



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

Issued by the Chief Inspector

Name of designated centre:	Lisheen Nursing Home
Name of provider:	Lisheen Nursing Centre Ltd.
Address of centre:	Stoney Lane, Rathcoole, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 May 2024
Centre ID:	OSV-0000059
Fieldwork ID:	MON-0041943

About the designated centre

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

Lisheen is a purpose built privately owned designated centre which has been operating since 1988. Lisheen is a two storey building which has been adapted and extended to provide accommodation for 120 residents over the age of 18 years who need long term care and support. Accommodation is provided in single and twin bedrooms, most of which are en-suite. The centre is named in nine different units, however, it is staffed and managed in seven units, each of which has a dedicated staff team. These units are laid out into homesteads with spacious communal areas served by a small kitchenette. The landscaped gardens are of a dementia friendly design and provide a safe outside space for residents. Lisheen is situated on a landscaped site with views over the surrounding countryside. The centre is a short distance from a local village with shops, community centre and churches. The village is served by public transport routes. There is a large car park to the front of the building and disabled parking is available. Lisheen provides care and support for individuals who require assistance with the activities of daily living. This includes persons with cognitive impairments, dementia and long term mental and intellectual disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	119
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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
Wednesday 15 May 2024	10:30hrs to 17:50hrs	Ella Ferriter	Lead
Thursday 16 May 2024	08:30hrs to 13:30hrs	Ella Ferriter	Lead
Thursday 16 May 2024	08:30hrs to 13:30hrs	Aoife Byrne	Support
Wednesday 15 May 2024	10:30hrs to 17:50hrs	Caroline Connelly	Support
Thursday 16 May 2024	08:30hrs to 13:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors found that Lisheen Nursing Home was a well-run centre where residents were supported to enjoy a good quality of life by a team of staff who were kind and caring. Residents were encouraged to express their beliefs, values, wishes and preferences with regard to the care provided to them and their rights were respected and promoted. Feedback from residents was that they were extremely happy with the care provided by staff describing the care as "wonderful" and they told inspectors that they were content living in the centre, which was homely and welcoming.

This was an unannounced inspection which took place over two days. Lisheen Nursing Home is a two story designated centre situated in the village of Rathcoole in County Dublin. The home provides long term care for both male and female adults with a range of dependencies and needs and had been extended over the years to reach its current capacity 120 residents. There were 119 residents living in the centre at the time of this inspection. The inspectors met and greeted the majority of residents living in the centre over the two days and spoke in more detail to 30 residents. The inspectors also spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there.

Operationally, the centre has nine units all named after types of flowers such as Fuchsia, Jasmine, Heather and Elderberry. These units are laid out into homesteads with individual sitting rooms and kitchenettes in each. Residents' bedroom accommodation is situated over two floors in 94 single and 13 twin rooms, all but one room with accesses to en-suite facilities. It was evident to inspectors that residents knew their way around the centre and the location of their own bedrooms, which were seen to provide a comfortable personal space to maintain their clothes and personal possessions. Many bedrooms were seen to be personalised with pictures of residents' families and furniture from home. Some residents were seen to have their own refrigerators and electric fireplaces. One resident told the inspector how they loved painting and that the staff had arranged for their room to be reconfigured with new furniture and a desk to facilitate this. Inspectors saw that the centre was clean, warm and well ventilated throughout.

This inspection took place over two sunny days in May. Over the two days inspectors observed many residents availing of the three landscaped internal gardens. Inspectors saw that these areas were very well maintained and welcoming with water features, memorabilia, seating and a variety of plants, flowers and shrubs. Residents told the inspectors that they loved the gardens and relaxing in these areas with other residents, family or staff. Some residents bedrooms had sliding doors with direct access to the garden areas and they were observed sitting out on chairs outside their bedrooms enjoying the sunshine.

On day two of the inspection the inspectors saw that staff had arranged a balloon releasing ceremony for a resident who had recently died in the centre. They spoke of memories of that resident and what they meant to the centre and released a balloon in their honour. The evening prior to this inspection family members of residents had attended a remembrance ceremony where past residents were remembered and honoured. From talking to staff it was evident that they saw the residents of Lisheen Nursing Home as a family unit and they enjoyed getting to know them and their families. Many of the staff inspectors met with had worked in the centre for over ten years, and spoke positively about their work and the enjoyment of meeting the residents daily.

