



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

Issued by the Chief Inspector

Name of designated centre:	Larissa Lodge Nursing Home
Name of provider:	Mountain Lodge Nursing Home Limited
Address of centre:	Carnamuggagh, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	22 July 2021
Centre ID:	OSV-0005791
Fieldwork ID:	MON-0033755

About the designated centre

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

The provider plans to provide 24- hour nursing care to 40 residents over the age of 18 years, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite). The building is single storey.

Communal facilities and residents' bedroom accommodation consists of a mixture of 32 single and four twin bedrooms all with full en-suite facilities. The building is laid out around central communal facilities that include a spacious lounge with multiple areas with views outside and a variety of seating options, an internal dining room with a large skylight, an oratory/prayer room and a visitors room near reception.

A variety of outdoor courtyards are accessible from many parts of the building.

The philosophy of care is to provide person centred, compassionate care and services with a commitment to excellence through adherence to high standards, disciplined leadership and respect for all.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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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 22 July 2021	18:00hrs to 20:00hrs	Fiona Cawley	Lead
Friday 23 July 2021	08:30hrs to 15:00hrs	Fiona Cawley	Lead
Friday 23 July 2021	08:30hrs to 15:00hrs	Lorraine Wall	Support

What residents told us and what inspectors observed

The inspectors found that the residents living in this centre were well cared for and supported to live a good quality of life. The atmosphere was relaxed and calm on both days of the inspection and the residents were observed to be very content in their surroundings. Many of the residents who spoke with the inspector said they were happy with their life in the centre. The staff were observed to deliver care and support to the residents which was person-centred and respectful. Overall, the centre was well managed and the centre assured regulatory compliance across most regulations.

This unannounced inspection was carried out over one evening and one day on consecutive days. There were 30 residents accommodated in the centre on the days of the inspection and ten vacancies.

Larissa Lodge Nursing Home is operated by Mountain Lodge Nursing Home Ltd. The centre is a purpose built facility situated on the outskirts of Letterkenny, County Donegal. The facility is a single storey premises and provides accommodation for 40 residents in single and twin bedrooms which were all en-suite. There are a variety of communal areas for residents to use depending on their choice and preference including the entrance area, a day room, a TV area, a quiet room, an activities area, a dining room, an oratory and an outdoor courtyard.

The inspectors spent time on the first evening chatting with and observing the residents in the various areas of the centre. There were a number of residents sitting in the entrance area and in the communal areas whilst others were in the courtyard or in their bedrooms. The inspectors spoke with eleven residents and two visitors. 'Everything is good', 'can't complain as a bit spoiled', 'wonderful here' were amongst the positive comments made to the inspectors. One resident said that everything was better for them since they came to the centre and that the staff were great. Another resident told the inspectors that things couldn't be any better with staff that were kind, caring and professional. One resident described the centre as their home and said that they loved their room which they had decorated to suit their own personal taste.

Residents told the inspectors that they felt safe and that they knew how to raise a concern or complaint if they needed to. Two residents confirmed that concerns they had raised with management had been addressed. Those residents who were unable to communicate verbally were observed by the inspectors to be very content. It was evident from what residents told the inspectors and what inspectors observed that the residents were enjoying a good quality of life where they were supported to maintain their independence and to spend their days as they chose.

The inspectors spoke with two visitors who indicated they were very satisfied with the centre.

The inspectors completed a walk about of the centre with the person in charge on the second day of the inspection. Residents were observed chatting and socialising with each other and staff in the various communal areas. Other residents were mobilising freely and comfortably throughout the centre. A number of residents were observed in their bedrooms reading, listening to music or having quiet time. Residents were seen to be happy and content as they went about their daily lives. All residents looked nicely dressed and well groomed. The staff were attentive and respectful in their interactions with the residents.

The inspectors found the premises was laid out to meet the needs of the residents and to encourage and aid independence. Overall, the management and staff had made great efforts to provide an environment that was relaxed and homely throughout the centre. The entrance area was bright, airy and welcoming and provided a very pleasant, comfortable seating area for residents with a lovely fireplace as its focal point. The corridors were tastefully decorated and bright with interesting pictures adorning the walls. There were grab rails in place along all the corridors to assist residents with mobility. The building was warm and well ventilated throughout.

