Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	05 November 2024
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0045082

About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside, approximately one mile outside the heritage town of Listowel. The centre provides 24-hour nursing care, which is led by the person in charge, who is a qualified nurse. The centre is a two story premises and is registered to accommodate 48 residents. Bedroom accommodation consists of 28 single bedrooms and ten twin bedrooms. There is a variety of communal space, which includes a dining room on the ground floor and three sitting rooms, as well as an internal garden. The centre can accommodate both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment, following a pre-admission assessment of needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

How we inspect

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
Tuesday 5 November 2024	12:30hrs to 19:00hrs	Siobhan Bourke	Lead
Wednesday 6 November 2024	09:00hrs to 16:35hrs	Siobhan Bourke	Lead
Tuesday 5 November 2024	12:30hrs to 19:00hrs	Caroline Connelly	Support
Wednesday 6 November 2024	09:00hrs to 16:35hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. The first day of inspection was conducted during the afternoon and evening, followed the next morning, by a second day inspection. Over the course of the inspection, the inspectors met with many of the residents, staff and visitors to gain insight into what it was like to live in Lystoll Lodge Nursing Home. Inspectors spoke in more detail with more than 10 residents and six visitors. The inspectors spent time observing the residents' daily life in the centre, in order to understand the lived experience of the residents. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared to be content, appropriately dressed and well-groomed. Residents and visitors generally expressed their satisfaction with communication, the kindness of staff, staffing levels, the quality of the food and attention to personal care. However, a number of residents told inspectors that they did not feel safe in the centre, due to the ongoing intrusions into their bedrooms by other residents and their dissatisfaction with how this was continuing to happen.

Lystoll Lodge Nursing Home is a designated centre for older people situated in a rural setting, outside the town of Listowel, County Kerry. The centre is a two storey purpose built nursing home, which is registered to accommodate 48 residents. There were 46 residents living in the centre on the day of this inspection.There were 30 residents' bedrooms on the first floor and 18 on the ground floor, with a lift available for residents' use. The inspectors saw that some bedrooms were observed to be personalised with residents' belongings, but some rooms lacked soft furnishings, to provide that homely feeling. It was evident to the inspectors that the centre had recently been painted and rooms were observed to be clean. The layout of some of the privacy curtains, in the shared rooms, did not ensure that the privacy of both residents could be maintained if the curtains were closed. A number of bedrooms did not have any televisions available for residents' use, and one resident's TV while turned on, appeared not to be working.

Communal space on the ground floor consists of a main sitting room and dining room, which were just off the main foyer, and a lounge area. The inspectors observed that on average eight to ten residents spent their day in this sitting room for the majority of the day. During the walkaround, the inspectors saw that a lounge area was being used to charge hoists and to store equipment rather than provide a homely communal space for residents. There were no chairs available to support residents to use this area. A staff room, on the ground floor was in the process of being re-purposed as an oratory and although the stations of the cross were on the walls, the room was not yet made available for residents' use. As found on the previous inspections of the centre, the upstairs chapel was also not available to residents, as it was operating as a nurse's station and storage area, which is actioned under Regulation 17. There was no evidence that residents had been

consulted with, or were in agreement with this room, no longer being available for prayer.

Remaining communal space upstairs comprises of one sitting room. The inspectors spent time observing the residents in this area. For a large part of the day thirteen residents living upstairs were sitting in this room. The residents using this sitting room were observed having their dinner, in armchairs, with a bed table in front of them. Owing to space constraints and the number of residents sitting in the room, it was impossible to put the bed tables in correctly sideways and they were put in length ways, giving residents very limited space to eat their meal. It was also very difficult for staff to sit with a resident to assist them with their food, as there was minimal space between residents.

