



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

## Issued by the Chief Inspector

Name of designated centre:	Loughshinny Residential Home
Name of provider:	Bartra Opco No. 1 Limited
Address of centre:	Blackland, Ballykea, Loughshinny, Skerries, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	13 January 2022
Centre ID:	OSV-0006616
Fieldwork ID:	MON-0033909

## About the designated centre

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

Loughshinny Residential Home is a designated centre registered to provide 24-hour health and social care for up to 123 male and female residents, usually over the age of 65. It provides long-term residential care, convalescence and respite care to people with all dependency levels and varied needs associated with ageing and physical frailty as well as palliative, dementia care and intellectual disability care. The philosophy of care as described in the statement of purpose is to provide a person-centred, caring and safe alternative for older people and to enable each resident to maintain their independence and thrive while enjoying a more fulfilled and engaged life. The designated centre is a modern two-storey purpose-built nursing home on the edge of the village of Loughshinny in North County Dublin. Accommodation is provided in 123 single bedrooms, each with its own en-suite facilities and decorated to a high specification standard. There is a wide range of communal areas, including dining rooms, sun rooms and lounges available to residents, as well as an Oratory and a hairdresser facility. There are several enclosed, safe, wheelchair accessible gardens available for residents to use during the day. There is ample parking available for visitors.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	75
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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 13 January 2022	09:00hrs to 17:15hrs	Helena Budzicz	Lead
Thursday 13 January 2022	09:00hrs to 17:15hrs	Arlene Ryan	Support

## What residents told us and what inspectors observed

Overall, residents felt that this was a nice place to live, and the inspectors found that the residents received a good standard of care and support that met their assessed needs. In general, residents spoken with gave positive feedback and were complimentary about the staff and the care provided in the centre.

On arrival at the centre, inspectors were guided through the infection prevention and control procedures by a member of staff. An opening meeting was held with the person in charge (PIC) and the Chief Operations Officer. The person in charge accompanied inspectors on a walkaround of the centre.

This one-day unannounced inspection took place at a time when an outbreak of COVID-19 had just been declared in the designated centre, with four residents and nine staff testing positive for the virus. Due to the infection control measures in place at the time, the inspectors had little opportunity to speak with families as the indoor visits were suspended, and only window visits and visits on compassionate grounds were taking place. The inspectors met many of the residents living in the centre on the day of the inspection and spoke with 10 residents at length to gain insight into their lived experiences. Residents said they had been kept up-to-date regarding the visiting restrictions and the COVID-19 outbreak. Inspectors observed that some residents preferred spending time in their bedrooms or were observed to be up and about, others were relaxing in a variety of communal sitting areas having their meals in the dining room while some were walking independently around the unit. At the time of this inspection, residents were completing their required period of isolation in a dedicated red zone (identified as a high-risk area) within the centre in order to reduce the risk of transmitting the virus to other residents and staff.

Loughshinny Residential Home is a two-storey building with residential accommodation on the ground and first floors. There were a number of communal rooms available for residents' use in the centre, including dining room, sitting rooms, sun-rooms, and a coffee dock for residents and visitors to make tea or coffee when they visit. Bedrooms were seen to be decorated in accordance with residents' preferences. Zones had been created within the centre, in line with best practice, with rooms re-purposed to provide more storage; for example, the Snoezelen room was used as an equipment storage room. While the environment was clean and there were largely good infection prevention and control practices in the centre, the inspectors observed that equipment such as wheelchairs and linen skips were stored inappropriately in communal day rooms, linen rooms or in the dirty facility area.

There was a reduction in resident activities during the time of an outbreak in the centre. Residents were aware of the outbreak status and the impact on staffing levels and were looking forward to getting back to normal and resuming activities. They found the days to be very long but understood the reasons for the temporary reduction in activities. The activity coordinator was on duty and was observed to organise activities with a small group of residents and spend one-to-one time with

other residents.