Communal areas were comfortably styled and arranged to promote social distancing whilst retaining a friendly, social atmosphere. One area included a display of beautiful digital artwork created by one of the residents for a recent exhibition. The provider had recently purchased a number of new comfortable chairs and there was sufficient seating available for the residents. The communal areas were laid out to allow the residents to mobilise safely. There was a quiet room provided for residents which had been used as a visiting area during the recent visiting restrictions. The person in charge informed the inspectors that this area would be back in full use for the residents in the coming days. An oratory was also available for residents to use for solitary prayer or reflection.

The dining area was a very spacious, bright room with a large skylight and had its furniture nicely arranged to promote social distancing. Residents were observed enjoying meals and snacks at various times throughout the inspection. The weather was exceptionally hot on the days of the inspection and this room was equipped with an air conditioning system that provided a comfortable temperature for the residents. The person in charge informed the inspectors of plans to enhance the dining experience for residents by providing mealtimes as opportunities to socialise. Residents had provided input to these plans which included renaming the dining room as 'Terrace Dining at Larissa', introducing a breakfast club and outdoor dining when weather permitted.

The lunchtime period was observed by the inspectors on the second day of the inspection. Residents were provided with a choice of meals from the daily menus which were on display. Residents had a choice where to have their meals and a number chose to eat in their bedrooms or the communal areas. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently and residents were not rushed. The atmosphere in the dining room was very social. Staff and residents were observed to chat happily together and all interactions were respectful. The

inspectors saw that the meals served were well presented and there was a good choice of nutritious food available. A choice of hot and cold refreshments and snacks was freely available to the residents throughout the day. The residents were very complimentary about the food in the centre.

An accessible courtyard with a variety of suitable seating areas and shelter provided a very pleasant outdoor space for the residents. The inspectors observed a number of residents actively using this area and enjoying the good weather and fresh air on both days of the inspection.

There was a fully equipped hair salon available to the residents. The person in charge informed the inspectors that there was a plan to refurbish this area to resemble a real high street salon to provide the residents with further opportunities for social activities.

The resident bedrooms were clean and bright with sufficient space for residents to live comfortably including adequate space to store personal belongings. Many were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. Each resident had access to a television in all bedrooms. The residents who spoke with the inspector were happy with their rooms. Call bells were available throughout the centre and the inspectors observed that these were responded to in a timely manner.

There was a staff room available with sufficient space to ensure social distancing was maintained.

Overall, the centre was clean and well maintained. There was adequate storage facilities available on the day of the inspection. The person in charge had availed of the opportunity for the local Infection Prevention and Control Nurse Specialist to complete a walk round of the centre. The cleaning products and processes were reviewed by them and deemed to be satisfactory. A recommendation to ensure changing areas were better organised was acted upon and these areas were observed to be clean and tidy on the days of the inspection. The housekeeping room was clean and tidy with sufficient room for storage of appropriate equipment. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use. However, the inspectors noted a small number of areas that required attention.

The laundry facility was a large well-ventilated area and was clean and tidy. The area had a clear one way system to maintain segregation of clean and dirty linen.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and social distancing to keep themselves safe. Staff were observed helping residents with hand hygiene throughout the inspection.

The residents were observed to be happy and content throughout the centre. The

inspectors observed that staff knew the residents well and provided them with support and assistance in a respectful, kind manner. There was sufficient staff on duty to ensure the residents' needs could be met and teamwork was evident throughout over the two days. The communal areas were supervised at all times and staff were seen to regularly check on those residents who chose to remain in their own rooms.

There was one activities co-ordinator employed by the centre who was supported by a care assistant to provide activities for the residents over a seven day period. The daily schedule of activities for the residents was displayed in a prominent place. Many residents were observed enjoying activities and socialising with each other over the two days, both indoors and in the courtyard. Activities included exercises, reminiscence and art and crafts. The Rosary took place daily in one of the communal areas of the day room and staff ensured those residents who did not wish to participate in this activity were accommodated in other areas of their choice with the least disruption to their day. The inspectors observed staff engage with the residents in a very positive manner and friendly interactions were observed throughout the inspection. Residents moved around the centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones including video calls. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This unannounced risk inspection had been triggered in response to a number of concerns received by the Chief Inspector since the last inspection in October 2020. The information raised concerns regarding the care of residents, visiting arrangements, staffing and supervision and response to complaints. The inspectors followed up on the information received and did not find evidence to support the concerns. The inspectors found that the person in charge and provider had

responded to complaints and concerns in line with the centre's own policies and procedures.

