



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

Issued by the Chief Inspector

Name of designated centre:	Lucan Lodge Nursing Home
Name of provider:	Passage Healthcare International (Ireland) Limited
Address of centre:	Ardeevin Drive, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	08 February 2021
Centre ID:	OSV-0000061
Fieldwork ID:	MON-0031882

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide dignity and respect to all residents at all times, whilst incorporating both personal and family centred care. It is situated in a residential area in Lucan. Twenty-four hour nursing care is provided to a maximum number of 74 residents spread over 3 floors. It provides nursing care to dependent residents over 18 years of age. The homecare model of care is practiced in the centre this allows residents to dictate the pace of their day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 8 February 2021	10:15hrs to 14:30hrs	Sheila McKeivitt	Lead
Monday 8 February 2021	10:15hrs to 14:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

The centre appeared quiet and calm on the day of the inspection. A large number of the residents were isolating in their bedrooms due to the current COVID-19 outbreak in the centre. However a number of residents were observed mobilising around the centre and going outside to enjoy the garden space.

Residents who spoke with the inspectors told them that they were comfortable and were well looked after. Some residents expressed their ongoing anxiety in relation to the outbreak. One resident who was heading outside for her morning cigarette spoke of her delight to have received the second dose of the COVID-19 vaccine. The resident also said she had given up watching the news and said she was sick of hearing sad COVID stories and she could not wait until it was all over.

Another resident was observed mobilising independently with their zimmer frame, the resident said she enjoyed going outside and she loved living in the centre. She said it was a really lovely place to live and staff were very kind to the residents. Other residents echoed these words of contentment with the centre and the kind staff who cared for them.

Inspectors saw residents had access to daily newspapers and observed residents watching daytime television. Inspectors also saw residents having one to one hand and nail care in their bedrooms.

On the second floor a small group of residents were observed using the communal sitting and dining room. Residents spoken with said they were enjoying their lunch and confirmed they had been given a choice. Staff were available to provide assistance in the dining room, however all the residents having lunch were eating independently. Residents said that the food was good and inspectors saw that the meals were well presented.

The inspectors did a walkabout of several areas of the centre. Overall the centre was well laid out to meet the needs of the residents who lived there however some of the non residential areas were not clean and storage was cluttered. These observations are reported under the infection prevention and control section of this report.

Capacity and capability

An outbreak of COVID-19 had been reported on 03 January 2021. A total of 76 confirmed cases had been identified (44 residents and 32 staff members) to date.

Sadly 12 residents that contracted COVID-19 had died.

The management team were on site on the day of this unannounced risk inspection and were supporting staff to care for all residents. Inspectors found that although the senior management team had processes in place to monitor care and services the oversight of infection and prevention control practices required improvement. In addition rosters showed that staffing levels were not adequate to ensure that cohorted residents were cared for by a dedicated staff team. Furthermore improvements were required in relation to staff training and development.

Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The Person in charge was the designated COVID lead & the Assistant Director of Nursing (ADON) was the designated Infection Prevention and Control (IPC) lead. The senior management were working closely with the local public health and COVID response teams to manage the current outbreak. Managers reported that they had acted to implement the majority of Public Health recommendations.

Up to date infection prevention and control policies and procedures were in place and were found to be based on national Health Protection and Surveillance Committee (HPSC) guidelines. A COVID-19 risk assessment and the centre's outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. However inspectors found that the provider needed to strengthen the controls and measures that were in place to limit the transmission of COVID-19 infection in the centre.

Staffing rosters were reviewed against the staff on duty on the day of the inspection. Although the number and skill mix of staff on duty on the day of inspection was sufficient to meet the needs of the residents the nursing staff were not deployed effectively. In addition the inspectors found that the whole time equivalent of staff on the current statement of purpose did not reflect the staff hours on the rosters.

Staff did have access to a range of in house and external training. However the training matrix was not up to date and inspectors were not assured that all staff had completed the required mandatory training in manual handling, safeguarding of vulnerable residents and fire safety. In addition it was not clear what specific training staff had completed in infection prevention and control. This non compliance was identified on the last inspection in October 2020 had not been addressed by the provider.

Regulation 15: Staffing

Dedicated staff were allocated to care for COVID-19 positive residents. However,

staffing required review to ensure that there was a qualified nurse allocated to work in each zone. On inspection, one nurse was caring for residents that had not contracted the virus and residents within another zone who had recovered from the virus and were no longer in isolation.

Staff absences due to COVID 19 were being covered by agency staff and inspectors were assured that there were sufficient numbers of staff available to meet the needs of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff did not have the required mandatory training in place and as a result inspectors were not assured that all staff had the appropriate knowledge and skills to provide safe and effective care for the residents.

