



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

## Issued by the Chief Inspector

Name of designated centre:	Shannon Lodge Nursing Home
Name of provider:	Shannon Lodge Nursing Home Rooskey Limited
Address of centre:	Main Street, Rooskey, Roscommon
Type of inspection:	Unannounced
Date of inspection:	02 February 2023
Centre ID:	OSV-0000383
Fieldwork ID:	MON-0037474

## About the designated centre

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

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

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

Number of residents on the date of inspection:

30

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 2 February 2023	09:45hrs to 18:00hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents were content with living in the designated centre and comfortable in the company of staff who were observed to be attentive to residents' needs for assistance and support. Staff interactions with residents were observed to be caring, gentle and respectful throughout the day of this inspection.

When the inspector arrived to the centre, they were guided through the necessary infection prevention and control measures on entering the designated centre. These processes included hand hygiene and the wearing of appropriate personal protective equipment (PPE).

Following an opening meeting with the registered provider representative (RPR), the inspector was guided on a tour of the premises which also gave them the opportunity to meet with residents and staff as they prepared for the day. The inspector observed that many residents were relaxing in the communal areas where activities were taking place. Other residents were observed spending time in their bedrooms, reading the local papers and listening to the radio.

The atmosphere in the centre was relaxed and welcoming. Residents spoke positively about staff, with one resident describing them as kind and another resident stating that they 'you get every thing you need here'. Other positive comments heard were 'the care is very good here'. It was evident from interactions that staff knew the residents' backgrounds and needs very well. Residents were very complimentary of staff and the management team and knew them by name. Residents and visitors to the centre were observed chatting and laughing with staff in a comfortable and familiar manner. The inspector spent periods of time in the communal areas, talking with residents and observing the positive interactions that took place.

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

The inspector found that the centre was warm, homely and well furnished throughout. Items of traditional memorabilia that were familiar to residents were displayed throughout the centre to encourage reminiscence and conversation, such as antique style crockery, cameras and televisions. There were two large sitting rooms with sufficient seating to ensure residents had comfortable communal spaces. An oratory was available for resident use. Although not in use during the inspection, the inspector observed an accessible enclosed garden which had sufficient seating

for resident comfort. The garden was decorated with artificial grass, brightly coloured flowers and a water feature.

The inspector observed that a number of resident bedrooms and communal areas had been redecorated since the previous inspection. Residents bedrooms were personalised with items of significance such as soft furnishings, pictures and ornaments. Following the previous inspection, the inspector observed that all residents occupying twin bedrooms had been provided with new televisions and individual headsets, to ensure choice of viewing and listening.

The inspector observed a resident meal service. The dining room was spacious with sufficient furnishings and decorated with a feature wall mural. The dining experience was observed to be unhurried and meal times were well organised to ensure sufficient staff were available to support residents. The inspector observed that a choice of meals were offered as well as a variety of drinks. Meals appeared nutritious and appetising. Residents commented positively about the quality and variety of food provided in the centre and confirmed that they could get an alternative dish to those on offer if they wished. One resident told the inspector that they were always offered a late night snack which they thoroughly enjoyed. The inspector observed catering staff engaging with residents and it was evident that they knew their needs well. The inspector also spoke with a resident who had expressed that they did not wish to dine at the scheduled meal times, they informed the inspector that staff supported them take their meals in accordance with their own preferred routine.

Overall the general environment was clean and comfortable. The premises was nicely decorated, homely and the layout was suitable for the residents and the grounds were well maintained. There were a number of designated storage rooms in the centre, however the segregation of supplies in these rooms was not effective and the inspector observed that items were not organised and stored appropriately to ensure that good standards for infection prevention and control were maintained. For example, the inspector observed that items of resident equipment such as specialist mattresses were being stored in the male staff changing room. These were removed during the inspection.

There were sufficient handrails in place along all the corridors to support residents with their safe mobility. The inspector observed that residents who required assistance with mobilising were well supported by staff.

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

The inspector observed residents participating in activities such as word games and bingo throughout the day and it was evident that residents were very engaged and enjoying the social interactions. The inspector also spoke to a number of residents

who were spending time independently in their rooms and they expressed that this was their preference. Residents with high support needs spent time in the quieter communal sitting room with a staff member present at all times.

The inspector observed a regular newsletter which was printed and distributed to residents within the centre, which detailed recent outings and events amongst other items. The inspector observed information regarding a resident outing which was scheduled to take place the week after this inspection. Information about advocacy services was displayed and the inspector was informed that residents were supported to access this service if needed.