During the two days of inspection, the inspectors saw frequent drinks and snacks rounds provided to residents. Home baking, such as scones and cakes, were also provided to residents, and one resident told the inspectors how they loved the scones which were "tasty with a cup of tea". The inspectors observed the lunch time and evening meal on the first day of inspection and the lunchtime meal on the second day. The inspectors saw that there was a choice of main course for the lunch time meals on both days, but not a choice of dessert. Residents were also offered a choice at their main evening meal. Residents were complimentary regarding the taste and choice of food available for them in the centre. On the first day of inspection, the inspectors saw that residents' main course and dessert were served to residents at the same time and inspectors saw a number of residents who had a cognitive impairment eat their dessert before their main course. Another resident mixed it in to their dinner plate. On the first day, the inspectors saw that residents, who required textured modified diets, were served their meal from yellow plastic trays, that did not present the food, in an appealing manner. On the second day, these trays had been removed and desserts were served after the main meal. This is outlined further in the report.

During the first day of inspection, the inspectors saw that call bells were not within easy reach, for a number of residents, to call for assistance and the call bell was not working, when checked by the inspectors for one resident. This was identified to the person in charge who arranged for 15 minute checks to be put in place overnight for this resident, until an electrician readjusted the system, the following morning. Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. It was evident that many of the care and nursing staff were well known to the residents living in the centre and they were aware of residents' preferences. A number of residents described to inspectors, how their sleep was disturbed in the evening and night; and their sense of safety and personal privacy was impacted; by other residents with dementia, who walked with purpose into their bedrooms.

The inspectors saw that residents had good access to activities that was led by the activities co-ordinator. On the first day of inspection, inspectors observed an external musician playing a variety of tunes and songs. Residents were heard singing along to their preferred songs and a number of residents were seen to be up dancing with staff. This was a very lively session, enjoyed very much by residents

and some of their relatives. On the second day, the activity co-ordinator facilitated residents in a lovely sing song and some residents participated in art therapy and group exercises. A number of the residents were gifted knitters and showed inspectors their handiwork, which some of them donated to charity. The inspectors saw that care staff visited residents in their rooms, for one to one chats, and enabled residents to go outside if they wished. Inspectors were informed that mass was celebrated in the centre once a month and holy communion could be received, by residents who wished it, each week. There was a memory tree set up in the entrance hallway with the names of residents who had passed away in the centre during the year and residents and families commented on how nice it was to have this to remember past residents. The inspectors were informed that a remembrance mass was also planned with a candle for each deceased resident to be presented to their families.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

This was an unannounced inspection by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, the findings of this inspection were that significant action was required, to ensure residents were safeguarded and protected in the centre. Management oversight of the quality and safety of the service and care provided to residents required urgent action to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. The last inspection of this centre had been in March 2024. The inspectors followed up on the actions required from the previous inspection. It was evident that actions required in relation to Regulation 15 Staffing, Regulation 6; Health care and Regulation 25; Temporary absence or discharge of residents had been implemented. However, a number of the commitments given in the compliance plan had not been completed particularly in relation to premises, residents rights, governance and management and care planning.

Following the previous inspection, a provider meeting was held, where concern regarding the decrease in compliance levels were raised by the office of the Chief Inspector. However despite this engagement, further deterioration in compliance levels were found on this inspection, particularly in relation to safeguarding of residents, governance and management, residents' rights, notification of incidents, protection, management of complaints, care planning, staff training and management of responsive behaviours.

Findings of this inspection were that the governance arrangements in place were not sufficiently robust to safeguard residents. The inspectors found that a number of allegations and incidents of abuse had not been recorded, recognised and investigated as outlined under Regulation 23, Regulation 31 and Regulation 8. The person in charge had also failed to notify the office of the Chief Inspector of other incidents that required notification as detailed under Regulation 31; Notification of Incidents. An urgent action plan was issued to the registered provider, following the inspection, to seek assurance regarding the safeguarding of residents. The registered provider submitted a response outlining the actions to be taken within the requested time lines.