The mealtime experience was observed, and there was a good serving system. Residents were offered a choice for their main meal as well as a choice of fluids. Lunch was served in the dining rooms or in the resident's bedrooms. Meals were pleasantly presented and looked appetising. Staff were observed to engage mostly positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

While inspectors observed many examples of person-centred and respectful interactions between staff and residents throughout the day of inspection, on one occasion, the inspectors witnessed a task-based practice where staff provided assistance and supervision to a resident without a meaningful engagement or direct positive interaction. The inspectors observed that the qualified staff on duty at the time did not take any action to correct the situation even though this assistance was not being provided in line with best practice. This was brought to the attention of the person in charge, who promptly addressed this practice with the staff at the time of the inspection.

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 the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the infection control systems in place during an outbreak of COVID-19 in the centre. The provider had informed the Chief Inspector of a COVID-19 outbreak in the centre on 11 January 2022.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability, and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Bartra Opco No. 1 Limited. The company has three directors, one of whom is the named provider representative. The person in charge was supported by a senior management team and locally by a team of experienced nursing, caring, housekeeping, catering, maintenance, activities and administration staff.

There was evidence of regular meetings including, a fortnightly senior management team meeting and a fortnightly leadership meeting. The minutes were available for review and demonstrated a methodical approach to the review of all aspects of management within the centre. Audits and improvement action plans were in place and formed part of the meeting agenda. Key Performance Indicators, audits and

improvement action plans were in place and formed part of the meeting agenda. Follow up from items previously discussed were evident in the minutes of these meetings. Updates on previous actions were included in the minutes of the meetings until closed out. The falls committee meetings were led by the person in charge. Each resident fall and circumstances around the fall were reviewed individually, and the outcomes from this meeting were discussed at the senior management meeting along with the other agenda items.

The centre was adequately resourced in line with their statement of purpose; however, this recent outbreak was impacting the overall staffing numbers on duty on the day of inspection. There was a plan in place for dedicated healthcare assistants to work in the isolation area in order to reduce the risk of cross-contamination within the centre. One healthcare assistant and nurse on the nearby unit were assigned for help if the resident required the assistance of two staff. The staff nurse provided oversight and performed nursing-specific duties, including medication administration. The management team was working to address the staff shortages during the outbreak and had engaged some agency staff. However, many of their requests were not being met by various agencies resulting in not being able to fill every shift, as further discussed under Regulation 15: Staffing.

There were three household cleaning staff on duty, including the manager. The management team informed inspectors that the manager was undertaking cleaning duties to cover whilst additional staff were being sought. A comprehensive cleaning schedule was in place for each of the units, and records were overseen by the manager.

A vetting disclosure, in accordance with the National Vetting Bureau (Children And Vulnerable Persons) Act 2012, was in place for all staff.

The 2020 annual review was available for review, and this included a summary of the resident's satisfaction survey. Inspectors were informed that the 2021 review was currently being prepared. The most recent resident's satisfaction survey was completed in December 2021 and was available for review.

The complaints register was reviewed, demonstrating that the process was in line with the centre's policy. The complaints were investigated in a timely manner and recorded on an electronic system. There was evidence of an improvement action plan for improvement following one investigation reviewed.

#### Registration Regulation 4: Application for registration or renewal of registration

An application by the registered provider to re-register the centre is in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a registered nurse and had worked in the centre since 2019. They worked full-time in the centre, and demonstrated good clinical knowledge about the individual needs of each resident. They are a registered nurse and hold the required management qualifications and experience in nursing older persons.

Judgment: Compliant

### Regulation 15: Staffing

On the day of inspection, there were some staffing shortages due to the COVID-19 outbreak. The allocation of a dedicated healthcare assistant to the isolation zone was also impacting on the overall staffing numbers. However, the inspectors acknowledged that this had occurred as a result of an outbreak, and the management was working hard to address it.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff were facilitated to attend mandatory and professional development training appropriate to their roles. The training matrix reviewed identified that staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control and dementia care. Training records demonstrated that most training was up-to-date, and further training was scheduled for the weeks following the inspection.