The inspectors found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. There was a new person in charge in place since last inspection and there was a clearly defined management structure in place with identified lines of authority and accountability. The management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre. Governance and management oversight had improved in the centre and there further improvements in compliance with regulations since the last inspection in October 2020.

The person in charge facilitated the inspection and the provider was on site on the first day.

The person in charge demonstrated a clear understanding of his role and responsibility. The person in charge was supported in this role by a clinical nurse manager and a full complement of staff including nursing and care staff, activities coordinator, housekeeping staff, catering staff, maintenance and administrative staff. There were deputising arrangements in place for when the person in charge was absent. The person in charge was also provided with support in his role by the registered provider representative. There was an on call out-of-hours system in place that provided management advice if required. The person in charge was a visible presence in the centre and many of the residents informed the inspectors they were very familiar with him.

On the days of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection.

There was an induction programme in place which all new staff were required to complete. Staff performance appraisals were carried out on annual basis. Staff had access to a comprehensive education and training programme appropriate to their role. This included COVID-19 training infection prevention and control (IPC).

Policies and procedures were available to staff which provided staff with clear guidance about how to deliver safe care to the residents.

The inspector observed there were good communication processes in place including regular staff group meetings, three of which had taken place in the week prior to the inspection. Governance meetings minutes were reviewed by the inspectors and demonstrated that a broad range of issues were discussed in detail including COVID-19, visiting, resident experience, appraisals and supervision and environmental issues. The person in charge sent an email communication 'Newsbytes' to all families on a monthly basis to provide updates about the centre

throughout the pandemic.

A range of audits were carried out by the person in charge which reviewed practices such as care planning, incident management, wound management, medication management and infection prevention and control. Action plans were developed following audits where improvements were required and included responsible individual and time frames.

There was a programme for continuous improvement identified for 2021 which included input from resident focus groups.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. He was suitably qualified for the role with the required authority, accountability and responsibility for the centre. He had the overall clinical oversight for the delivery of health and social care to the residents and he displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, 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 16: Training and staff development

The inspector found that staff had access to mandatory training and staff had completed all necessary training. The person in charge had oversight of staff

training and there was a comprehensive training matrix in place which highlighted when training was next due.

Staff were supervised in their work and received supervision and appraisal in a timely manner.

Judgment: Compliant

Regulation 21: Records

The centre had a system in place to ensure the records set out in the regulations were available, safe and accessible.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management oversight had improved in the centre since the last inspection. There had been a change of person in charge since the last inspection. The new person in charge was very clear about their role and responsibility. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents.

The person in charge had made significant improvements in the oversight of the service. There were systems in place to monitor and evaluate the quality and safety of the service. However, the inspectors found that further improvements were required as a number of areas of non-compliance found by the inspectors were not identified by the current audit system.

There was an annual review prepared for 2020 which was available to residents and staff on the day of the inspection. This document was prepared in consultation with the residents and included a quality improvement plan for the year ahead.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of the contracts for provision of care found that each resident had agreed upon the services to be provided to them and the fees to be charged for such services.

Resident's contracts met the requirements of regulation 24.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a Statement of Purpose which described the services and facilities provided by the designated centre. This document has been reviewed and updated in the last year and overall it met the regulatory requirements. However, some minor improvements were required to ensure the information contained within the document accurately reflected the governance arrangements in the centre including arrangements in place to cover periods where the person in charge is absent.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the regulatory requirements and there was a comprehensive record kept, both for complaints resolved locally and complaints which were investigated through the formal process.

Complaints had been promptly investigated and closed off with the complainants level of satisfaction recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a good standard. As a result, residents enjoyed a good quality of life in which their rights were upheld and their independence promoted. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies required to care for residents with a variety of needs and abilities. Residents were observed to be happy and content on the day of the inspection.