The registered provider of the centre is Lystoll Lodge Nursing Home Limited, which comprises of two company directors. Both directors are engaged in the running of the centre and one of the directors was present for the inspection. The centre has a restrictive condition attached to its registration since November 2021, which stated that the designated centre shall be operated at all times in accordance with the regulations and the governance arrangements as detailed in documentation submitted to the Chief Inspector in July 2022. The provider has failed to come into compliance with the requirements of this condition.

Furthermore, the inspectors found that the registered provider was operating the centre, contrary to condition 1 of the centre's registration with a number of rooms re-purposed. A number of these actions impacted the communal space available for residents as outlined under Regulation 23 and Regulation 17. An application to vary condition 1 of the registration of the centre had not been submitted as required under Section 52 of the Health Act.

There is a defined management structure within this designated centre. As per regulatory requirements there is a full time person in charge. They are supported by an assistant director of nursing who had only recently taken up post in the centre and a Clinical Nurse Manager (CNM). This management team was supported by nursing, health care, catering, activity, housekeeping and administration staff. The inspectors found that the number of care assistants had increased since the previous inspection and the number and skill mix of staff was appropriate to meet the needs of the 46 residents living in the centre.

Staff had access to face-to-face training in fire precautions and manual handling in the centre and all other training in aspects of practice such as safeguarding, restrictive practice, complex behaviour and infection control was delivered via an online format. A number of staff had yet to complete or were overdue refresher training as outlined under Regulation 16; Training and staff development. Moreover, the overall supervision and communication from the management team was ineffective resulting in poor staff knowledge of safeguarding and protection of vulnerable residents as outlined under Regulation 16; Training and staff development and throughout the report.

Inspectors were not assured that a number of the managements systems in place were effective in ensuring the service was safe, consistent and effectively monitored. The provider had a schedule of audits in place that included care

planning, infection control and hand washing, medication management and QUIS audits. From speaking with management and review of minutes of a clinical team meeting held in July 2024, there was plans to develop a list of new key performance indicators related to clinical care of residents, but these were not implemented at the time of inspection. The inspectors saw that recent audits completed included medication management, the use of ski sheets in the centre, QUIS and the dining experience in the centre. However, further action was required to ensure oversight of the quality and safety of care provided to residents as detailed under Regulation 23; Governance and management.

The centre had a policy for the management of complaints that was written in line with the amended regulations. The inspectors found that there was only one complaint recorded since the previous inspection. Complaints evident from a review of residents' records and from a speaking with residents and their relatives were not recorded in line with regulation as detailed under Regulation 34 Complaints procedure.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 46 residents living in the centre on the day of inspection. The inspectors saw that there had been an increase in the number of care staff available since the previous inspection and activity staff were rostered to ensure residents had appropriate social stimulation.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found that training was not appropriate in relation to safeguarding, management of responsive behaviours and care planning as evidenced by the following;

- Inspectors found that staff knowledge on what constituted safeguarding of vulnerable adults was not appropriate to ensure residents were protected at all times as outlined under Regulation 8; Protection.
- Residents' care plans were not maintained in line with regulations and did not have enough detail to direct care as outlined under Regulation 5; Individual assessment and care plan.

From a review of the training matrix records available and provided to inspectors, training appropriate to their role was outstanding for a number of staff as outlined below;

- Seven staff had not completed safeguarding training.
- Six staff had not completed training in complex behaviour and three staff were overdue refresher training.
- Six staff had not completed training on restrictive practice and four staff were overdue this training.
- Four staff were overdue annual fire safety training and one new staff member required fire training.

Judgment: Not compliant

Regulation 21: Records

Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner. A sample of staff files were checked and they met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Significant concerns remained with regards the governance and management of the service and the registered provider's ability to ensure that the service provided was safe.

The provider was operating the designated centre contrary to condition one of the centre's registration, on which basis the centre is registered by the Chief Inspector. A laundry had been commissioned without an application to the Chief Inspector to vary the centre's conditions of registration as required in the Health Act. Other rooms in the centre had been re-purposed as outlined under Regulation 17; Premises.