The inspector observed visitors attending the centre on the day of the inspection. The inspector met with one visitor who described their satisfaction with the service provided. Residents were facilitated to receive visitors as they wished. A designated visitors' room was available if residents wished to meet their visitors in private.

The inspector observed that staff wore face masks when providing direct care to residents. Alcohol hand gel dispensers were readily available along corridors for staff use and staff were also observed to perform hand hygiene appropriately.

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

## Capacity and capability

Although the provider had made significant improvements since the last inspection, the inspector found that more focus was now required to bring the designated centre into compliance with the regulations. Furthermore, the risk management processes in place in the designated centre were not effective in ensuring that risks were identified and mitigated. This is discussed under Regulation 23: Governance and management.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). During the service's previous inspection in June 2022, a number of non-compliances had been identified. The compliance plan submitted by the provider to address these findings was reviewed at this inspection to determine whether all actions had been completed within the time frames given by the provider.

The registered provider of this designated centre is the Shannon Lodge Nursing Home Rooskey Limited. The provider is represented by one of the company directors. The person in charge of the centre has worked in the role since 2007 and has a management qualification. The person in charge had senior clinical support from a clinical nurse manager locally who assisted with clinical supervision, staff

training and implementing the centre's quality management system. The clinical nurse manager deputises when the person in charge is absent. The managers are supported by a team of nursing staff, health care assistants, hospitality and catering staff. Activity, administration and maintenance personnel also make up the staffing compliment.

Although there was little evidence of regular local team meetings, there were improvements found regarding the holding of regular meetings at senior management level. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed. A programme of auditing was in place which monitored key areas of the service. The inspector reviewed a sample of the quality audits and reports that were available and found that a number clinical audits had been completed in relation to medication management, care planning and nutrition. Records viewed by the inspector showed that care plan audit findings and action plans were communicated to nursing staff and it was evident from a review of assessment and care planning documentation that improvement action plans were being progressed. The inspector viewed a number of medication management audits. These audits focused on specific themes such as the use of psychotropic medicines and medicines prescribed for as required or 'prn use'. However, the audit tools used did not identify repeated non compliance which was found on this inspection in relation to the management of multidose medications. This is discussed further under Regulation 29.

Although there was management oversight of risks in the designated centre and these were discussed in senior management meetings, the inspector found a number of risks which had not being identified or addressed by the provider. For example, the inspector found that risks in in relation to chemical storage were not identified and as a result effective risk assessment was not created to monitor or control the risk of resident injury. This is discussed further under Regulation 23, Governance and management.

On the day of the inspection, 30 residents were accommodated in the centre. The inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the needs of residents, in line with their assessed needs and dependencies.

A training plan was in place for 2023 and staff had access to education and training appropriate to their role however, the inspector found that some staff had not attended mandatory training sessions. For example, records showed that not all staff were up to date with completion of their mandatory training requirements in fire safety,patient moving and handling and safeguarding residents from abuse. This is discussed further under Regulations 16 and 28.

There was a low number of documented complaints, and procedures were in place to ensure any complaints received were managed in line with the centre's policy. The provider had arrangements for recording accidents and incidents involving residents in the centre. The inspector saw evidence of completion of a root cause analysis for each incident and learning outcomes were recorded. Notifications were



submitted as required by the regulations.

The inspector found that not all Schedule 2 records were in place for staff allocated to work in the designated centre. One staff member did not have the required documentation in place and as such the registered provider was found to be substantially compliant with Regulation 21. However, the inspector observed that records were held securely and the other records as required by Schedules 2, 3 and 4 were maintained and held in the centre.

Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff. The provider was not acting as a pension agent for any resident.

An annual review to report the manner and standard of services delivered throughout 2022 was completed and available for review. Residents views on the quality of the service provided was accessed through satisfaction surveys and through resident meetings.

### Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a comprehensive training programme which included induction training and ongoing mandatory training. However a review of the training matrix showed that staff training was not up to date as follows;

- Six staff members did not have up-to date patient moving handling and training.
- Seven staff members did not have up to date training in infection prevention and control.
- Six staff members did not have up-to-date safeguarding training.