From discussions with staff and residents it was evident that the service promoted a culture where there was a rights-based approach to care. For example; residents were encouraged to be as independent as possible and go into the local village coffee shops and restaurants independently. On the second day of the inspection staff were arranging an art exhibition of a resident's art in one of the units and also celebrating a resident's birthday. Staff were seen to be patient and kind and care delivery was observed to be unhurried over the two days. The inspectors saw many positive meaningful interactions between staff and residents and it was evident that staff had a very good knowledge of resident's social histories, such as what they had worked as, their family, and their hobbies and interests. The inspectors observed that staff in the centre did not wear uniforms and were informed that this was to promote a social model of care and a more homely environment for residents.

Residents spoke positively about their experience of living in the centre and detailed how staff supported them to engage in activities of their choosing. There was a staff member responsible for activities on each of the units. They were observed to know resident's personal preferences and interests very well. The inspectors saw activities taking place such as music and sing songs, SONAS programmes, and art and exercise classes. Some residents chose not to take part in activities and were observed reading and watching television in their bedroom and being visited by staff for reflexology and a chat.

Communal space within the centre was decorated to a high standard and they were bright spaces with comfortable furnishings and individual decor in each. Inspectors saw there were walls decorated with black and white pictures of past politicians, Dublin GAA memorabilia, Dublin Bay and pieces of old furniture. It was evident that extensive time and effort had been dedicated to the internal decor of the centre to make it as homely and comfortable as possible for residents. There was also a hair dressing salon and room with a pool table. Residents were encouraged to be as independent as possible in these communal spaces and had their own mugs personal to them and were observed making their own tea. The inspectors saw that there was appropriate directional signage in the centre to assist residents with cognitive difficulties to find areas of the centre.

Residents told the inspectors that they were offered a choice of meals and they could always ask for what they would like. The inspectors saw that staff provided assistance to residents who required it in a dignified and respectful manner. The dining experience was a sociable one for many residents in the dining rooms where

they laughed and enjoyed each others company. On the first day of inspection inspectors saw that some residents were served their lunchtime meal from bed tables rather than dining tables in two of the wings. The person in charge discussed with this with the team of staff and committed to reviewing all dining for residents in the home to support a more social social dining experience for all residents.

During the inspection, many examples of person centred care was observed by inspectors. The inspectors saw that staff interacted with residents in a patient and respectful manner. Those residents who could not communicate their needs appeared comfortable and content. Friends and families were facilitated to visit residents, and the inspectors observed visitors coming and going throughout the day. Visitors spoken with were extremely complementary about the care and respect their love one received.

Conversations had with residents clearly identified that they were happy with their life in Lisheen Nursing Home. Residents felt safe in the centre and they could choose where to spend their day, what time to get up and return to bed and they told inspectors that they did not feel restricted in any way. Residents were knowledgeable on who the person in charge and the wider staff team. Residents voiced that they would not hesitate to make a complaint. The inspectors summarised that residents lived a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced inspection undertaken to monitor ongoing compliance with the regulations. The last inspection of this centre had been in June 2023. Overall, the findings of this inspection were that the governance and management of Lisheen Nursing Home was robust and it was a well-managed centre, which ensured that residents received good quality, safe care and services. The provider and team of staff were committed to a process of quality improvement with a focus on respect for resident's human rights. The effective governance and management of the centre was reflected in the overall good compliance of the centre through the regulations reviewed.

The registered provider of Lisheen Nursing Home is Lisheen Nursing Centre Ltd, which comprises of three directors. It is a family operated centre. The centre was found to have an effective management structure where lines of accountability and authority were clearly defined. From a clinical perspective care is directed via two appropriately qualified persons in charge, who job share the position and are both

named directors of the company. The other director is the named Chief Financial Officer.