Legally mandated notifications were not submitted as required to the Chief inspector with regard to allegations or incidents of abuse of residents and other required notifications as outlined under Regulation 31;Notification of incidents.

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust. This was evidenced by the following:

- Oversight of systems to ensure residents were protected, while living in the centre required urgent action and an urgent action plan was issued to the provider as further outlined under Regulation 8; Protection.

- Oversight of training and staff development required strengthening in relation to safeguarding, care planning and management of responsive behaviour for residents as detailed under Regulation 16; Training and staff development.
- While there was an audit schedule in place, a number of these audits such as an analysis of falls in the centre, or restrictive practices had not been completed since March 2024. While a care plan audit had been completed in August 2024 and the action plan records indicated that poor findings had been actioned, this was not reflected in the inspection findings as outlined under Regulation 5; Individual assessment and care plan.
- Management systems in place to ensure complaints were recorded and investigated in line with the regulation 34 required action.
- There was a lack of oversight of incidents, as a number of allegations or incidents relating to safeguarding had not been recorded as incidents in the centre's records of incidents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts. Contracts included the terms on which the resident would reside in the centre including the fees to be paid and the services to be provided for the resident. They included room to be occupied and type of room single or twin. Some of the contracts were being updated during the inspection as some residents had changed rooms.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the records of incidents and residents records, maintained in the centre, the inspectors found that not all notifications had been submitted to the Chief inspector as required as evidenced by the following;

- A number of allegations or incidents relating to safeguarding of residents had not been notified to the Chief inspector as required.
- On at least two occasions, where residents required hospitalisation following a fall or injury sustained in the centre, these were not submitted to the Chief inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

The system in place for the management of complaints in the centre was not sufficiently robust. Complaints management required action to comply with the requirements of regulations, as follows:

- The inspectors found that not all complaints were maintained in the centre including any reviews and outcomes of these complaints in line with the requirements of the regulation. The inspectors were provided with records of one complaint and the action taken to investigate same by the complaints officer. However, from speaking with residents and staff and from a review of residents records, it was evident that other complaints made by residents and their relatives were not recorded. Inspectors saw that while some complaints were recorded in residents' records, they were not logged as a complaint and there was no evidence of any investigation into these complaints, no record of any actions taken on foot of a complaint and they were not maintained separate and distinct from the residents' care plans, as required under the regulations.
- There was no records available to indicate that trends in complaints or areas that required improvement in the centre were being monitored by the management team.

Judgment: Not compliant

Quality and safety

While many of the residents gave positive feedback on the care provided by staff working in the centre, a number of residents raised concerns regards their safety and privacy, when other residents entered their bedrooms. The high levels of non compliance found on inspection was posing a risk to the safety and well being of residents, particularly with regard to care planning, protection, managing behaviour that is challenging, premises and ensuring residents' rights were promoted at all times.

The inspectors reviewed a sample of residents' files and found that each resident had a care plan in place. Validated assessment tools were used to assess risks to residents and to inform care planning. However, inspectors found that a number of assessments were not completed and a number of care plans did not contain sufficient information to direct residents' care needs as outlined under Regulation 5; Individual assessment and care plan.

Residents had good access to GP services and there was evidence of regular medical review of residents when required. Residents had access to community mental health based services and health and social care professionals such as speech and

language therapists, dietitians as required. The physiotherapist was in the centre on the second day of inspection, providing assessments and treatments to residents. The inspectors saw that there were improvements to wound care assessments and management since the previous inspection.

Food appeared nutritious and in sufficient quantities, drinks and snack rounds were observed morning and afternoon. It was evident to inspectors that there was close monitoring of residents' weights and nutritional assessments since the previous inspection, to ensure residents were appropriately referred to dietitian services if required. However, action was required to improve the dining experience and the presentation of textured modified diets as outlined under Regulation 18; Food and Nutrition.

