



**Health
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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:	Ave Maria
Name of provider:	Cummer Care Limited
Address of centre:	Tooreen, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	13 April 2023
Centre ID:	OSV-0000315
Fieldwork ID:	MON-0037664

About the designated centre

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

Ave Maria Nursing Home is a purpose built single storey building, registered to provide care for 41 residents. The designated centre is family run and is located in a small country village. The centre is surrounded by mature gardens some of which are laid out with seating areas and vegetable gardens. The provider's dogs visit the centre every day and are enjoyed by the residents. All resident bedrooms are well laid out and have an en-suite bathroom facility.

The centre provides care to residents over 65 years with chronic illness, residents living with dementia and those requiring end of life care. The philosophy of care at Ave Maria Nursing Home is to create a home away from home environment, to deliver person centred care to each individual resident, in a comfortable, safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 April 2023	09:50hrs to 17:00hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The inspector spoke with 8 residents during the inspection. Overall, the inspector found that residents were content with living in the designated centre. The inspector heard positive comments such as 'the staff are so kind' and 'this is a great facility'. The inspector observed that residents were comfortable in the company of staff and that staff were attentive to the residents' needs for assistance and support. However, a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

The inspector was met by the person in charge upon arrival to the centre. Following an introductory meeting, the inspector walked around the centre which gave them the opportunity to meet with residents and staff as they prepared for the day.

Ave Maria Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is a single storey building situated in a rural area in the village of Tooreen, Co Mayo. The designated centre is registered to provide care for 41 residents. On the day of this inspection there were 37 residents living in the centre and two residents were in hospital. Residents' accommodation is provided in single bedrooms with en-suite facilities.

As the inspector walked around the centre they observed a high level of activity and staff were busy attending to the morning care needs of residents. The inspector observed that the majority of residents were up and about in the various communal areas. The inspector observed the staff interacting with residents during the inspection. Residents were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Some residents required greater time and support to mobilise and staff provided this support in a gentle manner. Overall, the inspector observed that staff responded promptly to residents' needs. However, a shortage of nursing staff on the day of the inspection resulted in a delay to the morning medication round. The inspector observed that one resident expressed their concern as they had not received their morning medication on time, this concern was addressed promptly by the person in charge.

The inspector observed that some resident bedrooms were personalised with personal belongings such as photographs, artwork, soft fabric blankets, books and ornaments. Residents' bedrooms varied in layout and size and had sufficient space to meet residents needs, including adequate wardrobe and storage space for their clothes and personal belongings. Resident bedrooms appeared clean and generally well laid out. Residents had access to television and call bell bells in their bedrooms.

The centre was homely and well furnished throughout. Items of traditional memorabilia that were familiar to residents were displayed throughout the centre. There were a variety of communal areas for residents to use consisting of a reception area, a pamper room and an oratory. There were two sitting rooms to

ensure residents had sufficient comfortable communal spaces in which to congregate and meet with each other and with their visitors .The dining room was bright and spacious and had adequate seating for residents use. The centre's much loved dog added to its homely atmosphere and was a source of enjoyment for residents. The inspector observed residents spending most of their day in one of two sitting rooms or in the reception area. Residents had unrestricted access to a large communal garden area, which was decorated with flowers and shrubs.

There was no staff member allocated for activities and the inspector did not observe activities taking place on the morning of the inspection. Furthermore, there was no activities schedule on display in the centre to inform residents what activities were scheduled for the day and allow them to choose what to attend. Many residents were observed to be watching television in the communal sitting rooms in the early part of the day .The inspector observed a game of bingo which took place in a communal sitting room in the afternoon. A large number of residents participated in the game of bingo and they appeared to be engaged and expressed their enjoyment at winning prizes. Some residents who spoke with the inspector felt that they had enough to do during the day, however another resident who spoke with the inspector expressed that they were bored at times. The inspector spoke with some of the residents who chose not to partake in the activities on offer and they described their interests such as exercising and prayer which they preferred to do privately. It was evident that residents could choose how they wanted to spend their day, however the inspector was not assured that all residents were facilitated to participate in meaningful activities in line with their interests and capacity.