Judgment: Substantially compliant

### Regulation 21: Records

The registered provider did not maintain records for all staff working in the centre as required under Schedule 2 of the regulations. For example, there was only one employment reference in place for one staff member which does not meet the requirements as set out in schedule 2 of the regulations.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector found that although significant improvements had been made since the previous inspection in 2022, the processes to ensure all risks and hazards in the centre are appropriately identified and have controls in place to mitigate adverse outcomes for vulnerable residents and others required improvement. For example;

- The inspector observed that chemicals were stored openly on house-keeping trolleys that were easily accessible, which had the potential to cause injury to residents. This risk had not been identified by the management team.
- The inspector observed two portable electric heaters in use in the centre. There was no risk assessment in place for the use of these heaters. This did not mitigate the risk of burn injury to vulnerable residents. The provider submitted a risk assessment following the inspection which provided satisfactory assurances that appropriate measures were in place to mitigate the risk of use of these heaters.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of number number of contracts for the provision of care and services. All of the contracts reviewed satisfied the requirements of the regulation. The contract between the registered provider and the resident set out the terms and conditions of the agreement and included the type of room offered to the resident upon admission. Details of additional fees for other services were also included in the contract.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory

requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were looked after by a staff team who knew them very well. The inspector found whilst that the standards of residents' care-plans had improved since the previous inspection, further action was required to ensure that residents' needs were comprehensively assessed and that effective and person-centred care plans were developed to clearly direct staff on the care interventions they must complete to meet residents' needs.

The inspector reviewed a sample of residents files and there was evidence that the resident's needs were being assessed using validated tools. Assessments included the risk of falls, malnutrition, pressure ulceration and dependency levels. Care plans were informed using these assessments. Nursing staff spoken with were knowledgeable regarding the care needs of the residents. This was reflected in the nursing documentation reviewed during the inspection. Whilst the care plans were person centred and generally met the requirements of regulations a small number of care plans reviewed lacked sufficient detail to direct staff. Furthermore, care plans were not always reviewed at four monthly intervals. This will be discussed further under Regulation 5.

Residents had access to a GP of their choice. GPs visited residents in person and were contacted if there were any changes in the resident's health or well being. With the exception of occupational therapy services, the inspector found that residents had good access to specialist treatment. Allied health professionals such as dietitian, physiotherapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

A fire safety risk audit had been commissioned by the registered provider in November 2022, which identified some improvement actions. The inspector observed the works that had commenced to address these issues, which included the replacement of all fire extinguishers within the centre. Further to this audit, the registered provider commissioned a fire safety risk assessment which was completed in January 2023. The fire safety action plan was being prepared at the time of this inspection. The inspector viewed a sample of resident personal emergency evacuation plans (PEEPS), which were comprehensive and suitably detailed. Records of weekly in-house fire safety checks were available and these were being carried out by maintenance staff and the registered provider representative. Records viewed were up-to-date. Quarterly service records were available for the for emergency lighting system and fire alarm system on the day of the inspection.

Notwithstanding the improvements made, the inspector found that further action was required to ensure adequate precautions against the risk of fire. This is discussed further under Regulation 28, Fire Precautions.

The provider had made a number improvements to the decor centre since the previous inspection, including paintwork to communal areas and resident bedrooms. The inspector observed that additional storage units had been fitted in the communal bathrooms and the sluice room. The inspector also observed a new hoist storage area. A maintenance programme was ongoing but further improvement was required to ensure that the premises was brought into compliance with Regulation 17, Premises.

For the most part, the centre was found to be clean and tidy, with the exception of the oratory, sluice room and male changing room, which was discussed with the registered provider representative at the time of the inspection. Infection prevention and control measures were in place and monitored by the person in charge. Whilst there was evidence of good practices in relation to infection control, such as the installation of new hand hygiene sinks outside resident bedroom accommodation, further oversight was required in relation to infection control practices. This is discussed under Regulation 27, Infection control.

Although residents received the correct medications, inspectors' observation of nursing practices showed that the management of residents' medicines was not in line with professional standards and required improvement. This finding is discussed under Regulation 29, Medicines management. Moreover, as discussed in the previous section of this report the provider's oversight of medication practices had not identified these areas for improvement.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Care records showed that where specialist practitioners had made treatment recommendations that these were implemented. Residents with needs for special, modified and fortified dietary needs were provided with meals and snacks, prepared as recommended.

Residents expressing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported and behaviour support care plans were sufficiently detailed to guide staff. There was a very low use of restraint in the centre and management demonstrated a commitment to minimal use of restraint and practices and procedures were in line with national restraint policy guidelines.

Residents' meetings were convened monthly and records of these meetings showed that residents were supported and encouraged to be involved in the running of the centre. Residents were represented by an independent advocate at resident meetings. Issues raised by residents as needing improvement were addressed.