The inspectors saw that alternatives to bed rails such as crash mats and low beds were in use. Bed rails were in use for over 25 % of residents at the time of inspection and the management team assured inspectors that they were working to reduce this further. Inspectors saw, that many staff working in the centre, engaged with residents in a respectful and dignified way during the inspection. However, inspectors were not assured, that residents who presented with the behaviour and psychological symptoms of dementia (BPSD), had behavioural support plans in place to support these residents, to ensure person centred care. Some staff did not demonstrate up-to-date knowledge and skills appropriate to their role as outlined under Regulation 7; Managing behaviour that is challenging.

While many residents told inspectors they felt safe living in the centre, a number of residents did not. Inspectors were not assured that where safeguarding concerns arose, they were recognised, recorded or investigated as required. These findings and other are outlined under Regulation 8 Protection.

The inspectors saw that residents had access to a variety of activities during the two days of the inspection. The activity schedule was led by the activity co-ordinator and was supported by the care staff. The inspectors saw one-to-one activities and group activities such as a lively music and dance session and sing songs and group exercises. Inspectors saw that residents rights to privacy and dignity was not consistently upheld and evidence of consultation with residents with regards to the organisation of the centre was limited. These and other findings are outlined under Regulation 9 Residents' rights.

Regulation 10: Communication difficulties

The inspectors saw that residents, who required assistance with their communication needs, were supported by staff and appropriate assessments and referrals, where required, had been completed.

Judgment: Compliant

Regulation 11: Visits

Numerous visitors were observed attending the centre on the afternoon of the first day and throughout the second day. Visits were observed to take place in residents' bedrooms and communal areas. Residents who spoke with the inspectors confirmed that their relatives and friends could visit anytime.

Judgment: Compliant

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations and in line with the statement of purpose for the centre:

Available communal space for residents was reduced in the centre and was not in line with condition one of the centre's registration, on which basis the centre is registered by the Chief Inspector. As found on the previous inspection, the Chapel was still being utilised as a nurse's station and storage room. Since the previous inspection, the registered provider converted a staff room to an oratory to replace this space. However, this resulted in a reduction of available communal space for residents' by 11 square metres. The lounge area for the centre, which is registered as 25 metres squared of communal space had equipment such as hoists charging and was not being used by residents therefore reduced communal space available for residents even further.

Further findings that the premises was operating outside the statement of purpose was identified as the laundry was also re-purposed as a wash up room for the kitchen area and a new unregistered laundry was operational onsite.

While it was evident that the centre's bedrooms, woodwork and corridors had been painted since the previous inspection, the following areas required maintenance and repair.

- Inspectors saw that a shower grid and bath surface was chipped and could not be effectively cleaned.
- A knob was missing from a one side of wardrobe door making it difficult to open
- A number of ceiling tiles were missing or visibly open during the walk around; many of these were also badly stained.
- A locker was noted to be worn and chipped as well as a bed frame in a resident's bedroom.
- Equipment for resident's use such as hoists were inappropriately stored in the lounge area.
- The flooring in one toilet was stained and required repair.

- There was inadequate dining facilities available for the 46 residents living in the centre at the time of inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

Action was required in relation to food and nutrition and how food was served as evidenced by the following findings;

- Inspectors saw that textured modified diets were served on yellow plastic plates, which did not ensure that food was well presented nor appear appetising on the first day of inspection; this was addressed by the management team by the second day of inspection.
- Desserts and the main meals were served together at the lunch time meal and inspectors observed that this impacted some residents' intake of their meal as they skipped the main course. This was also addressed by the second day of inspection.
- As found on the previous inspection, many residents were served their meals in the both day rooms where they were seated very close together from bedtables without sufficient room. For example, there was no room for care staff to sit to assist a resident in the upstairs dayroom, with their meal, so the staff had to stand which doesn't support a sociable dining experience for the resident.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

From a review of a sample of files, it was evident that action had been taken since the previous inspection to ensure that transfer records where residents were transferred to and from acute services were available.