Judgment: Compliant

### Regulation 22: Insurance

There was an insurance policy in place which covered injury to residents. It also, covered loss or damage to resident's property together with other risks associated



with carrying on a business.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors found that on the day of the inspection, as a result of the outbreak of COVID-19, some staffing resources were reduced as they had to be redeployed to other areas. This resulted in some staff practices, as witnessed by inspectors, which did not ensure effective delivery of care in accordance with the statement of purpose.

For example, inspectors observed occasional instances where staff did not always follow person-centred practices and also did not consistently adhere to appropriate infection control practices.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was provided to the Chief Inspector as required by the regulations. The centre's statement of purpose had been reviewed and revised recently. The document outlined the facility and services available, including details of staffing and management, and describes how the residents' healthcare, wellbeing and safety was being maintained.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the centre's incident and accident logs and residents' records confirmed that all notifications as required under Schedule 4 of the regulations had been submitted to the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a complaints policy and procedure which outlined the process of raising a complaint. The complaints procedure was displayed in the reception area along with a leaflet explaining the procedure. The nominated person to deal with complaints was clearly identified. Inspectors reviewed the complaints log maintained at the centre and saw complaints, actions taken, and the satisfaction of the complainant with the outcome was recorded. There was one open complaint at the time of the inspection.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and had been reviewed in December 2022. The policies were available to the staff working in the centre.

Judgment: Compliant

#### Regulation 21: Records

The sample of four staff files showed that they were maintained in line with Schedule 2 of the regulations. The induction programme included a comprehensive overview for new employees to prepare them for their new role in the centre, and their assigned mentor signed off each section.

Judgment: Compliant

### Quality and safety

The inspectors found that the care and support residents received was generally of good quality and ensured that they were safe and well-supported. Inspectors observed that residents had a comprehensive assessment of their health, personal and social care needs on admission to the centre. Access to allied health professionals was evidenced by regular reviews by the dietitian, speech and language and podiatry, optician, chiropody and dental services. Residents' nutritional status was regularly assessed and monitored. Residents' weights were closely monitored, and where weight loss was identified, this was investigated and enhanced monitoring implemented. A sample of residents' files was reviewed, and all residents had a comprehensive assessment of their needs in relation to

responsive behaviours.

A restrictive practice register was maintained in the centre, and residents that requested the use of bedrails had a supporting risk assessment, consent forms and monitoring of safety completed. There were systems in place for the ongoing review and monitoring of restraints in use.

The inspectors observed there were measures in place to protect the residents from abuse, and there was a policy on prevention, detection and response to abuse. There was evidence of regular resident meetings taking place, and the minutes of these meetings were available for review. Inspectors also saw copies of the centre's newsletter. Televisions, newspapers, telephones and computer facilities were available for residents' use. Residents had access to an independent advocacy service, and advocacy support was available at the residents' forum.

Infection Prevention and Control (IPC) measures were in place in line with the centre's IPC policy. The centre had a comprehensive COVID-19 contingency plan which was activated at the start of the COVID-19 outbreak. Infection prevention and control strategies had been implemented to effectively manage or prevent infection in the centre. These included implementation of transmission-based precautions for residents, for example, personal protective equipment (PPE), which were mostly used in accordance with national guidelines and the monitoring of visitors, staff and residents for signs of COVID-19 infection.

There had been a high uptake of the vaccines and boosters among residents and staff. While there was largely evidence of good infection prevention and control practice, some practices observed demonstrated instances of inappropriate storage, use and cleanliness of equipment as further detailed under Regulation 27: Infection Control.

The provider had a number of arrangements in place to protect residents against fire risks. The centre had a number of fire equipment monitoring checks in place, including daily checks of escape routes, weekly emergency lighting and weekly fire door checks.