Residents were well cared for and their healthcare needs were assessed using validated tools which informed care planning.

Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The person in charge had introduced an electronic medication administration system earlier in the year and this had proven successful.

The provider promoted a restraint-free environment in the centre in line with local and national policy. There was a very low level of restrictive practice in place on the day of the inspection.

Overall, the provider had appropriate measures in place to ensure that the residents were protected from abuse, however the inspectors found that one staff did not have the required Garda vetting in place. The provider was issued with an immediate action plan and the issue was addressed promptly.

Residents reported that they felt safe within the centre. The inspector reviewed

safeguarding incidents and investigations and was assured that the centre has robust processes in place and has responded appropriately to all concerns. Staff had completed training in the safeguarding of vulnerable adults and demonstrated an awareness of how to report suspected abuse.

Closed circuit television cameras (CCTV) were used widely in the centre including some of the communal areas. There was a policy in place which stated that usage of CCTV systems were in consultation with residents and staff. However, the policy required updating to include name of current provider, person in charge, relevant legislation and date of implementation.

Residents had the opportunity to meet together and discuss management issues in the centre. Issues raised by the residents were reviewed and addressed by the management of the centre. Residents had access to an independent advocacy service.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice and there were regular activities including music and exercise.

Infection Prevention and Control measures were in place. The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities).

Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day in line with HPSC guidance. Social distancing was evident on the day of the inspection in resident and staff areas. There was up to date national guidance available to all staff.

COVID-19 and IPC were discussed at staff and resident meetings. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies.

Hand hygiene facilities were provided throughout the centre. Alcohol based hand gel was readily available in all areas.

The provider had completed a risk assessment for Legionella and this included controls such as flushing schedules.

Overall, the general environment including the communal areas and residents' bedrooms were clean and tidy. Staff completed cleaning schedules which were monitored by the person in charge. However, areas for improvements to ensure the

centre was in compliance with infection prevention and control standards were identified by the inspectors on the day of the inspection. This is discussed under Regulation 27.

Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspectors observed visitors in the centre on both days of the inspection. Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 13: End of life

The inspectors reviewed a sample of end of life care plans. Residents' end of life wishes were recorded and accessible. These plans were reviewed when necessary and care plans were in place where appropriate.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents spoke very highly of the food provided at the centre. They were very satisfied with the quality, choice and availability. A varied menu was available daily in written and picture format providing a range of choices to all residents including those on a modified diet. Residents had access to a safe supply of drinking water. A variety of drinks and snacks were offered frequently throughout the day with both staff and residents confirming that food and drink was available at any time of the day or night.

Residents had their nutritional status regularly assessed and monitored. Residents were closely monitored for weight loss and where weight loss was identified, this was investigated and enhanced monitoring in place. Dietetic recommendations were implemented where required.

Fluid intake records were maintained and up to date for residents who required monitoring.

There were sufficient numbers of staff to assist residents at mealtimes .

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 (1).

There was an up to date risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an available emergency plan which included a comprehensive COVID -19 contingency plan with controls identified in line with public health guidance.

Judgment: Compliant

Regulation 27: Infection control

Areas for improvements to ensure the centre was in compliance with infection prevention and control standards were identified by the inspectors on the day of the

inspection including:

- The housekeeping trolleys were not fit for purpose.
- There was a lack of appropriate bins in a number of areas.
- There was a toilet seat missing in one of the communal toilets.
- There was visible dust on a small number of surfaces in the day room.
- There were communal products found in the hairdressing room and one communal bathroom.
- There was a chair with visible stains in the day room.
- There was no maintenance record for the bedpan washer.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

However, the inspectors noted that there were some gaps present in the weekly checks of the automatic door releases.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that medications were administered safely and in accordance with the directions of the residents' General Practitioners. Medicines were stored appropriately and those medicines that were no longer required were managed in line with the centre's policy.

Regular medication management audits were carried out. Any areas of improvement identified had identified action plans including person responsible and time frame for completion.