Judgment: Compliant

Regulation 27: Infection control

The following required action to ensure compliance with the national standards for infection prevention and control for community services (2018)

- The provider had not nominated a staff member with the required link practitioner training and protected hours allocated, to the role of infection prevention and control link practitioner, to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.
- Accurate surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including VRE. As a result accurate information was not recorded in a resident's care plan and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- Residents toiletries such as toothbrushes and razors were observed stored on open shelves in the shared ensuite bathrooms and were therefore at risk of contamination.
- Dispensers containing alcohol gel were topped up and refilled. Disposable single use cartridges or containers should be used to reduce the risk of contamination.
- A pressure relieving cushion was observed to be worn and cracked and therefore could not be effectively cleaned
- Stocks and products were stacked on the floors in storage rooms therefore these rooms could not be effectively cleaned
- As found in the previous inspection, the clinical hand wash facilities in the clinical room were not in line with recommended guidelines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to be fully compliant in relation to fire precautions as evidenced by the following;

- The inspectors saw that a charger for a piece of equipment was plugged in and charging while stored on top of rolls of hand towels; which was a fire risk, this was immediately actioned and removed by the management team during the inspection.
- Four staff were overdue annual fire safety training and one new staff member required fire training as indicated in records provided to inspectors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Significant action was required in respect of care planning arrangements for residents, to ensure that they were sufficiently detailed to guide practice and reviewed and updated when residents' condition changed. For example:

- There was a disconnect between assessments and care plans. Some care plans were put in place without risk assessments being fully completed, which meant that they were not informed by evidence based assessments. When assessments were completed, care plans were not updated with the revised information, which meant that in numerous instances there were discrepancies between the information contained in the assessments, the care plans and the nursing notes. This could cause confusion and a risk to the residents, as the inspector observed in one instance conflicting information in respect of residents' needs for mobility. For example, as per the risk assessment completed, the resident required assistance to mobilise, yet the care plan stated that the resident mobilised independently. During the inspection, inspectors observed that this resident required full hoist transfers.
- Care plans also contained redundant historical information that was no longer relevant to the current care of the resident, and which could cause confusion as to what the needs of the resident were.
- Care plans for residents with responsive behaviours did not contain sufficient information to guide care and inform the staff of triggers to responsive behaviours and of de-escalation methods for staff to use to aid and support the resident.
- There were no safeguarding plans in place for residents who were the subject of a number of safeguarding incidents on the first day of inspection. This information was required to ensure the residents received the required protections.
- There was no care plan in place for a resident with a recent change in their psychological care needs.

Judgment: Not compliant

Regulation 6: Health care

There was evidence of good access to medical staff with regular review recorded in residents' files. Residents were referred as required to health and social care professionals such as dietitians, speech and language therapists and had access to a physiotherapist, who attended the centre one day a week and was onsite on the second day of inspection. Residents had access to community based mental health services and to ICPOP (Integrated Care Programme for Older persons) which gave residents access to older persons health care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action was required to ensure residents who exhibited responsive behaviours were responded to in accordance with the regulations

- A number of staff did not have up-to-date knowledge and skills to respond to and manage the behaviour associated with the behaviour and psychological symptoms of dementia (BPSD). Observations and conversations with some staff, on the day of inspection, indicated that whilst some staff had a good knowledge of residents' behaviours, others did not and there was not appropriate training or behavioural support plans available on how to distract and support residents with BPSD.
- The inspectors found that systems in place were not robust, to respond to and manage residents behaviour to protect all residents. Some residents who presented with responsive behaviour and who were seen as a risk to themselves or to other residents were not sufficiently supervised and inspectors saw a number of incidents, where residents had access to other residents bedrooms, putting themselves and other residents at risk.

Judgment: Not compliant

Regulation 8: Protection

Based on findings and observation of practice over the inspection, the inspectors were not assured that all reasonable measures to protect residents from abuse had been taken by the registered provider.