## Regulation 11: Visits

Visiting arrangements in the designated centre were in line with the national guidance at the time (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities) and local public health restrictions. Inspectors observed windows visits taking place throughout the day of inspection. There was evidence that visitors were risk assessed prior to entering the centre.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents' rooms had adequate storage for personal belongings and included a locked storage unit for the safekeeping of valuables. Residents were encouraged to personalise their private space with items of significance, such as photos and ornaments. The centre had a system in place to ensure clothes were returned safely to residents from the laundry.

Judgment: Compliant

## Regulation 26: Risk management

The centre had a risk management policy that contained the specific risks and controls in place to mitigate the risk as required by the regulation. There was a risk register in the centre which covered a range of risks and appropriate controls for these risks.

Judgment: Compliant

## Regulation 27: Infection control

While there was evidence of good infection control practice, there were issues important to good infection prevention and control which required improvement. Inspectors identified the following issues, which posed a risk of transmission of infection to residents and staff:

- Improvements were needed in relation to decontamination of the reusable equipment to support staff to identify whether communal and resident's equipment such as slings, medication trolleys, linen trolleys, wheelchairs or hoists had been cleaned or decontaminated between uses. This was not consistently implemented in practice.
- The under-surfaces of some wall-mounted hand gel dispensers were unclean.
- Inspectors observed that there was clutter in some storage rooms and communal bathrooms, and items were stored on the floor. This posed a risk of cross-contamination and prevented the floors from being effectively cleaned.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had good arrangements in place to protect residents in the event of a fire emergency. Advisory signage for visitors was displayed in the event of a fire. Floor plans identifying zones and compartments were displayed. There were certificates of regular servicing and monitoring of fire systems, fire fighting equipment, means of escape and weekly checks on fire doors.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of eleven care plans. There was evidence that appropriate interventions were in place for residents' assessed needs. Validated risk assessments were regularly completed to assess clinical risks, including the risk of malnutrition, pressure ulcers and falls.

Judgment: Compliant

## Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a high standard of nursing, medical and allied health care. Inspectors looked at records which showed that residents were regularly reviewed for signs and symptoms of COVID-19.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Suitable assessments and person-centred care plans were in place to promote positive supports for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of these care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviours and any actions and therapies that best supported the resident.

Judgment: Compliant

### Regulation 9: Residents' rights

Despite the COVID-19 outbreak on the day of the inspection, inspectors saw that the activity coordinator was providing activities for a small group of residents and for residents in their bedrooms. Inspectors found evidence that residents were consulted with and participated in the organisation of the centre through talking with residents and staff and from reviewing the minutes of residents' meetings. Residents' rights to privacy and dignity were respected and promoted.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding training was provided to staff and observations demonstrated that residents were treated with respect. Residents stated that they felt safe in the centre. Staff spoken with had a good knowledge of what constituted abuse and what they would do if they witnessed any form of abuse.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially 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 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Loughshinny Residential Home OSV-0006616

Inspection ID: MON-0033909

Date of inspection: 13/01/2022

## 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>The Provider, PPIMs and Person in charge constantly review staffing levels to ensure there are adequate levels of staff in each department to provide safe care to our residents including cleaning staff. There is a full time Housekeeping manager employed to ensure high standards are maintained and records are available to support this.</p> <p>Despite, the centre being in outbreak on the day of inspection, there were adequate staffing levels on duty to ensure residents' needs were met and all areas were clean and well maintained as identified in Page 5 of the report.</p> <p>The Provider, PPIM and person in charge will continue to carefully monitor staffing levels and will continue to allocate additional resources when required.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>There are very few items of shared equipment, and the isolation wing during the outbreak had their own dedicated equipment such as hoists etc. The Provider, PPIMs and PIC, had systems and signage in place to ensure all shared equipment was decontaminated between use as per staff practice since the centre opened. All gel dispensers were thoroughly cleaned on the day of inspection and has been part of routine practice. In relation to storeroom floors being cluttered, this was found during the day of an outbreak of covid and was not normal, routine practice. This was</p>	

addressed immediately on the day of inspection and the small number of items on the floors were immediately removed.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	13/01/2022
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	13/01/2022