Agenda items included staffing, activities, safe-guarding and food and nutrition.

The inspector found that residents social activity needs were assessed and they had access to a variety of meaningful and interesting individual and group activities such as outings to areas of local interest. The inspector viewed records of resident participation in activities and found that their level of engagement was recorded.

Residents had access to television, radio and newspapers. There were flexible visiting arrangements in place and residents were also supported to use electronic devices to maintain contact with family and friends. The inspector observed that residents were facilitated to access advocacy services and that information regarding these services was available to residents in the designated centre.

Measures were in place to safeguard residents from abuse and the inspector observed that interactions with residents by staff were caring and respectful. However records showed that a number of staff had not completed their mandatory safeguarding training. This is addressed under Regulation 16.

### Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities including a visitor's room with a separate entrance and exit door was available to ensure residents were protected from risk of infection and that they could meet their visitors in private.

Judgment: Compliant

### Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

There was not sufficient suitable storage space in the designated centre. This was evidenced by:

- A range of resident items were being stored in the male changing room. This included resident equipment such as specialist mattresses and several bags containing the personal items of residents who were no longer residing in the designated centre.
- Some large items of floor cleaning equipment were observed to be stored in the hairdressing room.

Some maintenance was necessary to ensure the centre and equipment was kept in

a good state of repair as follows;

- The surface of the worktop in the sluice room was damaged and in need of repair.
- The surface of a storage unit in a communal bathroom was peeling and in need of repair.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The inspector saw that the daily menu was clearly displayed in the dining room. Residents knew the choices of dishes on offer and were complimentary of the food. Residents told the inspector that there was always choice available.

The inspector saw that the weekly menu was varied and included meat and fish dishes. Residents had access to fresh drinking water, refreshments and snacks at their request.

Resident nutritional needs were monitored. The inspector saw evidence of completion of monthly nutritional assessments. Residents at risk of weight loss were referred to a dietitian. Additional nutritional supplements were provided when it was recommended by dietitians.

Judgment: Compliant

### Regulation 27: Infection control

While some improvements had been made since the previous inspection, the inspector found that further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018).

- The inspector found that cleaning procedures for the carpet floor covering on a communal corridor in one part of the centre and in the oratory was not robust. Carpet floor covering was visibly stained in these areas and therefore there was a risk of cross infection.
- A hand hygiene sink and lockable storage for potentially hazardous cleaning solutions were not available in the house-keeping room.
- The hand-wash sink in the sluice room was of a domestic sink design and did not meet recommended hand hygiene sink recommendations or support effective clinical hand hygiene procedures.
- A hazardous waste bin was not available in the sluice room and therefore

there was a risk that potentially hazardous waste would not be appropriately segregated. This was addressed on the day of inspection.

- A number of hoist slings which were used to support residents' mobility needs were observed being stored on a hoist when not in use and not returned to the resident's room or a suitable storage area. Slings were observed to be overlapping and there was no process in place to indicate if slings had been cleaned after use. This increased the risk of cross-contamination.
- Some equipment used by residents was in a poor state of repair. For example, a small number of shower chairs and bathroom grab rails were visibly rusted and this did not support effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider needed to take some actions to ensure that adequate precautions were in place against the risk of fire and that all residents in the designated centre were protected in the event of a fire emergency. These included:

- A smoke/heat detector was not fitted in a storage area which contained an oxygen concentrator and hoist batteries which were being charged.
- Six staff had not completed mandatory fire safety training. The inspector was given assurances that training for these staff was scheduled to take place in February 2023.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

- The inspector was not assured that medical products were stored securely as the medication refrigerator was unsecured at the time of inspection.
- Some multidose medicine preparations were not dated on opening. This posed a risk that recommended manufacturer timescales for safe use would be exceeded. This is a repeated finding.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Assessment and care planning required increased oversight to ensure that each

resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspector reviewed a sample of residents' care documentation and found the following;

- A small number of residents did not have comprehensive assessments completed and therefore there was a risk that some of their care needs would not be identified.
- One resident did not have a social care plan in place and this did not ensure that their social care needs were met.
- One resident had a multi-drug resistant infection. However, there was no care plan in place to direct staff, which posed a risk that resident care needs would not be met and that appropriate infection prevention and control measures would not be followed by staff.
- Some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs. For example, a wound care plan for a recurring wound had not been updated to not reflect the current status of the wound and the wound treatment plan to be carried out by nursing staff.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice and GPs visited residents in person weekly. Allied health professionals such as dietitian, physiotherapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff who spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. The staff were familiar with the residents and were knowledgeable on the triggers that may cause distress or anxiety. Referrals were made to specialist services that included a geriatrician and psychiatry of later life.