- Inspectors found that a number of allegations and incidents of abuse that impacted the safety and welfare of residents were not being appropriately investigated and managed and appropriate action was not taken, in a timely manner, to ensure that residents were protected.
- Furthermore, a number of allegations and incidents were not recognised as safeguarding incidents and were therefore not reported nor managed in line with the regulations.
- Where safeguarding risks were identified, the reported measures put in place by the provider failed to protect residents as evidenced by the continuance of the safeguarding risks to residents.
- These findings of concern were brought to the attention of the person in charge and the registered provider during the inspection. An urgent action plan was issued following the inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Action was required to ensure residents rights were upheld in the centre as evidenced by the following;

- There had only been one resident meeting held since the inspection in March 2024. The records of the meeting provided little evidence of issues raised by the attendees and there was no evidence that issues raised had been followed up. There was no evidence of consultation with residents on a range of issues, such as food choices, activities, events, and visits as would be expected, so residents could have their say in the running of the centre.
- The location and availability of television in a number of bedrooms did not ensure that both residents accommodated in this room were able to see the television if they were in bed. Furthermore, there were a number of bedrooms without televisions and one television was not working in one resident's room.
- Residents' rights to privacy in a number of the twin bedrooms was not protected due to the positioning of the screening curtains
- There was a lack of privacy for a number of residents in their own bedrooms due to uninvited intrusion from other residents
- Inspectors were not assured that the rights of a resident were being upheld in relation to the ability to leave their bedroom and there was a lack of appropriate social stimulation for this resident.
- Call bells were seen not to be working, or were not placed where residents have easy access to them particularly on the first day of the inspection.
- There was lack of communal space in the upstairs sitting room for all the residents living up there. The choice in relation to access to the dining room was restricted, as there was only one sitting for residents at meal times, with space for 16 residents in the dining room. Therefore many residents did not have access to a proper dining experience.

Judgment: Not 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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0045082

Date of inspection: 06/11/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. Safeguarding refresher training has been completed for all staff onsite covering all principles or safeguarding including scenario based exercises. The nursing home has continued using our online training platform for safeguarding as it has a knowledge based test for staff competency. 2. All staff are to complete HSE Land – Fundamentals of Advocacy / Assisted Decision Making / Human rights-based approach. 3. PIC and ADON to engage with safeguarding designated officer training programme with the next available date Jan 2025. 4. Refresher Care Plan Training onsite has been completed by PIC, ADON and an external provider. 5. Training has been scheduled in-house mid-December for complex behaviour. Staff have completed this in full on our online training based platform with a knowledge based test for staff competency. 6. Restrictive practice training is complete. 7. Further annual fire safety training has been scheduled for mid-December 2024.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. An application to vary has been submitted to the authority by the registered provider for the purposes of providing additional communal space and register the new laundry.	

2. All notifications as prescribed under regulation 31 have been submitted to the authority.
3. In relation to management systems please refer to the following below:
• Regulation 8 Protection
• Regulation 16 Training and Staff Development
• Regulation 5 Individual Care plan and assessment
• Regulation 34 complaints
4. An updated audit schedule and key performance indicators are to be put in place to reflect further analysis of falls and restrictive practice.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
1. All notifications as prescribed under regulation 31 have been submitted to the authority.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
1. A new online based complaints log separate to the residents care plan is now in place.
2. This new complaints log is monitored on an ongoing basis by the PIC and ADON.
3. Complaints will be managed in line with regulation 34.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider shall:

