



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

Issued by the Chief Inspector

Name of designated centre:	Cluain Arann Welfare Home & Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Avondale Crescent, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	21 October 2021
Centre ID:	OSV-0000674
Fieldwork ID:	MON-0033529

About the designated centre

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

Cluain Arann Residential and Community Nursing Unit is owned and managed by the Health Service Executive (HSE). The building was purpose built and first opened in 1979 as a single-storey construction. The centre is comprised of two units, a community nursing unit (10 beds) and a residential unit (20 beds). The community nursing unit has of two four bedded rooms and two single rooms with all bedrooms en-suite. The community nursing unit provides care for three categories of residents: • Palliative Care (two beds). • Respite/short term care (three beds). • Convalescent care (five beds). The residential unit accommodates 20 residents who it describes are independent and self-caring. The residential unit provides private accommodation in 18 single rooms and a twin bedroom. The twin room has an ensuite toilet and wash hand basin and one of the single rooms has full en-suite facilities with a shower. There is plenty of communal space including a large day room and separate dining room. Other communal accommodation includes a family room, an activities room, an oratory and a small library. The centre also has a smoking shelter. The community nursing unit has a separate day room, a nurse's station and a treatment room. Residents can access the grounds to the front and side of the premises and there are two enclosed gardens, one being a remembrance garden with seating and attractive flowers and shrubbery. The centre operates on a minimum of two nurses during the day and one at night who were supported by multi-task attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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 21 October 2021	09:45hrs to 17:50hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Through discussions with residents and from the inspector's observations of practices and interactions during the day, it was clear that this was a nice place to live, where the rights of the residents were promoted and their wishes and choices respected. The centre had managed to keep its residents free from COVID-19 infection throughout the current pandemic. The overall feedback was that the staff and management were kind and dedicated and residents were supported to maintain their independence.

The inspector arrived unannounced in the morning and was welcomed by the clinical nurse manager following a COVID-19 screening process. The centre is registered to accommodate 30 residents in two distinctly separate services; a 20-bedded residential unit for long term residents with low dependency needs and a 10-bedded community nursing unit for people requiring periods of respite, convalescence and palliative care. There were 11 vacant beds in the residential unit on the day of inspection, and the community nursing unit was at full capacity. The inspector met most of the residents on the day and spoke in more detail to residents in both units, gaining an insight into their experiences of residing in the centre. In the community nursing unit, residents stated that they were very satisfied with the level of care provided to them for the duration of their stay. They praised staff and described them as friendly and hardworking. Residents said their queries were listened to and they were glad to be so well looked after. There was a spacious sitting room in this unit, which was predominantly used for visiting purposes due to limited space for social distancing in the unit's four-bedded rooms. Residents said that they could have visitors during the day and could go outside if they wished. The person in charge explained that previously both units could use communal areas such as the dining and large sitting room together, however this had ceased during the pandemic to ensure safe social distancing measures were adhered to. Residents in the nursing unit told the inspector that they were happy with this arrangement.

The residential unit was quiet on the morning of inspection. Residents were up and dressed for the day, and were seen to self-direct the pace of their morning routine. A number of residents had lived in the centre for many years and were comfortable and content in their surroundings. Some residents said they went out to day care services which they enjoyed. The centre is a ground floor building, set in a quiet residential area off the main road, within walking distance of the shops, post office and church in the local village. Residents had the freedom to come and go as they pleased. Many residents chose to stay in the centre on the day of inspection as they were busy getting prepared for their COVID-19 booster vaccine that afternoon. Residents were delighted to be receiving the vaccine and told the inspector that they hoped it would make the coming winter easier. The residents said that they were grateful to the staff for keeping them safe during the pandemic. The impact of visiting restrictions since the onset of the pandemic had been felt by all residents, who were used to their family and friends coming into the centre, however residents confirmed that they had been included in all discussions about the pandemic and

they were knowledgeable about the reasons for the restrictions. Visiting had reopened in line with current guidelines and residents stated that they were delighted to be able to go back out to soccer matches and for walks in the town.