There was a restrictive practice policy in place to guide staff. Records show that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were trialled. There was a restrictive practice register in place.



Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre had dedicated staff responsible for the provision of activities. There were facilities for residents to engage in recreational and occupational opportunities. Residents were supported to exercise their political and religious rights.

Residents had access to radio, television and newspapers and to the internet.

Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis. There was an independent advocacy service available in the centre.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Shannon Lodge Nursing Home OSV-0000383

Inspection ID: MON-0037474

Date of inspection: 02/02/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since inspection all staff members which were scheduled have had the appropriate training. A training matrix sets out all scheduled training for the year ahead.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The reference highlighted has been received, all documents will be maintained as per schedule 5</p>	
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 risk assessment has been completed and submitted to HIQA for the portable electric heaters that residents wish to have in their private bedrooms. Control measures are in place. Manufacturer instructions are adhered to and reviewed before use. Equipment is checked before use daily to ensure insulation is not damaged, the switch is operating</p>	

freely and the electrical appliance is not defective . Any suspect, damaged or faulty equipment must be tagged accordingly and returned for repair. It is safely stored when not in use, Pat tested yearly and same documented.

All staff know where the 2 portable heaters are and ensure they are plugged out at night and sign for same . The risk assessment will be carried out going forward prior to any electric heaters that resident’s wish to have in their room.

Staff receive training on the correct use of chemicals and the safe storage of same. Increased daily walk around to ensure chemicals locked away at all times. The trolley is locked in the housekeeping room when not in use, the chemicals are stored. A new janitor trolley with a lockable secure unit is ordered and is scheduled to be delivered by the 10th of April 2023 ,all chemicals will be stored in this when in use going forward. Presently when trolley is in use by the housekeepers the chemicals are stored in a temporary portable locked unit.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
On the day of the inspection, a range of nursing home equipment was stored in the male changing room, these were removed on the day of inspection and will now be stored in a designated storage unit for same.

The floor cleaning equipment is now stored in the designated cleaning room.

Maintenance continues on a daily basis in the home and a proactive approach is fostered in relation to the upkeep of Shannon lodge, the worktop in the sluice is repaired and the storage unit in the communal bathroom is now repaired.

Regulation 27: Infection control

Substantially Compliant

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

A maintenance regimen that combines daily vacuuming with interim maintenance and deep cleaning is in place to ensure the areas where carpet is, following the inspection the carpets were professionally deep cleaned and will so every quarter, Going forward a more robust schedule which will be signed is in place.

A hand hygiene sink and lockable storage has been installed in the housekeeping room since inspection.

A hand washing sink has been installed in the sluice room alongside a hazardous waste bin.

Each resident that requires a sling has their own which is stored alongside them in a storage bag on the back of their chairs.

The grab rails have been included in the refurbishment plan and rusted shower chairs will be replaced. The longevity of this equipment does not last and is costly, however we will continue to maintain and replace these accordingly.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The charger for the hoist has been relocated to an area where there is a smoke/heat detector, and the oxygen concentrator has been removed from this area.

Fire training is now completed as per schedule, and the inspector was informed of this.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The medication fridge is now always locked.

The medication which was not dated was highlighted to staff, We have a robust system with our pharmacy and each month all eyedrops are replaced regardless of the opening date.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:

Staff nurses have been informed and will be reminded in the schedule staff meeting for March 27th of the legal requirement to complete care plans and assessments within 48 hours of admission. The admission process will continue to be overseen by the Clinical Nurse Manager and Director of Nursing. A comprehensive assessment on Epic care is carried out on all new residents within 48hrs of admission.

Each resident has a care plan based on the comprehensive assessment which is implemented, evaluated, and reviewed, reflecting the resident's changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.

Care plans and assessments continue to be updated 4 monthly or sooner if required with residents/ NOK.

A care plan will be maintained 4 monthly for any resident that has a multi-drug resistant infection.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	20/02/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	20/02/2023



Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	09/02/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/04/2023
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	30/06/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures,	Substantially Compliant	Yellow	03/02/2023

	including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/02/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	03/02/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with	Substantially Compliant	Yellow	03/02/2023

	national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	03/02/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	03/02/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	25/06/2023

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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