This included significant gaps in mandatory infection prevention and control training. In the absence of up to date training the provider could not be assured that the staff had the required knowledge and skills to keep residents safe.

Judgment: Not compliant

Regulation 23: Governance and management

The person in charge (PIC) appointed in November 2020 was supported by the Chief Operations Officer who was also the Provider Representative (PR). The PIC was also supported by an Assistant Director of Nursing and four Clinical Nurse Managers. Clinical nurse managers provided support and supervision for nursing and care staff.

The provider had failed to submit the required documentation to the Chief Inspector when the current person in charge had been appointed in November 2020. A written request for these documents dated 15 December 2020 had not been responded to. The required documents had not been submitted at the time of the inspection.

The provider had not addressed the non-compliance in relation to staff training following the previous inspection in October 2020.

There was a defined management structure in place however inspectors found that the role and responsibilities of the PIC and PR needed to be better defined to ensure that responsibility for oversight of key areas such as staff training were clearly defined.

There were quality assurance processes in place to monitor the quality and safety of

the service. However these required strengthening to ensure that they identified areas for improvement and non-compliance as found on this inspection.

Judgment: Not compliant

Quality and safety

Inspectors found that staff were working hard to ensure that residents were well looked after and that their needs were being met. Managers and staff knew the residents well and were very aware of the stress and anxieties that residents were experiencing as a result of the current outbreak. There was clear evidence that staff tried their utmost to reassure and support residents at this difficult time. However there was ongoing transmission of the virus in the centre and the inspectors found that significant improvements were required in relation to infection and prevention processes.

Residents were receiving good healthcare and inspectors found that their health care needs were being met. Nursing staff were supported by the community public health team, the residents' general practitioner and the consultant geriatrician and outreach team from the local acute hospital. A palliative care team were also supporting staff to provide an optimum standard of end of life care to residents who were dying in-line with their advanced care directive. A sample of advanced care directives reviewed showed that these had been discussed with the resident and their next of kin. They reflected the residents end of life wishes.

Residents were closely monitored for signs and symptoms of COVID-19 with their temperature being monitored and recorded twice each day. Care staff were aware of the need to report any change in a resident's health or well-being to nursing staff.

There were comprehensive processes in place in relation to infection prevention and control however the oversight of infection and prevention did not ensure that standards in this area were consistent. This is discussed under Regulation 27.

In addition the inspectors found that environmental risks had not been identified prior to the inspection. These included the lack of storage space and the clutter created by personal protective equipment supplies. The inspectors also noted that a fire door on the second level required repair.

Regulation 27: Infection control

Residents with active COVID-19 infection were accommodated in single rooms in designated areas of the centre. Staff were assigned to different zones in the building and there were additional measures in place to ensure staff minimised their

movements around the centre in order to reduce the risk of spreading infection between units. Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19. Overall equipment and the environment in the units inspected were generally clean with some exceptions. However there was ongoing transmission in the centre and a number of factors were identified which needed to be addressed to reduce the risks of further transmission. For example:

Inspectors observed a resident who had been confirmed as COVID-19 positive moving freely throughout a unit. Implementing infection prevention and control practice is challenging with residents who have cognitive impairment and are unable to comply with infection prevention and control measures. A control measure was in place and residents hands were cleaned with hand gel every hour and surfaces touched by the resident were decontaminated every hour. However this resident was not appropriately supervised by staff on the unit and was observed rummaging in supplies of personal protective equipment.

Staff had been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended personal protective equipment (PPE). However inspectors observed inconsistencies in the use of PPE by staff during the course of the inspection. For example, gloves were worn by staff when there was no indication for their use.

A portable fan was in use in the resident's dining room. Portable fans should not be used during COVID-19 outbreaks as fans may play a role in transmitting COVID-19 by propelling infectious droplets beyond two metres. Alternative cooling methods including natural ventilation should be used whenever possible.

All persons entering the centre were required to dip their footwear into the disinfectant basin on entry to the centre. This apparatus appeared visibly unclean. National guidelines do not recommend the use of foot baths to control the spread of COVID-19.

The physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection. For example:

Inspectors observed facility wide issues related to maintenance. Surfaces, finishes and flooring throughout the centre were worn and poorly maintained and as such did not facilitate effective cleaning.

Storage space was limited. As a result there was inappropriate storage of personal protective equipment throughout the centre. Inspectors also observed inappropriate storage of equipment and used linen trolleys in resident bathrooms. Hand hygiene is one of the most important measures to prevent transmission of COVID-19 infection. However facilities for and access to hand hygiene facilities in the centre were less than optimal. For example:

There was a limited number of hand wash sinks in the centre and many were dual purpose.

