with mobilising were well supported by staff. A review of toilet and bathing facilities confirmed that they were well-maintained, clean and free from mal odour.

The inspector observed visitors attending the centre on the day of the inspection. Residents were facilitated to receive visitors as they wished. A designated visitors' room was available should residents wished to meet their visitors in private.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. For the most part there were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement. There were however some areas of current practice that required actions to ensure that existing systems

identified all areas that required improvement, these areas are described in more detail under training and development and written policies and procedures.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on the compliance plan from an inspection held in February 2023 and found that although all actions had been progressed, they were not completed. Therefore, more focus is required to bring this designated centre into full compliance with the regulations and that there is sufficient oversight and recording of staff training to ensure that they have the skills and abilities to carryout their roles effectively.

The registered provider of this designated centre is the Shannon Lodge Nursing Home Rooskey Limited. The provider is represented by one of the company directors. The person in charge of the centre has worked in the role since 2007 and meets the requirements of the Regulations 14: Persons in Charge. They are supported in their role by a clinical nurse manager and by a team of nursing staff, health care assistants, hospitality and catering staff. Activity, administration and maintenance personnel also make up the staffing compliment.

There was evidence of regular governance and oversight of the centre with clinical governance meetings held on a regular basis. These meetings reviewed key areas of the service such as human resources, complaints, policies and procedures, incidents, audits, and key performance indicators were also discussed and monitored. Improvements identified had associated action plans with responsibilities assigned and the progress status relating to the actions.

The inspector found that there were appropriate nursing and care staff numbers to meet the assessed needs of residents and ensure the safe delivery of the service. There was a full complement of nursing staff working in the centre. There were three health care assistant vacancies on the staffing complement and the provider was in various stages of the recruitment process in filling the vacant positions. Staff cover for vacant positions on the roster were covered form existing staff resources.

Staff had a good awareness of their defined roles and responsibilities. The inspector met several staff members in the course of the day who had worked in the centre for a number of years and all reported it to be a very good homely place to work. Staff members added that there is regular support from the management team who were supportive of them in their roles. Staff confirmed that their was effective communication within the team and that they attended handovers for updated care information for residents.

While there is a regular mandatory training provided such as, fire safety, safeguarding and moving and handling training, the inspector found gaps in the recording of training and in the availability of safeguarding training for staff. This is a repeated non-compliance from the previous inspection and as a result the inspector was not assured that staff were up to date with their practice in ensuring that residents were protected from abuse.

Overall, there was a low level of complaints in the centre. A review of the complaints log indicated that there were no open complaints under investigation at the time of this inspection. The provider was in the process of reviewing external laundry arrangements after having received negative feedback from residents in relation to their clothes having shrunk during the cleaning process. Residents informed the inspector that if they had a concern or a complaint that they were dealt with quickly by the staff team. However, the complaints policy required review to be compliant with the regulations which is outlined under Regulation: 4.

Overall there was a high level of knowledge among the staff team of policies and procedures available to guide them in their work.The provider had recently completed a review of Schedule 5 policies, with all effectively reviewed and implemented apart from the complaints policy and the training and development policy.

On the whole there was a good standard of record keeping in this centre. There was review of records relating to key aspects of the service in management meetings and records reviewed on inspection were well maintained and stored appropriately. However, the induction records for one member of staff found that there were delays in completing the induction process which meant that the staff member may not have received the required training and support they needed when they commenced working in the centre to provide safe and appropriate care for residents.

A review of the risk register confirmed that there was good oversight of risks in the centre. Risks were categorised into service areas such as care and support, governance and management and resources. Risks assessments contained control measures to mitigate known risks and were reviewed by the management team on a regular basis. The provider maintained a log of accidents and incidents in the designated centre. Incident forms were informative and contained relevant information and identified appropriate levels of risk along with the required corrective action to take in managing the incident.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a comprehensive range of training that included both mandatory and supplementary training. However a review of training records showed that some staff did not have mandatory refresher training in line with the centre's own policy. In addition, there were gaps found in induction records to confirm that staff had completed induction training in a timely manner. For example,

- Three staff members did not have up-to-date safeguarding training, while dates for several other staff who had attended training had not being recorded on the training matrix.
- Induction records required more focus to ensure that new staff received training prior to commencing in their respective roles, for example one staff member's induction record for having received manual handling training was signed off five months after having commenced in their role.

Judgment: Substantially compliant

Regulation 21: Records

There was evidence that records were well-maintained and were updated on a regular basis. All records requested were made available for inspectors to review. A focus on records relating to Schedule 2 of the regulations found that staff had the required documentation in place prior to commencing employment in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Systems that monitor mandatory training did not identify the following gaps the inspector found in relation to safeguarding training requirements being met in line with the centres own safeguarding policy.
- Induction training for new staff being completed in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which set out the services that were offered by the centre in accordance with schedule 1 of the regulations. There were amendments required to describe how complaints were managed in line with changes to the regulations which are described in more detail under Regulation 4 Written policies and procedures.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incident reports and care records showed that Schedule 4 incidents were notified to the Chief Inspector within the required time frames. Schedule 4 quarterly reports were submitted in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints however this policy and procedure had not been updated to incorporate all amendments made to this regulation by recent statutory legislation SI 628, this is described in more detail under Regulation 4: Written Policies and procedures.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider was found to have updated their policies and procedures in February and April 2024 to meet the requirements of Schedule 5 of the Regulations, however the policy and procedure for handling complaints required additional amendments ,

For example:

- The policy did not include the provision of a written response to the complainant following an investigation into their complaint.
- The policy did not include provision of a written response to the complainant following a request for a review of the outcome of the provider's response to their complaint.