The centre had plenty of communal space for residents and there was large flat screen TV's which residents said were great for watching matches and the news. Internet facilities were provided to residents and there was a portable computer to allow residents to make video calls or to stream live events. The local priest had returned to say Mass in the centre once a week. The centre's oratory was beautifully decorated, however, it was too small for all residents to safely enjoy Mass, and so the priest said Mass in the larger sitting room. The oratory was used by residents for prayer and quiet reflection. Bedroom accommodation in the residential unit comprised of 18 single bedrooms and one twin room. There were a sufficient number of shared toilet and shower facilities. All bedrooms contained hand washing facilities and had access to call bells if required. Residents bedrooms were generally personalised to their liking with photographs and objects from home. Residents told the inspector that they were very happy with their rooms. The internal courtyard was seen to be in need of a lot of care, as the raised beds were devoid of flowers or shrubs, potted plants had died and the birdbath sat empty and rusting. Concerns had been raised about this area by residents in both units. The person in charge explained that a plan was in place for full replanting of this area, incorporating the residents feedback and that residents would be actively involved in this project.

Scheduled activities had recently resumed following a period of suspension due to the pandemic. Residents had requested that activities resume again as they felt that the delay had been prolonged. The person in charge explained that pre-COVID-19, many of the activities had been facilitated by external personnel and volunteers. A new activities plan was in place, including art, reminiscence and music which was delivered predominantly by the staff on duty. Volunteers were beginning to come into the centre, albeit with strict control measures in place to prevent the potential for the spread of infection. The residents who spoke with the inspector were satisfied that they could spend the day as they wished. They were satisfied with with the activities provided, and were pleased that they could choose to attend activities without feeling pressurised to do so.

Residents were very complimentary of the food on offer and the inspector observed choices being offered at mealtimes. The chef was seen to adapt the menu to suit residents' tastes, for example one resident requested chicken curry and rice at short notice for lunch and this was arranged with no hesitation. The food served was wholesome, nutritious and attractively presented. Residents had access to tea and coffee making facilities, fresh water and juices, and numerous snacks throughout the day and night. There was a daily shop run where residents could request any items they required from the local shop and it would be delivered to their door.

Overall, this centre was committed to supporting and enhancing the residents' quality of life, with an emphasis on individual choice. The residents voiced no specific concerns or complaints to the inspector and were generally unaware of the issues identified by the inspector as discussed further on in the report. The next two sections of the report will describe in more detail the specific findings of this

inspection in relation to the governance and management of the centre, and how this impacts on the quality and safety of the service provided to residents

Capacity and capability

The findings of this inspection were that the registered provider had failed to ensure that an effective and safe service was consistently provided for residents in Cluain Arann Welfare Home and Community Nursing Unit. While there was a clearly defined management structure in place, oversight of the overall governance and management of the centre required strengthening. While improvements in some areas such as fire precautions were seen, there continued to be non-compliance with regulations. Staffing resources and oversight of staff training required review. Proposed actions had not been taken to remedy privacy and dignity issues in toilet cubicles which were highlighted on the previous inspection.

The centre was operated by the Health Service Executive (HSE). The person in charge had been in her post since 2016, and had worked in the centre since 2000. The person in charge had a reporting relationship to the manager of Older Person's Services in the area and was supported in the centre by two clinical nurse managers. The clinical nurse managers were part of the nursing complement, providing care for the residents in the nursing unit and assisting in the overall management of both units, including conducting audits of practice. The centre was further supported by a small team of nurses and multi-task attendants (MTA), catering, maintenance and administrative staff. There was evidence of good communication systems in the centre, with regular meeting of the management team and the wider staff group.

There are two distinctly separate services operating in Cluain Arann Welfare Home and Community Nursing Unit, referred to as the residential unit and the nursing unit. The two units are staffed separately with one nurse being dedicated to the residential unit on a full-time basis. The nurse was present in the residential unit until 5.00pm each day. Two staff nurses were assigned to the nursing unit each day, reducing to one nurse at 4.30pm. This meant that from 5pm there was one nurse on duty to cover both units for the evening and night shift. MTA's were assigned to each unit to carry out both caring and cleaning duties. While there was some effort to segregate the roles at the beginning of the shift, crossover of duties was seen throughout the day. This had the potential to impact of infection prevention and control and is also discussed under regulation 15. Similarly to the previous inspection in February 2020, there were shortages of staff nurses. The centre relied on agency staff to cover weekends in the residential unit and any other unplanned leave or longer term leave. Staff confirmed that the situation remained that the residential unit was often left short as the nurse there would be required to cover absences in the nursing unit. The person in charge confirmed that staffing resources were a huge constraint and that the situation had not improved since the previous inspection. While the residents spoken with on the day, stated that they were happy

with the care received, there was 11 vacant beds in the residential unit and the inspector was concerned that the staffing issues identified would impact negatively on resident care when there is an increase in occupancy.

The centre provided training courses predominantly through online forums. Some courses such as people moving and handling were conducted in face- to face formats. The centre maintained a record of all training provided, however, oversight to ensure that new staff were inducted and had completed mandatory training required review, as discussed under regulation 16. A review of staff records showed that the provider had systems in place for the recruitment of suitable staff, including appropriate verified references and An Garda Síochána (police) vetting disclosures for all staff prior to commencing employment in the centre. Some improvements were required in the safe storage and complete documentation of residents' records, as discussed under regulation 21.

There was a schedule of audits in place to monitor and improve the quality and safety of the care given to residents in both units. Audits reviewed by the inspector included audits of falls, restraints such as bedrails, nutrition and infection control. These were conducted by the person in charge, the clinical nurse managers and the residential unit nurse. The outcome of audits were discussed at meetings and any issues identified were actioned. Some audit tools required strengthening to ensure that all areas of risk were identified; for example the medication management audit tool did not adequately monitor the storage of medication and therefore did not identify the issues found on inspection. The centre maintained a log of incidents and accidents occurring in the centre. A review of this log showed that all incidents and accidents were investigated appropriately and interventions put in place to minimise the risk of recurrence, for example, in response to a needlestick injury, further training in the management of sharps was organised for all staff. On one occasion, the person in charge had failed to notify a serious event to the Chief Inspector, which is required under the regulations.

The inspector observed that procedures in place regarding medication management were not consistently in line with current Nursing and Midwifery Board of Ireland Guidance for Registered Nurses and Midwives on Medication Administration (2020). The administration of controlled drugs in different formats required review. There were procedures in place for the return of out-of-date or unused medications, however, these were not always followed in practice. Residents were assessed and supported to safely self-administer medications where appropriate.

There was evidence of good consultation with the long-term residents of the residential unit through regular satisfaction surveys and meetings. Any issues identified by residents were quickly actioned by the person in charge. For example, residents expressed a desire for more outdoor seating, and this was ordered without delay. There was a low level of complaints being made in the centre. However, some improvements were required to ensure that all complaints were documented and addressed appropriately, as discussed under regulation 34.

Regulation 15: Staffing

Similarly to the previous inspection, issues were identified with the staffing levels in the centre.

- The centre continues to operate with some staff shortages. The roster showed that on some days, due to staff shortages, only one nurse was assigned to cover both units.
- The person in charge confirmed that there was a 1.4 whole time equivalent vacancy for staff nurses that have not yet been filled
- The nurse allocated to the residential unit continued to be relied on to cover planned and unplanned leave in the nursing unit, leaving the residential unit without dedicated nursing cover.
- There continued to be no clear definition of the multi-tasks attendant (MTA) role. For example; In the residential unit, two MTA's were on duty, one from 8.00am-8.30pm and one from 8.00am-12.00pm. The centre's Statement of Purpose states that there is clear segregation of the multi-task attendant role with one assigned to cleaning and one to direct care. This was not seen in practice on the day of inspection and staff confirmed that from 12.00pm, one MTA was providing care and assistance to residents in addition to carrying out cleaning and laundry laundry duties. The staffing model posed an infection control risk to residents and staff in the centre. This is discussed under regulation 27.

Judgment: Not compliant

Regulation 16: Training and staff development

On reviewing the centre's training matrix and staff training records the inspector identified the following:

- A recently recruited nurse who was in charge at night, did not have the required mandatory training in safeguarding of vulnerable persons, fire safety, medication management and the management of behaviours that challenge.
- While the management team stated that the night nurse had completed five supernumerary induction days, There was no record of the induction available when requested. This, in addition to the lack of mandatory training meant that assurances could not be provided that this staff member was adequately supervised in their role.
- A total of four staff nurses (50% of the current staff complement) had not completed training in the management of behaviours that challenge. This was booked for completion in the near future.

The provider took immediate action to ensure that mandatory training modules were

completed by the nurse in question. Certificates of completion were submitted as requested.

Judgment: Not compliant

Regulation 21: Records

A review of nursing documentation in the residential unit identified that a daily nursing record of the resident's health, condition and treatment given was not routinely documented. Nursing records pertaining to residents in the nursing unit were seen to be held on clipboards on the corridor handrails. These should be stored safely, as required by the regulation.