The number of medication errors was low. Each incident was investigated promptly

and practices reviewed where required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident files and found evidence that residents had a comprehensive assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Following admission, a range of validated assessment tools were used to assess falls risk, oral care, skin integrity, manual handling needs and level of dependency. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements.

The care plans were holistic and person-centred but a number of plans did not contain the necessary information to guide care delivery.

Daily progress notes demonstrated very good monitoring of care needs and effectiveness of care provided such as antibiotic therapy and behaviour management.

There was recorded evidence of consultation with residents or their representative in relation to care planning.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

The inspectors were satisfied that residents received high standards of evidence based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of resident's care plans in relation to responsive behaviours found that behaviour which is challenging was appropriately managed within the centre.

Care staff had received training in the management of behaviours that challenge and had up to date knowledge and skills, in order to respond to and manage the behaviour.

Care plans contained guidance for staff on resident's preferences, triggers for certain behaviours and de-escalation techniques to manage responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that one staff member did not have Garda Siochana (police) vetting completed prior to employment which was a breach of Regulation 8 - Protection. An immediate action plan was issued by the inspector on the day of inspection in regards to this concern.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre had facilities for activities and recreation. An activities coordinator was employed within the centre and the inspector observed some activities taking place in the centre on the day of inspection.

Residents had access to a spacious and inviting outdoor courtyard which was being utilised by many residents on the day of inspection.

Resident's meetings were held in a timely manner with a range of topics discussed. There was evidence of consultation with residents and concerns being addressed.

Residents had access to prayers and mass for different religions.

The inspector reviewed the resident's newsletter which showed evidence of good practice and a continuous effort to improve residents experience within the designated centre. There are plans to reform the residents dining experience, with the introduction of a breakfast club for all residents to make the dining experience more appealing and encourage socialisation between residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Larissa Lodge Nursing Home OSV-0005791

Inspection ID: MON-0033755

Date of inspection: 23/07/2021

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> <p>Review of audit templates in use. Audit Templates will be updated to identify any areas of non-compliances and will be signed off by practice development officer of the group and implemented subsequently.</p> <p>Due date of this action: 20th September 2021. Person Responsible: Director of Nursing, Practice Development Officer. Action Status: In progress</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of purpose will be updated to reflect all necessary changes as per guidance document.</p> <p>Due date of this action: 10th September 2021. Person Responsible: Director of Nursing. Action Status: In Progress</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Housekeeping trolleys to be fitted with integrated safety storage lockers Action Status: Completed</p> <p>More suitable bins to be purchased as advised during the time of inspection for rooms and communal areas: Action Status: Completed.</p> <p>Fit new toilet seat in the toilet that did not have a seat. Action Status: Completed.</p> <p>Strengthening of cleaning process through use of I Mop on all visible areas and effective supervision on the cleanliness of the nursing home to ensure visible dusts are minimized. Further strengthening of cleaning by timely ongoing review of documentations in place by Clinical Nurse Manager.</p> <p>Actions: I Mop Electronic Cleaning system will be used for all visible floor areas. Actions Status: Completed</p> <p>Review of documentation Template for household staff by Director of Nursing. Actions Status: Completed</p> <p>Three monthly reviews of all available cleaning documentations as part of Hygiene audit. Due Date: NA Person Responsible: Clinical Nurse Manager Action Status: Planned</p> <p>Daily Observation of Cleanliness on General Areas and Frequently touched surfaces. Due Date: NA Person Responsible: Director of Nursing, Clinical Nurse Manager, Staff Nurse Action Status: In Progress.</p> <p>All Communal products are reviewed for IPC purposes and any applicable communal products to be kept locked and safe with proper disinfection standards Action Status: Completed.</p> <p>Chair with visible stains has been decommissioned. Action Status: Completed</p> <p>Bedpan washer to be serviced and will be included in routine maintenance. Records will be maintained. Action Status: Completed.</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Full Staff file audit to ensure compliance. All staff in the center currently working has Garda vetting in place. Copy of same sent to HIQA after the inspection.</p> <p>Action: Completed.</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 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	20/09/2021
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	01/09/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to	Substantially Compliant	Yellow	10/09/2021

	the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	26/07/2021