Judgment: Substantially compliant

Quality and safety

Residents’ rights were promoted by a dedicated staff team which ensured that they had a good quality of life in this centre. Residents' assessed needs were being met through good access to health care services, opportunities for social engagement and a well-designed and maintained premises that met their assessed needs. The quality of residents’ lives was enhanced by the provision of a diverse range of activity support both in the designated centre and in the local community.

Residents had regular access to support from a local general practitioner (GP) and there were arrangements in place for out of hours medical support. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist and chiropodist. A review of the residents' care records found that recommendations from the residents' doctors and allied health care professionals were integrated into the residents' care plans.

There was evidence to indicate effective management of residents' healthcare resulted in positive clinical outcomes for residents living in the designated centre. The centre also received support from the dispensing pharmacy who attended the centre and reviewed residents medicines every three months. While referrals to the community for physiotherapy support were processed through the local GP practice, the inspectors found that long delays in accessing this service meant that residents often had to access this service on a private basis.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident’s condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process. Narrative in residents progress notes was comprehensive and related directly to the agreed care plan interventions.

Residents were observed taking part in activities throughout the day of the inspection. An activity schedule was displayed and residents were facilitated to engage in activities of their choice. The inspector observed 17 residents participating in the baking activity which was well-managed by the staff team. There was evidence of information displayed throughout the centre guiding and informing residents about activities and services available. Walls were decorated with artwork and photographs of residents and staff enjoying previous social events in the centre.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents’ individual and collective needs. The centre was found to be well-lit and warm and tastefully furnished. Resident’s accommodation was

individually personalised. There was sufficient housekeeping and maintenance resources available to maintain the cleanliness of the centre and to ensure that the premises was safe and secure to meet the assessed needs of the residents. Equipment used to promote resident mobility and transfer was found to be clean,well maintained and stored appropriately.

Residents who spoke with the inspector confirmed that they felt safe and secure in the designated centre. Residents added that they felt comfortable in the presence of staff who provided ongoing support. There were regular well-organised resident meetings held in the centre which captured resident feedback which was being used by the provider to develop the service and ensure that it met the needs of the residents. There was a monthly newsletter issued to residents to keep them up to date with key events in the centre and a programme of upcoming activities that were available for that month. Access to advocacy services were advertised in key locations in the centre. There were no restrictions on residents accessing all areas of their home. Residents were observed sitting out in the garden area which was suitable for the assessed needs of the current residents.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre on the day of inspection.

Regulation 11: Visits

Visits were seen to take place in line with visiting guidelines. Visitors were seen attending the centre throughout the inspection. Discussions with residents and visitors confirmed that they were satisfied with the arrangements that were in place.

Judgment: Compliant

Regulation 17: Premises

The centre was well maintained for the comfort of the residents. Resident communal facilities were tastefully decorated and there was a range of furnishings and pictures arranged in a manner which gave the centre a homely feel. All storage facilities were suitable for their intended purpose. Resident rooms were well laid out with residents having access to personal storage and adequate seating. All rooms viewed on this inspection contained lockable facilities for residents to store their personal belongings. There was an accessible garden area which was maintained for residents and contained suitable seating for residents to use.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register was comprehensive and detailed. Risks were kept under review by the person in charge and were reviewed and updated on a regular basis. The risk register identified risks and included the additional control measures in place to minimise the identified risk.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission and personalised care plans were developed in response to any identified needs. Care plan reviews took place every four months or when residents' needs changed. A variety of evidence-based clinical tools were used to assess needs including mobility, nutrition and skin integrity.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had timely access to medical and allied health care professionals. There were also arrangements in place for out of hours medical support for the residents. The registered provider ensured that there was a high standard of evidence based nursing care in accordance with professional guidelines.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse. However, the inspector found gaps in training for safeguarding which is discussed under Regulation 16: Training and Development.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	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 Shannon Lodge Nursing Home OSV-0000383

Inspection ID: MON-0042994

Date of inspection: 10/05/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since the inspection all staff have now completed safeguarding and all new staff prior to starting are expected to complete training on HseLand. The staff induction record now includes a checklist which is ticked/dated/signed to ensure moving and handling, fire, safeguarding and infection control are included during orientation.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the training matrix was completed, alongside a staff meeting to discuss scheduled training. Reminders will now be issued to ensure timely completion of relevant courses, with support given to staff requiring assistance. The training matrix will now include dates and courses completed on induction.	

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Policies continue to be consistently reviewed and updated to ensure best practice in Shannon Lodge. The complaints policy following further review is now complete and includes:
• The provision of a written response to the complainant following an investigation into their complaint.
• Provision of a written response to the complainant following a request for a review of the outcome of the provider’s response to their complaint.
This remains displayed for residents and families to clearly see.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2024
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	30/06/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/05/2024