The clinical governance team had been strengthened since the previous inspection, with the appointment of additional nurse managers. The person in charge is supported within the centre by an assistant director of nursing, seven clinical nurse managers, a clinical nurse specialist and a team of nursing, healthcare, activities, catering and domestic and maintenance staff. The provider also employed an Operations Manager and a team of full time administrative staff. There was management cover in the centre seven days per week.

On the day of the inspection inspectors found that there were adequate resources, in terms of staffing, to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a centre specific induction programme in place to support staff in the provision of safe and effective care to the residents and to emphasise the philosophy of care in the centre. Staff had access to education and training appropriate to their role. Training was well monitored within the centre by the management team and mandatory training as per the centres policy was up-to-date.

The inspectors reviewed minutes of meetings such as clinical governance meetings and health and safety meetings. It was evident that key issues such as recruitment, clinical care, a review of clinical incidents and risk were appropriately reviewed and time bound action plans put in place where required. The inspectors saw that regular meetings were held in the centre to ensure effective communication across the service such as management team meetings, nursing team meetings, and care staff meetings. There was evidence of consultation with residents on the running of the centre through surveys and residents meetings.

The quality and safety of care was being monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. Key performance indicators were also used to support the monitoring of clinical care practices in areas such as falls, incidents, infection, wounds and restraint.

Complaints were recorded separately to residents' care plans. The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. Policies and procedures, as per schedule 5 of the regulations were available which provided staff with guidance about how to deliver safe care to the residents. Incident records were being maintained and there was good oversight of incidents by the person in charge. From a review of the records maintained at the centre, it was evident that incidents were notified to the Chief Inspector, in line with legislation.

Regulation 14: Persons in charge

The centre was being managed by two named person in charge, who job shared the position. They both had the necessary experience and qualifications as required by the regulations. One of these persons in charge were working on the day of this inspection. They had a strong presence in the centre and were well known to the residents and families. They demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for residents.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was the found that the levels and skill mix of staff at the time of inspection, across all departments, was sufficient to meet the needs of the 119 residents living in the centre. Staff with whom the inspectors spoke were knowledgeable of residents and their individual needs and they had the required skills, competencies and experience to fulfil their roles.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors were assured that the registered provider had appropriate staff supervision arrangements in place to ensure that care delivery was appropriately monitored and delivered. Mandatory training was up to date for all staff and there was good oversight of staff training requirements. Additional training was encouraged and supported in end of life care, gerontology and infection control procedures. There where were satisfactory arrangements in place for the ongoing supervision of staff through senior management presence and through a formal induction and performance review processes.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which contained all information as per Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed service. There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes. An annual review of the quality and safety of the service had just been finalised which linked resident and relative feedback, as per regulatory requirements.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services, as per regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose, as per regulatory requirements and it contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulation. A review of a sample of complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements. The complaints procedure was overseen by the person in charge, who was the named complaints officer.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. The provider was in the process of reviewing some of these policies at the time of this inspection.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that the robust governance and management of the service as described in the first section of this report ensured that a very good quality of care was provided to residents in Lisheen Nursing Home. Residents were supported to have a good quality of life, where their rights and choices were promoted and respected.

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. Prospective residents were comprehensively assessed prior to admission to ensure that the centre had the capacity to provide them with care, in accordance with their needs. A review of residents' records found that there was regular communication with the residents' general practitioner, regarding their healthcare needs. Arrangements were in place for residents to access the expertise of allied health and social care professionals for individualised assessment and recommendations were implemented and reviewed frequently, to ensure care plans was effective.

A review of a sample of resident care files found that assessments and care plans were completed within 48 hours of admission and reviewed four monthly, as per regulatory requirements. Care plans reviewed by inspectors were person-centred

and provided evidence-based guidance to support the current care needs of the residents. Residents had access to physiotherapy services in the centre weekly.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly and monthly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services to ensure best outcomes for residents.

Residents were supported with their communication requirements and were assisted to communicate freely. Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre was moving towards a restraint free environment and there was appropriate monitoring of all restraints, such as bedrails evident. There was evidence that alternatives were used such as crash mats and low low beds. The provider was acting as a pension agent for some residents residing in the centre and systems in place were robust and monitored effectively.