Overall, the premises was clean and well maintained. However, the inspector noted that some equipment and furnishings were in need of repair. Furthermore, the organisation of storage space required improvement as the inspector observed that a number of storage rooms were very cluttered and resident equipment was not segregated from general supplies. The inspector observed that there was also storage of residents' assistive equipment in the resident's communal bathroom.

Handrails were in place along both sides of all corridors, however the inspector observed that safety grab rails were not in place in all communal bathrooms and this did not ensure residents safe mobility.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended).

This inspection also focused on the registered providers actions to address non compliance's with the regulations found on previous inspections, particularly in relation to staffing and governance and management.

A restrictive condition had been attached to the designated centre's registration in December 2021, which required the provider to come into compliance with Regulation 15, staffing, by 31 March 2022. This inspection found that there was evidence of an ongoing recruitment drive, however vacancies in nursing and house-keeping staff meant that the provider did not have the staffing compliment outlined in the staffing strategy submitted to the Chief Inspector in December 2021. A second restrictive condition was attached to the designated centre's registration in December 2022 which required the provider to appoint a person in charge who meets regulatory requirements by January 31st 2023. This inspection found that the provider had complied with this restrictive condition and a new person in charge was appointed to the centre in January 2023, who met the regulatory requirements.

Although the provider had a number of quality assurance processes in place such as audits and risk management processes, the inspector found that these were not being used to promote effective oversight of the quality and safety of care and services. Further actions were now required to ensure that the management systems in place were robust and that the service provided is safe, appropriate, consistent and effectively monitored, and that the provider was compliant with the regulations.

The centre is owned and operated by Cummer Care Ltd. The company has three directors, two of whom were present in the centre on the day of the inspection. The company secretary represents the provider entity. The management structure outlined in the statement of purpose includes two of the proprietors who took management responsibilities in the centre and a person in charge. The new person in charge was aware of their responsibilities and the regulatory requirements of their role. The person in charge is supported in the centre by a clinical nurse manager who deputises in their absence. The remainder of the staff team consists of staff nurses, health care assistants, household, catering, maintenance and administration staff.

There were systems in place to monitor the quality and safety of the service, however the inspector found that there few audits completed in 2023. The person in charge provided evidence that an auditing schedule to monitor the quality and safety of key areas of the service had been developed, however the audit schedule had not been fully implemented at the time of this inspection. There were regular management team meetings which were attended by the person in charge, the clinical manager and person representing the provider entity. Records of these meetings were available for review agenda items included recruitment, staff training and resident care. Meeting records also showed that the management team had collected clinical data on a monthly basis, which included information on admission, falls and wounds. However, clinical data was not audited to identify trends or implement quality improvement interventions. Furthermore, there was no evidence of clinical data collection in meeting records for February and March 2023. The inspector found that improvement actions were not reported and there was no

evidence that this was followed up by the management team to ensure that the actions had been completed within the required time frames. For example, meeting records from March 2023 indicated that a number of nurses had training needs in relation to clinical documentation, however the inspector found that there was no evidence of a time bound action plan to ensure the nurses received the training.

In addition, a number of risks identified by the inspector on this inspection had not been identified by the provider and appropriate actions had not been put into place to mitigate those risks. For example, the risks found in relation to infection prevention and control, as detailed under Regulation 27, had not been identified and managed.

Although, there was a varied training programme in place which included access to both online and face to face training, a review of staff training records indicated gaps in the completion of mandatory training. As a result, the inspector could not be assured that all staff had received appropriate training to respond effectively to incidents relating to safeguarding. In addition the inspector was not assured that all staff were up to date with moving and handling training. Furthermore, staff had not attended appropriate training to ensure they had the required knowledge and skills in key areas such as wound assessment and care planning practices. The findings are discussed further under Regulation 16: Training and development.

The inspector reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such for such services.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements.

Regulation 14: Persons in charge

A new person in charge commenced in the role on 2 January 2023. The new person in charge is a registered nurse and works full-time in the centre. Their clinical and management experience and qualifications is in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

The inspectors' observations on the day of the inspection found that there were insufficient nursing staff on duty on the day of the inspection to meet the needs of the residents. For example, there were delays to the morning medication due to the insufficient number of staff nurses working on the day of the inspection. Rosters also showed that there was one nurse rostered to day duty on the 8th, 9th, 15th, 16th and 18th April, which was not sufficient staff to provide safe care for 37 residents and was not in line with the staffing strategy submitted by the provider.

Additionally, the inspector found that house-keeping staff resources were not in line with the staffing strategy submitted by the provider in December 2021. Although there was evidence of ongoing recruitment to the house-keeping team, the inspector found that there were insufficient house-keeping staff rostered to ensure that the centre was cleaned on a regular basis and to the required standards to ensure residents were protected from infection.

The provider was required to submit a revised staffing strategy following this inspection and to provide assurances that there were sufficient staff to provide care for the 37 residents living in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found that a number of staff did not have access to mandatory training which included training on moving and handling and safeguarding training. This was evidenced by:

- Five staff had not completed mandatory safe-guarding training.
- Five staff had not been facilitated to attend mandatory refresher manual handling training.

The findings of this inspection confirmed that staff had training needs in the following;

- Evidence based wound care.
- Assessment and care planning.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A review of the directory of residents found that the information specified in 3 (h) of Schedule 3 was not entered into the directory for all residents as follows;

- the name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although, some improvements had been made since the previous inspection in July 2022 , the management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in designated centers for Older People) Regulations 2013 were not effective. This was evidenced by the following findings;

- The provider had failed to take appropriate actions to ensure that their compliance plan from the previous inspection had been implemented in full and that the improvement actions were sustained. This was evidenced by findings set out under Regulation 5 : Care planning and assessment, Regulation 7: Restrictive Practice, Regulation 15: Staffing, Regulation 23 : Governance and management and Regulation 27 Infection control.
- The quality assurance systems that were in place did not ensure the quality and safety of the service was effectively monitored. This was impacting on clinical effectiveness and residents' quality of life. For example there was little evidence of auditing of key areas of the service in 2023 .Therefore, areas needing improvement were not identified to inform continuous quality improvements and to inform risk management in the service.
- Risks were not being appropriately managed by the management team, for example risks found on the day of the inspection as detailed under Regulation 27 and had not been identified and managed.
- The provider had failed to ensure that there were adequate numbers of staff available in the centre to ensure the effective delivery of care and service. This is a repeated finding from the last inspection and is addressed under Regulation 15.
- The annual review of the quality and safety of the service for 2022 had not been completed. This is a repeated finding from the last inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such for such services. Contacts were signed by the resident and/or representatives, where appropriate.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that all notifiable events had been submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector met with many of the residents during the inspection. Overall feedback from residents was positive regarding their quality of life. Staff were observed to be respectful and kind towards the residents. However, the inspector found increased oversight was required to ensure that residents received good quality, safe care in line with their assessed needs as set out in the quality and safety section of this report.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that while the care plans were generally informative, some lacked sufficient detail to guide staff in the delivery of care. For example; the inspector found that some care plans did not set out all of the interventions required to prevent falls from occurring. Further action was also required to ensure that care plans relating to the management of wound care adequately described the care interventions to be completed to promote wound healing. This information was required to direct staff to provide the appropriate care. These findings are set out under Regulation 5, Assessment and Care Planning. Furthermore, the inspector found that wound care practices in the centre required improvement to ensure that wounds were managed in line with evidence based practice. This is discussed further under Regulation 6, Health Care.

The inspector found that improvements had been made to the medication management system since the previous inspection, however further action was required in relation to the management of multi-dose medication. This is discussed further under Regulation 29: Medicines and pharmaceutical services.

Residents had regular access to a general practitioner (GP) who visited the centre. Residents had access to allied health services such as physiotherapy and occupational therapy services. There was evidence of access to dietetics services and speech and language therapy.

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

The inspector found that the current activities programme did not ensure that all residents had opportunities to participate in meaningful social activities and engagement in line with their preferences and abilities. This will be discussed further under Regulation 9: Resident's rights.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre, however the inspector found that not all staff had completed mandatory safe-guarding training. This is discussed in more detail under Regulation 16.

While staff demonstrated commitment to reducing the use of restrictive practices within the centre, not all practices and procedures were in line with national restraint policy guidelines. This is discussed further under Regulation 8; Challenging Behaviours.

Infection prevention and control measures were in place and monitored by the senior management team. Whilst there was evidence of good practices in relation to infection control such as the appropriate use of personal protective equipment (PPE) and hand hygiene, further oversight was required in relation to storage of supplies and furniture. There was no system in place to segregate clinical and non clinical supplies which increased the risk of cross contamination. This is discussed further under Regulation 27: Infection Control.

Residents had access to an independent advocacy service and details regarding this service were displayed in the reception area of the centre. Residents were facilitated to practice their religious beliefs. There was a small oratory in the centre which was available for resident use. Mass was held on a weekly basis. Local parish priests also attended to offer the sacrament of the sick, as per residents' wishes. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Agenda items included recruitment, complaints, food and activities. Residents had access to local and national newspapers,

television and radio.

The inspector spoke with a number of residents who informed them that visiting arrangements were in place to enable them to meet with their visitors in their own bedrooms or in communal rooms. Visiting was encouraged and facilitated in line with the latest COVID-19 guidance on visitation to residential care facilities.

Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises conformed to the requirements of Schedule 6 of the regulations , for example ;

There was there was a lack of suitable storage space in the designated centre and the inspector observed the following;

- The storage of resident activity equipment in an electrical room.
- The storage of a portable hoist and laundry trolley in a resident communal bathroom
- The storage of boxes personal protective equipment in a vacant bedroom.
- The non segregation of clinical and non clinical items found in store rooms.

The inspector observed that grab rails were not in place in all communal bathrooms as required under Schedule 6 of the regulations.

A review of the premises confirmed that the following areas were not kept in a good state of repair as required under Schedule 6 of the regulations:

- Wardrobe door surfaces in two resident bedrooms were damaged and in need of replacement.
- The surface of a sofa in use by residents was torn and in need of repair.
- A wall surface with a door closure device attached was damaged and in need of repair

Judgment: Substantially compliant

Regulation 27: Infection control

Further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- While residents had individual hoist slings, a number of slings were observed to be stored on hoists after use and not returned to the resident's room or a suitable storage area. This increased the risk of cross-contamination.
- While residents had individual sliding sheets, a number of sliding sheets were observed to be stored on handrails after use and not returned to the resident's room. This increased the risk of cross-contamination.
- The surfaces of some equipment or items were damaged and therefore could not be appropriately cleaned. For example, the lids on laundry trolley bins were cracked and in need of replacement.
- The hand hygiene sinks in the sluice rooms and laundry rooms did not comply with current recommended specifications for hand hygiene sinks.
- The management of clinical waste required review. The clinical bin contained in the sluice room was designated for clinical waste, but this contained non-clinical waste. Furthermore, the inspector observed that clinical waste was disposed of in the general waste bin in the sluice room.
- A suitable equipment drying rack was not available in the sluice room.
- There was storage of boxes on the floor in a number of storerooms and therefore did not support effective cleaning of floor surfaces in these areas.
- The clinical hand wash sinks on corridors did not comply with current recommended specifications for clinical hand hygiene sinks. This is a repeated finding.
- Residents' incontinence wear was stored loosely in a communal bathroom and this did not ensure that the products were kept clean.
- The contents of the bodily fluids spill kit located in the sluice room had expired since November 2022.

Judgment: Not compliant

Regulation 28: Fire precautions

Poor practices were observed where a number of fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system. This meant that the self closure devices were ineffective and the doors would not close in the event of a fire in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some multi-dose medicines did not have a date of opening marked on them. This meant that staff would not be aware of date of opening and when the medication would become out of date and should be removed from use for return to pharmacy.

Medicinal products were not seen to be administered in accordance with the direction of the provider. For example, the 08:00 morning medication round still in progress at 10:30am and one resident expressed that they had not received their medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector found that the quality of the care plans was inconsistent. Some care plans described resident's care needs and personal preferences in a detailed and person-centred manner, while other care plans lacked the detail required to guide staff to deliver effective, person-centred care. For example,

- A resident who was assessed as being at very high risk of developing a wound from pressure damage did not have a care plan developed within 48 hours of their admission, as required by the regulation. This did not ensure that nursing staff were informed as to what interventions were required to prevent pressure wound from developing.
- Two residents with wounds did not have an up to date wound care plan in place to inform nursing staff what dressings and interventions were required.
- There were gaps found in some repositioning records available and this did not assure the inspector that the residents were repositioned in accordance with their plan of care.
- Falls prevention and mobility care plans were not reviewed for two residents who had sustained falls in the centre, this did not ensure that nursing staff had reviewed potential contributory falls risks and were informed as to what interventions were required to prevent further falls from occurring.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider did not ensure that, having regard to the care plan prepared under Regulation 5, all residents received a high standard of evidence-based nursing care, in line with their assessed needs. This was evidenced by the following examples where;

- Upon reviewing wound care, the inspector found that wound assessments were not completed at each dressing change. Furthermore, there were sporadic, inconsistent clinical measurements documented in resident wound assessment charts which made it difficult to ascertain if the current wound dressing plan was successful or required further review.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that there was inadequate monitoring of the use of restrictive practices in the centre. Records within the restrictive practice register demonstrated that a review of the use of individual bed rails had not been undertaken since November 2022. Furthermore, the inspector found that bed rail risk assessments were not completed in line with national restraint policy guidelines. For example, a bed-rail risk assessment was not completed when nursing staff identified a change in the safety needs of the resident occupying the bed. These findings did not assure the inspector that there was a commitment to minimal use of restraint and practices and that procedures were in line with national restraint policy guidelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

An activity schedule was not available and the inspector was informed that a decision regarding the social activities facilitated were made each day by staff in consultation with residents. This meant that residents did not know what social activities were available each day so they could plan to attend them if they wished. In addition, the lack of a planned programme would make it difficult to monitor this aspect of the service and to ensure that suitable social activities were taking place to meet residents' assessed needs.

The inspector carried out observations throughout the day in the bedrooms and communal rooms. These observations showed that on the day of the inspection there were some residents sitting in these areas who were not engaged in meaningful activities and had limited access to social interaction with staff or with other residents. Furthermore, records demonstrating residents' engagement in activities

were unavailable on the day of the inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ave Maria OSV-0000315

Inspection ID: MON-0037664

Date of inspection: 13/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Regulation 15(1)</p> <p>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.</p> <p>Previous staffing strategy is being reviewed by the provider as the previous one was submitted 3 years ago and was no longer reflecting the needs of the nursing home at present.</p> <p>Staffing levels are constantly under review and discussed on the Management meetings. Rostered hours for all Departments are being reviewed by the Management team and hours will be adjusted accordingly depending on the residents needs and the nursing home budget.</p> <p>Ave Maria nursing home is actively advertising for different positions through different job platforms and engaging with recruitment companies. As Ave Maria nursing home is in the rural setting, it is hard to support possible candidates in finding suitable accommodation. Another problem we are experiencing are delays and problems in acquiring working visas for suitable candidates.</p> <p>Since the inspection, 1 HCA commenced their work in May and Garda vetting is pending for 2 candidates for HCA position.</p> <p>6 nurses from India have been recruited and hopefully will join us end of June/July.</p> <p>1 team member who is currently working as healthcare assistant is awaiting her nursing exam in June.</p> <p>3 nurses who are living locally have been offered staff nurse positions and are in the process of Garda vetting.</p> <p>2 candidates for House-keeping job were interviewed and offered the position and hopefully will join Ave Maria nursing home team in June.</p> <p>Ave Maria is working closely with same agencies to ensure familiar staff is caring for our residents when we need to use Agency staff.</p>	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Regulation 16(1)(a) The person in charge shall ensure that staff have access to appropriate training.</p> <p>At the time of inspection, all certificates were not updated onto the training matrix which lead to inaccurate information. The training matrix is currently under review by the Management team and administrator to ensure accuracy and easier identification of the training needs. All staff have been asked to submit their certificates obtained on HSE land.</p> <p>Safeguarding training- staff has been asked to complete the training on HSE land and we are awaiting date for in house training for all staff Manual handling training- awaiting the date for the in-house training. Staff has been asked to complete the training on HSE land and submit their certificates.</p> <p>Wound Management training onsite has been delivered on 18/05/2023 for nurses and senior healthcare assistants with another session being arranged for all other healthcare assistants. Assessment and care planning in house training have been booked, awaiting date.</p> <p>All staff encouraged to access the trainings on HSE land and Management team are open for support of additional trainings which would enrich quality of care be beneficial for residents in Ave Maria nursing home.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: Regulation 19(3)The directory shall include the information specified in paragraph (3) of Schedule 3.</p> <p>Directory of residents was reviewed by PIC and all relevant information will be updated as specified in Schedule 3 by 30/05/2023. Moving forward, Directory of residents will be maintained by Administration team with support of Management team and audited on</p>	

monthly basis.

Regulation 23: Governance and management

Not Compliant

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

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.

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.

Regulation 23(d)

The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Regulation 23(e)

The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.

Regulation 23(f)

The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.

At the Management meeting it was agreed to move from the online system back to the paper-based auditing system. The new forms were created and audits conducted.

Findings will be discussed on the next Management meeting.

Risk register is being reviewed by the Person in charge to ensure all risks are identified and managed accordingly.

Since inspection, occupancy decreased and staffing ratios and skill mix is constantly reviewed by the Management team.

Ave Maria nursing home is actively advertising for different positions through different job platforms and engaging with recruitment companies. However, most candidates applying for the positions are coming from abroad. As Ave Maria nursing home is in the rural setting, it is hard to support possible candidates in finding suitable accommodation. Another problem we are experiencing are delays and problems in acquiring working visas for suitable candidates.

Since the inspection, 1 HCA commenced their work in May.
 1 team member who is currently working as Healthcare assistant is awaiting her nursing exam in June.
 4 international candidates were interviewed and considered for the role.
 CV's of 16 possible candidates for healthcare assistants position from India are being reviewed.
 6 CV's for nursing staff position are being reviewed and online interviews organized.
 Interviews are being held for housekeeping position and 2 possible candidates are considered for the job.
 The Annual report for 2022 will be done and available to residents, visitors and Inspector as per Regulation.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 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.

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.

The activity equipment was removed from the electrical room.
 The new store room for hoists and mobility equipment is being created beside the nurses station which will ensure separation of clinical and non-clinical items.
 All equipment is removed from the communal bathroom.
 All boxes were removed from the vacant room and same is arranged adequately.
 Grab rail will be installed in the communal bathroom as required.
 Furniture will be gradually replaced in accordance with the nursing home budget.
 The door with the closure device attached will be repaired by suitable maintenance person.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

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.

All staff was reminded about the National standards for infection prevention and control in Community services and are daily monitored by the Management team to ensure adequate practices are followed.

All the hoist slings and sliding sheets are periodically inspected and replaced to ensure their safe use.

The lids on the laundry bins will be replaced if suitable parts are available (awaiting quotes) or will be completely replaced.

Drying rack is being ordered for the sluice room.

Ave Maria nursing home is seeking quotes for clinical hand wash sinks on corridors and hand hygiene sinks in the sluice room and the laundry room will be considered in this year's budget once we receive the quotes.

All staff spoken to about appropriate Waste Management and same is monitored by the Management team.

All boxes were removed to ensure effective cleaning of floor surfaces.

All incontinence wear was removed from the communal bathroom.

The contents of the bodily spill kit were replaced accordingly.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28(2)(i)

The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.

Risks have been identified and added to the risk register. Health & safety checks are being conducted in each shift.

Ave Maria nursing home has received the quotes for hold open devices from the different Companies and is arranging delivery and installation.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

Regulation 29(5)

The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Regulation 29(6)

The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

All multi-dose medicines and medicinal products were checked by Clinical nurse manager and discarded appropriately.

Management team checks medication trolleys on weekly basis to ensure compliance with national legislation or guidance.

All nursing staff have been asked to undertake Medication management training on HSE land and in house training is being organized.

Management team will complete individual Medication management competencies and additional support will be provided where needed.

Medication audit will be done monthly and findings discussed with the nursing team.

Discussion around the morning medication round has been conducted by the Management team with the Pharmacist who continues to perform Medication audit on site on monthly basis. Change of administration time has been agreed on to ensure residents needs are appropriately met.

Nurses meeting will be arranged for June as awaiting candidates to undertake their exam and join nursing team.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

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.

All care plans are being audited by Clinical nurse manager who will do the amendments where immediately required and findings will be discussed with the nursing team.

Care plans will be partially audited on a monthly basis and full care plans review will be

done on 3 monthly basis to ensure compliance.
 Care planning training is being organized for nursing staff and additional source of information and support provided by the Management team.
 Checklist has been introduced for new admissions to ensure all needs and risks are identified and care plans created accordingly.
 Management team is working on strengthening the communication between the clinical teams to ensure care is provided in accordance to the care plans.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 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.

In house wound management training was provided to all nursing staff and checklist was introduced to ensure all good practices are followed in line with national and professional guidelines.

Nurses continue to engage with the tissue viability nurse who is providing support over emails and on site when required.

Clinical nurse manager is auditing all assessments and care plans and will continue to do so on 3 monthly basis as it was practice before. Findings will be discussed with the nurses.

In house care planning training will be booked for all nurses and additional support provided by the Management team.

Additional training on online record system Ave Maria nursing home uses and online support has been organized for the nursing staff to ensure information is being adequately recorded.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 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.

The restrictive practice register has been reviewed by Person in charge which significantly reduced the need for use of restraint practices.
 The new bed rail risk assessment form was introduced in line with national restraint policy guidelines.
 Management team will conduct the audit of restrictive practices every 2 months.
 All clinical staff was asked to undertake online restrictive practice training on HSE land and submit their certificates.
 Ave Maria nursing home will strive to be positive environment by maintaining the minimal use of restrictive practices identified by residents assessments.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Regulation 9(2)(b)The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.

Ave Maria nursing home was actively recruiting Activity Coordinator. The successful candidate is currently under the Garda vetting process and hopefully will commence their role in June.

Activity schedule will be created by Activity Coordinator and Person in Charge in consultation with the residents to ensure their interests and needs are met.

Activity schedule will be reviewed by Activity coordinator with the support of the Management team and discussed on 2 monthly basis at residents meetings.

Records demonstrating residents' engagement in activities are maintained by the nursing staff until Activity Coordinator's commencement.

Prior to the inspection, Management team observed and discussed the interaction between the residents and staff and their access to meaningful activities in communal areas mentioned by the Inspector on the day of inspection. Agreed plan is gradually introduce residents' with the activities in the main day room and maintain the number of the residents' who express the wish of having quiet time/privacy in the other communal areas. Additional changes will be considered once the occupancy increases.

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	30/08/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/09/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of	Substantially Compliant	Yellow	01/12/2023

	purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/12/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/09/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and	Not Compliant	Orange	30/06/2023

	safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	30/01/2024
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	30/01/2024
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	30/12/2023

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/08/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/08/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and	Substantially Compliant	Yellow	01/05/2023

	will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/09/2023
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.	Substantially Compliant	Yellow	30/08/2023
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	Substantially Compliant	Yellow	30/07/2023

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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.	Substantially Compliant	Yellow	30/06/2023
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	30/07/2023