Judgment: Substantially compliant

Regulation 23: Governance and management

As identified on the previous inspection in February 2020, the registered provider had not ensured that sufficient resources were provided in relation to the following:

- There was a failure to ensure that adequate staff were made available as outlined in the Statement of Purpose. This is discussed under regulation 15.
- The provider had not provided resources for the renovation of a communal bathroom which did not provide adequate privacy or dignity to residents. This is discussed under regulation 9.
- While improvements were made in relation to Regulation 28 since the previous inspection a further assurances were required in relation to fire safety.

Some areas of the governance and management of the centre were overlooked which could potentially leave the centre open to risks. Oversight of the following areas were lacking, as discussed under each regulation; training and staff development, medication management practices, risk management, notification of incidents and infection control.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents' contracts of care had been revised and now included the additional

charges that are not part of the weekly contribution that residents pay.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector had not been notified of a positive case of COVID-19 which occurred in a staff member. This is required under Schedule 4 of the regulations. The notification was submitted in retrospect following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure on display in the main lobby area was very difficult to read and therefore understand the process in place for making a complaint. In addition, it did not clearly identify the nominated person to oversee complaints within the centre.

A review of the centre's complaints log identified that two recent minor complaints remained open. The person in charge confirmed that the issues had been addressed, however, there was no evidence in the complaints log of acknowledgement of or investigation into the complaint, and the satisfaction of the complainant was not recorded; all of which are required by the regulation.

Judgment: Substantially compliant

Quality and safety

Overall, residents had a good quality of life in this centre. Supportive staff ensured that the rights and independence of the residents were promoted through frequent engagement and consultation. Good access to healthcare services ensured that residents' individual medical and nursing needs were met. Improvements were required in a number of areas including infection control, medication management, risk management and premises to ensure the sustained quality and safety of the service provided.

The premises was bright, well maintained and clean throughout. Residents in the residential unit had unrestricted access to and from the centre and throughout the residential unit. Access to the nursing unit was secured via a coded keypad to

maintain the privacy of those residing there for a period of convalescence or respite, and to maintain the dignity of those at end of life. There was sufficient communal space in both units to facilitate social distancing when required. An outstanding premises issue in relation to the communal bathroom in the residential unit remained since the previous inspection. This impacted on the privacy and dignity of residents, as discussed under regulation 9.

A review of documentation and discussions with management and staff showed that COVID-19 outbreak management plans had been developed and reviewed on a regular basis. These plans detailed the areas to be used for isolation of residents and the measures in place to resource additional staff and equipment to ensure the safety of the residents and to minimise the spread of infection. Staff were observed to follow public health guidance in the use of personal protective equipment (PPE) in the centre. A designated infection control lead nurse conducted regular audits of compliance with hand hygiene. Other areas of good practice included the twice-daily symptom checking of staff and residents, plentiful access to alcohol-based hand rub throughout the centre and good signage to prompt staff, residents and visitors of social distancing requirements and appropriate hand hygiene practices. MTA's demonstrated a good understanding of best-practice cleaning procedures. Colour coded cloths and mops were in use to reduce the risk of cross infection and there were schedules for cleaning and decontamination for all areas of the centre including vacant rooms and curtains and fabrics. Notwithstanding the positive practices in place, additional infection prevention and control issues were identified by the inspector. Improvements were required and to ensure infection control risks were adequately controlled. These findings are discussed under regulation 27.

There was a risk management policy in place and a register of risks was maintained, including risks associated with COVID-19. The identified risks were seen to be well-managed with controls in place to mitigate the risks occurring. During the inspection, risks that had not been addressed in this risk register were identified, as discussed under regulation 26.

Resident's clinical records were generally maintained to a good standard. Each resident had a comprehensive assessment completed prior to admission to the centre. Improvements were noted in the quality and detail of resident's care plans. Care plans were developed following evidence-based nursing assessment of areas such as the risk of falls, malnutrition and impaired skin integrity. There was documentary evidence that care plans were developed and reviewed in consultation with the residents. In the nursing unit, residents had good access to medical care through the centre's medical officer who completed regular medical reviews. In the residential unit, medical care was provided by the residents' own general practitioner (GP). Residents generally went out to see their doctor, but in-house visits were conducted when required.