Based on the observations of the inspectors there were good procedures in place in relation to infection prevention and control. Additional resources had been allocated since the previous inspection and hand washing sinks had been installed and upgraded throughout the premises, in the past year which was ongoing. The centre was clean and there were appropriate domestic staff employed in the centre. The management team were monitoring infections and the use of antibiotics as recommended. The provider employed a housekeeping supervisor to supervise and train housekeeping staff and ensure cleaning processes were implemented.

This inspection found that the governance and management of fire safety in the centre was robust. The provider had actioned all findings pertaining to fire safety as per the previous inspection. Records maintained evidenced that there was a preventive maintenance schedule of fire safety equipment and the fire alarm and emergency lighting were serviced in accordance with the recommended frequency.

Residents were consulted about their care needs and about the overall service being delivered. Resident' meetings were held frequently and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed such as suggestions for food and activities. Advocacy services were available for residents and the provider had prepared a residents guide, as per regulatory requirements.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely. Residents were also supported to access additional supports such such as assistive technology to assist with their communication.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was not restrictive and there were suitable communal facilities available on both floors of the centre, for residents to meet with their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

There were adequate arrangements in place for the management of residents' personal possessions. Each resident had sufficient space for storing personal possessions including wardrobe space, a chest of drawers and a bedside locker with a lockable drawer. There were effective systems in place for the return of residents' clothing following laundering.

Judgment: Compliant

Regulation 17: Premises

The premises was maintained to a very high standard and it was evident that the provider took pride in the provision of a homely environment for residents. There was an ongoing programme of painting and maintenance by assigned staff. The premises conformed to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. Inspectors saw that the quality and presentation of the meals was good. The daily menu was displayed and choice was available at every meal. Residents spoken with were complimentary regarding the quality and choice of food. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Systems were in place to ensure that residents received correct meals as recommended by speech and language therapists and dietitians. The person in

charge committed to review the practice of serving meals on dining tables on a small number of units to ensure a more sociable dining experience for all.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation used when residents were discharged from the centre on a temporary basis to hospital indicated that all relevant information, pertaining to the resident was included. A record of this was also kept in the residents file, as per regulatory requirements.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that infection control procedures were consistent with the national standards for infection prevention and control in community services (2018). Areas identified to be addressed, as per the findings of the previous inspection had been actioned. There was effective oversight of infection control in the centre to identify potential risks and opportunities for improvement. There were two on-site infection prevention control link practitioner. They had protected time to promote good infection prevention and control practice within the facility, as recommended in the National Guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

Personal emergency evacuation plans were in place for each resident and updated on a regular basis. All staff working in the centre received training in fire safety. Fire drills of compartments were taking place in the centre to ensure that staff were trained and competent in evacuating residents in a timely manner, in the event of an emergency. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks, and these were completed by the maintenance team and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools. Residents had evidence-based risk assessments to guide care and care plans were updated at a minimum of every four months, as per the requirements of the regulations. Care plans records seen by the inspectors confirmed that resident's views and that of their families, were incorporated into care interventions.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways an access to allied health and social care professionals. There was a very low incidence of pressure ulcer development in the centre and wound care practices reviewed evidenced that nursing practices were consistent and care interventions were appropriately documented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques, and ways to effectively respond to behaviours. There was evidence of appropriate risk assessments and care plans in place for all uses of restraint in the centre. These included multidisciplinary and general practitioner (GP) input, evidence of regular reviews in consultation with the residents, and measures to control the risks of restraint use, including documented monitoring and scheduled release of the restraints as required.

Judgment: Compliant

Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

There were robust systems in place to protect residents' finances. The provider was acting as a pension agent for some residents in the centre and records reviewed evidenced there were appropriate procedures in place and a policy to support this service.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected and promoted in Lisheen Nursing Home and care was person centred. Residents had access to individual copies of local newspapers, radios, telephones and television. There was an extensive activities programme available to residents seven days per week. Arrangements for accessing an advocacy service were displayed in the centre. Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant