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:	Aras Mhic Shuibhne
Name of provider:	Drumhill Inn Limited
Address of centre:	Mullinsole, Laghey, Donegal
Type of inspection:	Unannounced
Date of inspection:	30 August 2022
Centre ID:	OSV-0000312
Fieldwork ID:	MON-0036335

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.
It provides twenty-four hour nursing care to 48 residents both long-term (continuing and dementia care) and short-term (assessment, convalescence and respite care) residents.
The centre is a single storey building comprising of 40 single en suite bedrooms and four twin bedrooms located in a rural area with local amenities close by. There is a specialist dementia unit Murvagh Suite accommodating 14 residents in single en suite bedrooms and Warren and Rosnowlagh suites are for the remaining residents.
The aim of the centre is to ensure the maximum possible individual care and attention for all of the residents living in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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 30 August 2022	10:15hrs to 18:25hrs	Nikhil Sureshkumar	Lead
Tuesday 30 August 2022	10:15hrs to 18:25hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Overall the feedback from the residents was positive about the care they received in the centre, however, the inspectors found that the nursing care in the centre required improvements. In addition, the governance and management in the centre did not support safe and effective oversight of the care and service provided to the residents in the centre.

The inspectors met and spoke with several residents during this inspection. Some of the residents who spoke with the inspectors commented that the centre was a great place to live, the food provided in the centre was of good quality, and they liked the music sessions held in the centre.

The centre is located in a rural location and is close to a local pub and a beach. The centre has a large footprint, which can accommodate 48 residents in a mix of single and twin-bedded rooms. The centre has a dementia-specific unit, which has separate dining and living room facilities for the residents. On the day of inspection, there were 47 residents accommodated in the centre.

On arrival, the inspectors went through the infection prevention and control measures necessary before entering the centre and residents' accommodation. Following the introductory meeting with the person in charge, the inspectors went for a walk around the centre.

The internal fabrics of the centre's communal rooms and some bedrooms were found to be visibly damaged, repair and redecoration work were required in several areas of the centre. Some areas in the centre required repainting and had a dull appearance.

Even though the centre has wide corridors, several assistive equipment were found to be stored around the handrails of corridors. This reduced residents' access to handrails and did not support residents to move around the centre independently. In addition, the inspectors found clinical equipment such as assistive chairs and hoists being cluttered near several final fire exit routes in the centre. This arrangement did not support the safe evacuation of residents in the event of a fire emergency.

During the walk around, the inspectors noted that oxygen cylinders were inappropriately stored with combustible and flammable materials. As a result, they posed a fire safety risk to the residents in the centre. In addition, several fire doors were found to be wedged opened in the centre, and the staff practices in the centre did not demonstrate that staff understand the importance of keeping fire doors closed to prevent the spread of fire, heat and smoke during a fire emergency.

The inspectors noted the carpet lining on several areas of the centre was found to be visibly unclean on the day of inspection. In addition, several assistive equipment, such as wheelchairs, were visibly dirty on the day of the inspection. Some of the soft

furnishings of assistive equipment the residents used were found to be torn and they did not support effective surface cleaning.

The centre has dayrooms near the reception and in the dementia-specific unit. Residents were found to be using the day rooms and staff were available to supervise the residents. However, several residents with higher needs who spent most of their time in dementia-specific units and those who stayed in their own rooms were not sufficiently supported to engage in meaningful activities. This was brought to the attention of the person in charge. They informed that a staff allocated to carry out activities was unavailable in the centre due to an unplanned absence and a musician was assigned to perform live music sessions in the centre. The inspectors noted some improvements in the provision of meaningful activities for the residents when a musician performed live music during the evening hours of the day, however, not all residents received opportunities to participate in social care activities in line with their interests and capabilities.

The inspectors observed that several residents who were seated in specialised chairs in day rooms were being provided with lap belts due to their increased risks of falls and they were not released in accordance with their care plans. The inspectors reviewed the residents' care records and found that alternatives to these restrictive practices were not trailed before using the restrictive measures.

In addition, following a review of the residents' care files, inspectors found that several residents who required regular monitoring of vital signs such as blood pressure, pulse and temperature had not been monitored in the centre. In addition, several residents who were at risk of weight loss did not have their weights checked at regular intervals. As a result, the residents did not receive nursing care in line with their care plans and this was brought to the attention of the person in charge.

The centre has an outdoor garden adjacent to its spacious car park and was beautifully maintained. Garden benches and sun-shied umbrellas were available in the outdoor garden for the residents and visitors to sit and relax during good weather. In addition to the outdoor garden area, the centre has an internal garden and was also beautifully decorated with outdoor murals, flower beds, and window boxes. However, the inspectors found that a lid of a sewer hole in the internal garden was damaged and posed a trip hazard for residents, and this was not timely repaired.

The inspectors spent time in the dementia-specific unit and noted that the walls of the dementia-specific unit were beautifully decorated with mural art depicting the street of old shop fronts and blue stack mountains of nearby Barnes More Gap. On several occasions, the inspectors found residents enjoying the wall art while they move around the unit. The inspectors found that the personal protective equipment was safely stored in the unit, and this was an improvement from the previous inspection.

Doors from the dementia-specific unit and the other section of the building could be opened into the internal garden, and some residents were found to be accessing the internal garden. However, the residents in the dementia-specific unit required staff

assistance to access the indoor garden area in the centre, and the inspectors noted that they were not supported to access this indoor garden. As a result, the residents were confined to the dementia-specific units and did not have access to an outdoor area in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the governance and management of the centre were found to be ineffective in ensuring effective delivery of care and service to the residents in the centre. The provider had failed to address the non-compliances found in the previous inspection held in February 2022, and the inspectors found eight significant regulatory non-compliances on this current inspection.

This was an unannounced risk-based inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). For preparing for this inspection, the inspectors reviewed actions from the last inspection, the information provided by the provider and the person in charge.

The provider of the designated centre is Drumhill Inn Limited. Even though there was a clearly defined management structure in place with lines of authority and accountability in the centre, the provider's current arrangements were not satisfactory in ensuring management support consistently for residents and staff in the centre. The provider's arrangements to provide leadership support to the person in charge and the staff in the centre were found to be insufficient to provide safe and effective service in the centre. As a result, the inspectors found several repeated regulatory non-compliance in this inspection.

The person in charge and the managers were unable to provide the necessary clinical oversight required for effective oversight of the care and welfare of residents in the centre, as they had to regularly carry out nursing duties due to the shortage of nursing staff in the centre.

While some progress had been made in relation to the fire safety risks identified by the provider, the fire safety risks were not fully addressed, and the provider's arrangements to ensure fire precautions in the centre required significant improvement to ensure appropriate fire precautions in the centre.

In addition, the provider had not provided a sufficient number of staff to carry out cleaning duties in accordance with the size and layout of the designated centre. For example, There was only one cleaning staff allocated to carry out cleaning duties on

the day of inspection. As a result, the centre was visibly not clean in many areas.

In addition, the provider's arrangements to provide appropriate training to staff regarding the appropriate use of cleaning and disinfectant products were insufficient. As a result, staff did not demonstrate knowledge regarding the appropriate use of cleaning and disinfection products.

The inspectors reviewed the records kept in the centre and noted that the records were not always kept in line with the regulatory requirement. For example, a restrain register was not kept in the centre and was unavailable for the inspectors to review on the day of inspection.

Regulation 15: Staffing

The numbers and skill mix of staff were not adequate to ensure residents' needs were met having regard to their dependency levels and the size and layout of the centre. For example:

- There were two staff vacancies reported on the day of the inspection, and the person in charge informed the inspectors that they were unable to recruit staff due to the unavailability of nurses, and the person in charge had to cover nursing shifts for a number of days. As a result the person in charge and management staff were unable to carry out their management duties required to provide clinical oversight in the centre.
- The centre has a large footprint, and there was insufficient cleaning staff rostered in the centre. As a result, the inspectors found that the cleaning and disinfection was ineffective in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had not ensured that staff have access to appropriate training commensurate with their role. For instance, cleaning staff were not provided with appropriate training regarding the appropriate use of cleaning and disinfectant products.

Judgment: Substantially compliant

Regulation 21: Records

A review of the Schedule 3 records found that some of the required records were not being maintained in line with the regulations. For example:

- An up-to-date restraints record was not maintained in the centre.
- The review of the residents' behavioural records indicated that they were not always appropriately maintained in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to provide sufficient staffing resources to ensure the effective delivery of care in accordance with the centre's statement of purpose. In addition, the provider had not made satisfactory arrangements to address the non-compliances found on the previous inspection. The inspectors found several repeated regulatory non-compliances in this inspection, and the repeated non-compliances were in respect of Regulations 23, 17 and 28.

The provider had failed to ensure that management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The provider's arrangement to provide management support in the centre was ineffective, as the person in charge and the nurse managers had to perform nursing shifts regularly due to staffing shortages. As a result, the inspectors observed that the oversight of the care and service provided in the centre was ineffective.
- The provider had not implemented systems to ensure that the equipment stored in the communal rooms was appropriately cleaned to a high standard between each use.
- The provider's quality system of fire checks in the centre was not effective as they did not identify the risks as outlined under regulation 28.

Judgment: Not compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed on the notice board at the centre's reception.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that significant improvements were required to ensure that the care and service provided to the residents in the centre were safe and effective.

The registered provider did not ensure that the procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority, were implemented by staff.

The provider's arrangements were found to be insufficient to maintain the centre's premises and storage of equipment. The external storage was found to be full, and the equipment stored in the corridors posed injury risks to the residents in the centre.

The provider's fire precautions were assessed with a particular focus on the fire safety management practices in place and the physical fire safety features in the building. The inspectors noted good practices in relation to fire precautions; for example, regular fire drills were taking place, and fire fighting equipment was serviced and up to date. Staff spoken with were knowledgeable on the procedures to follow in the event of hearing a fire alarm, were familiar with the procedures of carrying out a progressive horizontal evacuation and where compartment boundaries were located.

While some progress had been made by the provider since the previous inspection to bring the centre into compliance with regulation 28, the inspectors found several repeated non-compliance findings. This was evidenced by inappropriate storage practices, a culture of wedging fire doors open, a lack of detection from certain rooms and recurring deficiencies found with fire doors and containment in the centre. On the current inspection, additional fire risks were identified by the inspectors. Due to the totality of risks identified, an urgent action plan was issued to the provider. Details of non-compliances are outlined in full under regulation 28 of this report.

The inspectors noted that the provider had not formally reviewed the care plans for several residents in the centre. As a result, the provider's arrangements were insufficient to ensure that the residents received the most appropriate care in line with their needs in the centre.

In addition, those residents who require monitoring of vital signs and weights were not checked at appropriate intervals in line with their care plans. The person in charge informed the inspectors that the lapses in the nursing care for the residents occurred due to the shortage of nursing staff in the centre. As a result, the residents

were not provided with appropriate medical and nursing care in the centre.

Furthermore, the inspectors, following a review of residents' care records, found that the non-pharmacological interventions were not trailed prior to administering chemical restrains to residents with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). As a result, the provider arrangements to manage responsive behaviours were not in line with the regulatory requirement.

The inspectors found that while some residents in the designated centre had access to the internal garden in the centre, the residents in the dementia-specific unit were not always provided opportunities to access the outdoor areas in the centre, and the door was keypad locked.

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre did not conform to the matters set out in Schedule 6 of the regulation, and this is a repeated finding from the previous inspection. For example:

- The provider's arrangements for the storage of equipment in the centre were not sufficient. For example, hoists and comfort chairs were stored in the corridor, which obstructed residents' access to handrails and fire exits.
- The premises were not timely repaired and redecorated. For example, the floor linings, walls and ceiling of corridors and some communal rooms were visibly damaged, and some areas in the centre required repainting.
- Some of the equipment that the residents used were not always kept in a good state of repair. For instance, the soft furnishing of some assistive wheelchairs was found to be damaged and was not timely repaired.
- A damaged sewer hole cover in the courtyard posed a trip hazard for residents accessing this area, and this was not timely repaired.
- A day room was not sufficiently ventilated in the centre.
- The registered provider had not made sufficient arrangements for appropriate sluicing facilities. For instance, there was no racking system for keeping

washed urinals and bed pans in sluice rooms. In addition, the sluice room was used to store equipment which prevented access to the hand wash basins in sluice rooms.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The provider had made satisfactory arrangements to ensure that all relevant information about residents is provided when they are transferred to another designated centre, hospital or place.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example:

- Several clinical areas of the centre were visibly dirty. This is a repeated finding from the previous inspection.
- Several items of resident equipment and furniture observed during the inspection were visibly unclean. The non-compliances observed during the inspection showed that all equipment, particularly frequently used equipment, was not being fully cleaned in accordance with national and evidence-based guidelines.
- Staff were observed to be wearing hand and wrist jewellery and nail varnish, which created a barrier to effective hand hygiene.
- Soft furnishings of several assistive chairs were ripped and did not support effective cleaning.
- Appropriate hazardous waste bins were not provided in the sluice room, and as a result, the current arrangements did not support the safe disposal of hazardous waste in the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspectors noted the provider did not sufficiently review the centre's fire

precautions, provide suitable fire fighting equipment and did not take adequate precautions against the risk of fire in the centre to ensure the safety of residents. For example:

- The inspectors noted, several fire doors were wedged open. This interfered with the fire door closer mechanism and compromised containment measures in place for the spread of smoke and flame in these areas. This culture was identified on the previous inspection and again on the current inspection.
- Lint build-up in a dryer located in the laundry room was found, with no documented evidence of a schedule for staff to empty the dryer.
- A container at the rear of the centre was in use by staff as a smoking area. The container stored cardboard boxes and flammable materials. Used cigarettes were found on the floor of the container and a fire extinguisher was not present in the container.

Means of escape in the centre including emergency lighting required a review by the provider. For example:

- An external fire exit was stuck in place and difficult to open. The fire exit was in need of repair to ensure it was readily openable in the event of an evacuation.
- A number of fire exit signage (running man signs) were not functioning. Additional fire exit signage was required in a dining room to ensure residents and staff were fully aware which direction to travel to reach the fire exit from that area.
- The inspectors were not assured by the level of emergency lighting along internal corridors in the centre and on external routes. For example, some internal corridors did not have emergency lighting in place to illuminate a means of escape in the event of a night time evacuation or power failure. Furthermore a review of the external lighting was required, to ensure adequate illumination was provided for staff and residents to access the fire assembly points during a night time evacuation or power failure.
- Directional signage was required at the rear of the centre in order for resident and staff to be aware of the location of the fire assembly points and what direction to travel.

Arrangements to maintain fire equipment, means of escape and the building fabric were not effective. This was evidenced by the following examples:

- Corridors were found to be cluttered with wheelchairs, trolleys, and hoists. This caused an obstruction and would have a serious impact in the event of a fire emergency.
- A number of fire exits had curtains and blinds fitted that would obscure a fire exit if they were closed.
- The building fabric was noted by the inspectors to be compromised in a number of areas. For example: service penetrations located in a store room had breached a fire rated ceiling and a gas pipe in the laundry room breached a wall.
- Quarterly and annual certification in relation to the maintenance of the fire

detection alarm system and emergency light were not available on the day of the inspection. The inspectors requested that a copy of each to be submitted for review post the inspection.

Arrangements for reviewing fire precautions required improvement by the provider. For example:

- Checks of means of escape were documented with no faults in the fire register. However, the inspectors identified corridors were cluttered and fire doors were wedged open on several occasions on the day of the inspection.
- While a fire safety risk assessment (FSRA) had been carried out, the inspectors found additional defects in the centre in relation to, fire doors, service breaches through fire rated construction that required fire stopping and a lack of fire detectors in some rooms.
- With reference to the FSRA, the inspectors required a final sign-off from the providers competent fire consultant, in order to assure the inspectors, the fire safety works carried out were of the required standard.
- The inspectors noted a designated smoking area for residents, was missing a fire extinguisher and a fire blanket.
- The inspectors noted storage arrangements throughout the centre required a review. For example, oxygen cylinders were inappropriately stored with combustible and flammable materials. In an electrical store room, chairs and tables were found by the inspectors, which were removed on the day. This was a recurrent non-compliance on the previous inspection.

While fire evacuation drills were taking place, the records required improvement. For example:

- Fire drills on file did not specify if a drill was carried out at night or day time compartment evacuation. This was a repeated non-compliance from the previous inspection.

The inspectors reviewed sample records of residents personal emergency evacuation plans (PEEPs), records reviewed were not sufficiently detailed. For example:

- It was not specified how many staff were required if a resident needed assistance in the event of an evacuation.

Arrangements for containment of fire in the centre required improvement by the provider. For example:

- The inspectors were not assured of the likely fire performance of a selection of fire door sets and noted that a fire door assessment was required in this regard. The inspectors noted, door closer mechanisms were missing, gaps were noted at the bottom and between doors, non-fire rated screws were used for door hinges, fire doors seals were missing, some fire doors only had two hinges fitted and some fire doors did not close fully when released.
- A re-purposed toilet was converted into a store room. The new store room did not have a full fire door set fitted or a door closer.

Arrangements for detection in the designated centre were not fully implemented. For example:

- Additional fire detection was missing from in a store room and a staff kitchenette. This required a review to ensure the fire alarm detection system was fully compliant with an L1 category system and detection was provided for throughout the centre as required.

The procedures to be followed in the event of fire were not adequately displayed throughout the centre and were not effective. For example:

- Floor plans on display were not readily visible due to information leaflets placed on top of floor plans and floor plans on file did not match floor plans on display. This was evidenced by, a toilet and a wheel chair store room which had recently been re-purposed, these changes were not reflected on the floor plans.
- Floor plans on display did not indicate the extent of the compartment and sub-compartment boundaries suitable for horizontal phased evacuation. This was requested to be submitted by the provider post the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While all the residents in the centre had a care plan in place, the inspectors noted that the provider had not formally reviewed residents' care plans at appropriate intervals.

In addition, the provider's arrangements were insufficient to ensure that the residents concerned were consulted during the review of care plans. The inspectors found that the revised care plans were not made available for the residents and to their families where appropriate.

Judgment: Not compliant

Regulation 6: Health care

The registered provider had not made necessary arrangements to ensure that the residents were provided with appropriate medical and health care, including a high standard of evidence-based nursing care in accordance with professional guidelines. For instance:

- Several residents with underlying medical conditions did not have regular monitoring of their vital signs and weights in the centre, and regular

monitoring of vital signs and weight loss was essential to determine any changes in residents' clinical condition.
- One resident was not referred to old age psychiatry service in accordance with their care plan following several episodes of responsive behaviours. As a result, the inspectors were not assured that the residents received the most appropriate care.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had not ensured that, where restraint is used in a designated centre, it is only used in accordance with national policy. For instance, several residents who were at risk of falls were provided with lap belts, and the review of records indicated that alternatives were not trialled before the use of this restrictive practice. In addition, the inspectors found that the lap belts were not released in accordance with their care plan.

The provider's arrangements to manage and respond to responsive behaviour were not always least restrictive. For instance, a review of behavioural records maintained for some residents indicated that non-pharmacological interventions were not always trialled before administering chemical restraints.

Judgment: Not compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not made necessary arrangements for the residents to exercise choice in accessing the outdoor area of the centre independently.

Residents did not always receive opportunities to participate in social care activities in line with their interests and capabilities. For example, several residents in

dementia-specific units and those who stayed in their own rooms were not sufficiently supported to engage in meaningful activities on the day of inspection. The registered provider had not provided appropriate facilities for the residents to enjoy their favourite television programs, and there were no televisions in some twin bedded rooms.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aras Mhic Shuibhne OSV-0000312

Inspection ID: MON-0036335

Date of inspection: 31/08/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There are now 4 new nurses recruited, they are available to help us until our two nurses arrive from India. The nurses from India are schedule to arrive in Ireland in December 2022. The Director of Nursing is no longer doing nursing shifts and is now able to carry out her own management duties. A PPIM will also commence shortly to support the Director of Nursing. There is now two cleaning staff six days a week and one cleaner on Sundays.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All domestic staff will receive training in the appropriate use of cleaning and disinfectant products. All staff will receive updated training in infection control and prevention. There is now two cleaning staff six days a week and one cleaner on Sundays. All nurses will receive training in care planning and update their medication management All nurses and healthcare assistants will receive training in behaviors that is challenging. All staff have received updated fire training.	

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
All care plans and assessments have since been updated
All referrals required have been sent to the dietician.
Dietician has reviewed all, and a new plan of care is now in place for those residents.
Referral has been sent to old age psychiatry, this review will take place on Friday the 21/10/2022 in the center.
Updated restraint log is now in place in the center.
All restraint is documented in the residents' daily notes by the nurse on duty
All lap belts are released in accordance with their care plan and documented.
All episodes of behavior that is challenging is documented in their ABC chart.
All nurses to received care planning training.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
There are now 4 new nurses recruited, they are available to help us until the nurses arrive from India. The nurses from India are schedule to arrive in Ireland in December 2022. The director of nursing is no longer doing nursing shifts and is now able to carry out her own management duties.
A PPIM will also commence shortly to support the Director of Nursing.
All domestic staff will receive training in the appropriate use of cleaning and disinfectant products.
All staff to receive updated training in infection control and prevention.
A system is in place to ensure that all equipment is cleaned to a high standard between each use.
All staff have received updated fire training.
Maintence carry out daily fire check to ensure a more effective system to identify any risks. The PPIM will also carry out weekly checks throughout the building and document same.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All hoists, comfort chairs and wheelchairs are now stored in a designated storeroom to ensure that there is no obstructions on the corridors and all fire exits are clear.

Carpets have been replaced in the center any remaining carpets are cleaned on a regular basis.
Racking systems have been installed in the sluice rooms.
All damaged soft furnishing has been disposed of and replaced.
Work has commenced in the areas in the center that required to be repaired and redecorated.
All equipment that was stored in the sluice room has been removed.
Staff will ensure that windows/doors in dayroom is open to ensure appropriate ventilation

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
There is now two cleaning staff four days a week and one cleaner for the other 3 days.
Carpets have been replaced in the center any remaining carpets are cleaned on a regular basis.
All damaged soft furnishing has been disposed of and replaced
All domestic staff will receive training in the appropriate use of cleaning and disinfectant products.
A system is in place to ensure that all equipment is cleaned to a high standard between each use. This system is located in the storage room where equipment is stored where staff document that the equipment has been cleaned.
Hazardous bins have been placed in the sluice rooms.
Staff have been reminded not to wear hand and wrist jewelry and nail varnish.
All staff to receive updated training in infection control and prevention.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All door wedges have been removed and the appropriate fire door dorgard have been installed where required.
A daily cleaning schedule for staff to remove lint from the dryer is now in place.
The container at the rear of the center is no longer available for staff to use as a smoking area.
The exit door in the Alzheimer's unit has been repaired and is now opening and closing properly.
All fire exit signage is now functioning
Additional exit signage is in the process of being installed
Extra emergency lighting will be installed on the internal corridors to illuminate a means

of escape.
External lighting and directional signage have been installed to ensure that residents and staff are aware of the location of the fire assembly points.
All corridors are now clutter free, as all wheelchairs, trolleys and hoists are stored in an appropriate storage area.
All curtains and blinds have been removed from all fire exits.
The building fabric that the inspectors found to be compromised has since been corrected.
All quarterly and annual certification regarding the fire alarm system and emergency lightening are up to date.
Fire door Ireland have been to the center and carried out a full fire risk assessment. we are waiting the report to commence all work required. When all work is completed, a competent person will carry out a full fire risk assessment on the center. This report will then be forwarded to Hiqa.
A fire extinguisher and a fire blanket is now in place in the residents smoking area.
All oxygen cylinders are now placed outside in an appropriate storage container.
All fire drills that are carried out now specify if it was a day or night compartment evacuation.
All peeps now specify how many staff enquired to assist each resident.
Fire door Ireland have assessed all doors and they will be installing a new fire door in the storeroom.
Fire detection alarms have been installed in the storeroom and the staff kitchenette.
Floor plans are being updated at present.
Maintence carry out daily fire check to ensure a more effective system to identify any risks. The PPIM will also carry out weekly checks throughout the building and document same.

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:
All care plans and assessments have since been updated.
All residents have access to their care plan and residents are now consulted during all reviews and same is documented.
All families are aware and have been consulted with regarding care plans and reviews of care plans.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Referrals have been sent to the dietician for all residents with weight loss. Dietician has reviewed all, and a new plan of care is now in place for those residents. Referral has been sent to old age psychiatry , this review will take place on Friday the 21/10/2022 in the center.	
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: Since our last inspection we have reviewed all residents with lap belts. Several of our lap belts have been discontinued. Our remaining lap belts are documented in their care plan and regular release is documented in their daily notes by the nurse on duty. We plan to have MTD meeting to do a full review of our existing lap belts to ensure all other alternatives have been trialed. Consent is signed by GP and next of kin. All staff to receive training in managing behavior that is challenging. Updated restraint log is now in place in the center.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The keypad has been disconnected from the door; residents can now access the outdoor area independently. Televisions are now in all twin-bedded rooms. Residents also have access to tablets where they can access their favorite television program. The activities coordinators are ensuring that residents that stay in their own rooms are supported to engage in meaningful activities.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	04/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/01/2023
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.	Not Compliant	Orange	30/11/2022
Regulation 21(1)	The registered	Substantially	Yellow	15/10/2022

	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.	Compliant		
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	24/09/2022
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	24/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/2022

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.	Not Compliant	Red	02/09/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	02/09/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	02/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	02/09/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	30/09/2022

	aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	30/09/2022
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	14/10/2022
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-	Not Compliant	Orange	14/10/2022

	charge considers it appropriate, be made available to his or her family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	14/10/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/11/2022
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	Not Compliant	Orange	30/01/2023

	respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30/09/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/09/2022