Regular residents meetings took place and feedback from residents was gathered through satisfaction surveys. There was evidence that action plans were developed following these surveys. The person in charge outlined that scheduled activities had ceased during the pandemic. These were organised by the nurse in charge of the residential area and facilitated by the nurse or MTA on duty. Residents who spoke

with inspectors were generally satisfied with the activities on offer.

Residents were encouraged to keep up to date with current affairs and had access to different forms of media such as radio, television and local and national newspapers. Residents had access to clergy of their own faith. Residents were encouraged to retain control over their daily routine and were actively encouraged to go out for periods of time with family and friends.

Fire safety maintenance and testing records including the emergency lighting and fire alarm systems were reviewed by the inspector and found to be up to date. Regular checks of fire fighting equipment and means of escape were in place and fire doors were observed to be unobstructed. Personal emergency evacuation plans were in place for all residents. Staff had completed fire evacuation drills simulating night time staffing levels and there was evidence of learning from this exercise and areas for further improvement. Residents confirmed that they had participated in these drills. Overall, fire safety measures in the centre had improved since the last inspection. Continued oversight is required to ensure that the service is compliant in all aspects of the regulation.

Regulation 11: Visits

The centre was open to visitors, in line with the updated Health Protection and Surveillance Centre (HPSC) guidelines *COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs)*. Visitors were seen arriving to the centre during the day. A screening process for signs and symptoms of COVID-19 was in place for all visitors to the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate and to the number and needs of residents and was accurately described in the Statement of Purpose. The centre was generally well maintained and conformed with matters set out in Schedule 6. One of the communal toilets was designed and laid out in a way that did not promote the privacy and dignity of the residents and this is discussed under regulation 9. was not conducive to homely environment. The dividing partitions in the toilet cubicles did not extend from the floor to the ceiling. This was a repeat finding from the last inspection and the provider had failed to address the issue.

Judgment: Compliant

Regulation 26: Risk management

During the inspection, the inspector identified the following issues which had not been formally risk assessed. This is important to ensure the identification of risks and appropriate control measures put in place to mitigate those risks

- There was a number of plug-in electric heaters in the centre. One of these was very close to a resident and was extremely hot to touch and had the potential to cause burns. This was immediately removed after it was identified. There was no risk assessment in place for the use of these heaters.
- Following the last inspection, a new smoking shed had been constructed which was currently being used by a small number of residents. There was no risk assessment for this smoking area.
- Records showed that a resident had smoked inside the building in another resident's room, setting off the fire alarm on at least one occasion. While residents who smoke had individual care plans in place, the risk of residents smoking in the building had not been assessed.

The provider was asked to submit these risk assessments following the inspection. The submitted risk assessments contained the measures and actions in place to control the identified risks.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example:

- The sluice room required review to ensure that there was no cross contamination between clean and dirty items. A clean commode was stored directly next to the sluice machine. This had also been identified by an infection prevention and control nurse during an on-site inspection in March 2021. The sluice room contained built in cupboards which stored a large number of items such as sterile and clinical supplies which should be stored in a separate clinical room.
- There were insufficient staff hand washing sinks in the centre. The hand wash sinks in resident's rooms and bathrooms were used by staff for hand washing. This is not recommended practice.
- A number of clinical waste bins were in use in clean areas and corridors where they were not required. Clinical waste bins should only be stored in the dirty utility or sluice areas.
- There was no hand washing sink in the laundry area.
- The current staffing arrangements posed a risk to the containment of an

infectious outbreak in the centre. For example there was one nurse covering two units and MTAs providing direct care as well as doing laundry and cleaning tasks during their shift.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety improvements were noted since the last inspection with regard to the following;

- Fire drills were carried out regularly with simulated evacuations using night-time staffing levels of three staff.
- The old smoking room had been dismantled and an improved smoking area was in use.
- Fire doors had been fitted with automatic door closures.

The centre was in the process of completing a fire safety risk assessment. This is required to provide assurances as to the effectiveness of the fire safety measures in place in the centre.