1. Make the necessary repairs or replacements as identified during the inspection.
2. Ensure adequate storage of hoists throughout the facility.
3. An application to vary has been submitted to the authority by the registered provider for the purposes of providing additional communal space.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
1. New crockery has been purchased by the registered provider for resident use.
2. A choice of deserts is available for residents and is served separately to the main course meals.
3. An application to vary has been submitted to the authority by the registered provider for the purposes of providing additional communal space.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. The PIC is appointing a member of nursing staff dedicated to infection prevention control and monitor antimicrobial stewardship.
2. The registered provider shall install closed shelving in shared ensuite bathrooms throughout the facility.
3. The registered provider shall put in place single use cartridges / containers for alcohol gel.
4. Any items observed to be worn or cracked have been removed.
5. The registered provider shall install additional shelving / plinths in storage rooms.
6. The registered provider shall install a clinical sink in accordance with HBN11 -01.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Further annual fire safety training has been scheduled for mid-December 2024
2. The importance of charging batteries safely is being re-enforced during handover periods with staff.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. Assessments and care plans are being updated for all residents in the facility, and shall be amended if there is a change in the current status of a resident.
2. New care plans are being developed based on the current risk assessment findings which will be reflected in the care plans and the nursing notes.
3. Refresher Care Plan Training onsite has been completed by PIC, ADON and an external provider.
4. Training has been scheduled in-house mid-December for complex behaviour. Staff have completed this in full on our online training based platform with a knowledge based test for staff competency.
5. Safeguarding and psychological care plans have been updated for relevant residents.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
1. Behavioural support plans are being updated on an ongoing basis by Nursing Staff.
2. Training has been scheduled in-house mid-December for complex behaviour. Staff have completed this in full on our online training based platform with a knowledge based test for staff competency.
3. Residents are supervised in line with matters prescribed in their care plan.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1. Direct Observation System Tool (DOS) was commenced immediately for relevant residents to observe patterns of behaviours for a sustained period.
2. GP reviews have taken place for all relevant residents.
3. 1 Resident has been reviewed by the old age psychiatry team 7.11.2024 and plan of care has been updated. The team shall analyse findings of the DOS chart over a sustained period of time and agree a future plan of care if required. A further resident

has already had a referral the old age psychiatry by the GP prior to the inspection and has had a further an onsite review 8.11.2024 by the GP.
4. Updated safeguarding care plans for relevant residents will be communicated to all staff members via Daily Handover
5. Prevention/ Detection and Response to the Abuse of Vulnerable Adult Audit tool to be implemented by PIC & ADON.
6. Management meetings weekly in relation to compliance with regulation 8 and the response to any issues or concerns that arise.
7. Retrospective notifications have been completed
8. PIC & ADON to implement QUIS audit to reflect on staffs engagement with residents.
9. Safeguarding refresher training for all staff has been completed
10. All staff to complete the online HSE Land – Fundamentals of Advocacy / Assisted Decision Making / Human rights-based approach.
11. PIC and ADON to engage with safeguarding designated officer training programme (Next availability – January 2025).

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. Residents meetings continue on a regular basis.
2. Residents are consulted on a daily basis on their needs and preferences.
3. The registered provider shall ensure that a television is in each bedroom in a suitable location.
4. The registered provider shall ensure the positioning of screening curtains protects the resident’s rights to privacy.
5. Residents movements within the facility is a matter that is managed in line a rights based approach and is documented within their personal plan of care.
6. The community network manager from the HSE locally has put a care package in place for one resident to be integrated into the nursing home and is in progress. The matter of not being able to leave their room was contributed due to the fact that a specialised chair was required to be provided by the HSE. This is now being progressed.
7. All call bells in the centre are fully operational and in use.
8. An application to vary has been submitted to the authority by the registered provider for the purposes of providing additional communal space.

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.	Not Compliant	Orange	31/12/2024
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.	Not Compliant	Orange	31/12/2024
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	Not Compliant	Orange	31/12/2024

	the matters set out in Schedule 6.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/12/2024
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.	Not Compliant	Orange	31/01/2025
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	31/01/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	28/02/2025

	published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/12/2024
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, 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.	Substantially Compliant	Yellow	31/12/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs,	Not Compliant	Orange	30/11/2024

	the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	31/12/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/01/2025
Regulation 7(1)	The person in charge shall ensure that staff	Not Compliant	Orange	31/12/2024

	have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	31/12/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Red	31/01/2025
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Red	31/01/2025
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	30/11/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Not Compliant	Orange	31/01/2025

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/01/2025
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/01/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	31/01/2025
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Orange	31/01/2025