The majority of the stainless steel sinks did not comply with current recommended specifications for hand hygiene sinks. Outlets of a number of hand hygiene sinks in the centre appeared unclean. Sealant between several of the sinks and walls was

not intact which did not facilitate effective cleaning.
Wall mounted alcohol hand gel and soap dispensers were heavily stained throughout the centre.
Bottles of hand sanitizers were refilled as required. Bottles should not be refilled or reused when partially empty, as this could lead to bacterial contamination of resistant organisms.

There were insufficient local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance. For example:

Cleaning trolleys were visibly unclean.
Inspectors were informed that spray bottles containing a detergent concentrate and tap water mixture used for general surface cleaning were not routinely emptied and washed out appropriately following previous cleaning sessions. Local processes should ensure that spray bottles are emptied, washed out and allowed to air dry at the end of each cleaning session.
There was no designated store room within the designated centre for the storage of cleaning trolleys.

Judgment: Not compliant

Regulation 26: Risk management

There was a large gap at the side of the fire door at the exit on level two. This had not been identified by managers or staff and there was a risk that smoke and fumes would not be effectively contained in the event of a fire emergency. The provider was required to carry out an immediate risk assessment and to put a repair plan in place.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 26: Risk management	Substantially compliant

Compliance Plan for Lucan Lodge Nursing Home OSV-0000061

Inspection ID: MON-0031882

Date of inspection: 08/02/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • There is one staff nurse per unit to ensure proper zoning. If we find ourselves in a position where staff numbers are compromised, the PIC or ADON will work as a nurse on the floor if an agency nurse is not available. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The PIC has taken over the training matrix along with the HR manager. The matrix is checked every Friday and staff are contacted to complete any outstanding training. • New staff are required to complete mandatory training prior to commencing their role in Lucan Lodge and interviewees are advised of this at the time of interview. • The training matrix is now up to date with no outstanding training. • During our cautionary meeting on 18/02/2021 the chief inspector advised in house training. Public Health advised against the same at the moment so we have booked same for 21 and 22 April. • The registered provider is linking in with public health, who are trying to source an IPC nurse to come on site for a day to provide training on the floors. In the meantime, external training has been booked via zoom and the ADON is carrying out IPC audits x three per week. Staff have been requested to assist each other with ICP on a daily basis. 	

- The registered provider will finance an infection control post grad for the ADON so he can deliver in house training and day to day guidance. This will commence in September 2021.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The required documents in relation to the recently appointed PIC have been submitted since. (The RP had commenced uploading same on the 5th February and several times subsequently – Log of Portal can be checked to verify same)

The issue with non-compliance around training has been addressed in the previous paragraph.

Regarding the management structure, monthly meeting between the PIC, ADON registered provider and HR manager have recommenced.

There is also a monthly governance meeting with CNMs.

The RP met with both the PIC and the ADON and defined clearly the responsibilities of both.

As part of the internal overview of roles and responsibilities it was identified that an environmental audit would benefit the suite of audits in use and has since been implemented. The previous management structures have been re-imbedded.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

PPE was accessible to a COVID positive resident on the day of inspection. PPE is now stored in a closed cupboard where residents cannot access it.

There are no fans in use in Lucan Lodge and any fans have been stored away in the unlikely event of someone turning one on. Staff have been reminded that fans cannot be used during a COVID outbreak.

Staff have also been reminded that natural ventilation such as opening windows is the most appropriate method of cooling.

The footbaths were removed from the centre on the date of inspection.

The RP is waiting for a quote on new flooring as in some parts this is worn so may hinder effective cleaning. Drip trays are under each hand gel dispenser to stop excess drips damaging the floors.

The RP has requested a contractor to attend the nursing home to quote for suitable sized sinks that comply with current regulations (the sinks met the same when they were installed).

Sealant has been replaced in all sinks.

In relation to the wall mounted hand gel and soap dispensers, the registered provider has contacted the supplier (Torc) who have replaced all dispensers and erected small drip trays under each dispenser. Additional dispensers have been fitted along the corridors.

Bottles of sanitisers are no longer refilled. Previously labelled, ornamental bottles of sanitizer that were being refilled have been taken away.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
The door was fixed the day of inspection after inspectors pointed out same.
An in-depth environmental audit tool has been purchased from CM audit and is in use to identify such areas in a more timely fashion.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	09/02/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	10/02/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Not Compliant	Orange	12/02/2021

	all areas of care provision.			
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.	Not Compliant	Orange	12/02/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	12/02/2021
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.	Not Compliant	Orange	05/03/2021