As discussed under Regulation 15, the provider had failed to ensure that all staff had received appropriate training in fire prevention and emergency procedures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were noted with regard to the practice of MTA's administering medications at night. This practice had ceased and the medication management policy had been updated to reflect this. Nevertheless, the following issues in relation to medication management practices within the centre were identified, which are not in line with best practice guidelines;

- Strong pain-relieving medication was prescribed in patch format for a resident in the nursing unit. The patch was supplied from the pharmacy with an instruction to cut a patch in half and apply it. This was done by staff on duty despite the manufacturers guidelines clearly indicating on the patch cover that it was not to be cut. This had the potential to reduce the effectiveness of the medication.
- A number of medications stored on the drug trolley in the residential unit had no pharmacy labels to indicate who the medication was prescribed for. This was against the centre's own policy which stated that the drug trolley would only be stocked with prescribed medications.

- The procedure for storage of PRN (as required) medications required review. The drug trolley did not contain prescribed PRN medications for some residents. When these were required, they were taken from another resident's medication supply.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed, there was sufficient detail captured to direct the individual care needs of the residents. Care plans were seen to be prepared within 48 hours of admission, and updated at regular intervals thereafter, or more frequently if changes arose. There was a good system of nursing assessment in place using evidence-based, validated assessment tools. In the residential unit, dependency levels were updated regularly to ensure that the centre could meet the needs of the residents.

Judgment: Compliant

Regulation 6: Health care

A review of residents' records identified that residents of both units had good access to medical care. There was evidence of referral to and review by health and social care professionals such as dietitian, speech and language therapy and out-patient services. Residents had good access to a physiotherapist, who visited the centre twice-weekly. Where recommendations were made they were implemented and updated in residents' care plans.

Judgment: Compliant

Regulation 8: Protection

The inspector was not assured that the registered provider had taken all reasonable measures to protect residents from abuse, by ensuring that all staff had completed mandatory training in relation to the detection, prevention and responses to abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

One of the communal toilets was designed and laid out in a way that did not promote the privacy and dignity of the residents and was not conducive to a homely environment. The dividing partitions in the toilet cubicles did not extend from the floor to the ceiling. This was a repeat finding from the last inspection and the provider had failed to address the issue.

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	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cluain Arann Welfare Home & Community Nursing Unit OSV-0000674

Inspection ID: MON-0033529

Date of inspection: 21/10/2021

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: Review the current roster. Appointment of new Mta to fill vacant post. Following from this there will then be 2x MTAs to carry out cleaning duties in Cluain Arann</p> <p>0.4 Nursing vacancy to be filled post interviews held in October.</p> <p>Both vacancies to be filled by January 30th 2022 and to be back filled with agency until arrival of new staff.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>4 staff members booked for training and to be completed by end of November beginning of Deecember.6th.</p> <p>Induction check list signed off for the newly appointed staff nurse on the 22/10/2021</p>	
Regulation 21: Records	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 21: Records: The Nursing Documentation for the Residential Unit has a daily activities sheet which has details of personnel care given with the addition of a care plan developed with corresponding problems that are identified each as required which is currently in place. Nursing Records in the Nursing Unit are in a closed plastic folder that were previously hanging outside Rm 1 and Rm 2 were returned to head of bed and are stored safely .</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: See response under Regulation 15 Communal Bathroom to be renovated with works completed by June 2022.</p> <p>Training and Staff development is ongoing with mandatory training completed by end November 21.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: NF02 form was completed with immediate effect and that all incidents of similar nature will be reported going forward.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints procedure that was displayed will be replaced by 22nd of November to ensure that it is easy to read and to clearly advise who the nominated person is.</p> <p>With immediate effect the two mentioned complaints were signed off with details of outcome and satisfaction was recorded in relation to complaint.</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk assessments completed and submitted with immediate effect. Notification submitted on 3/11/2021 in relation to setting of fire alarm due to smoking.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Storage cupboard to be replaced in Sluice Room with locked steel cupboard and installation of hand washing sinks in laundry and in Cluain Arann to be reviewed by technical services and consultation with Infection Control by November 31/11/2021.</p> <p>Yellow clinical waste bins were removed with immediate effect.</p> <p>Current staffing level is two nurses in Nursing Unit one of which is the C.N.M2 who is involved in the day to day Management of Cluain Arann consisting of 10 Residents and 9 short stay patients on day of inspection. One staff nurse is assigned to the Residential Unit 39hrs per week but due to unforeseen circumstances fills in due to emergency sick leave with days off covered by agency.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Works ongoing. Fire Risk Assessment carried out on 10/11/202 with Report to be Completed by the 30th of November .</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Pain relieving Patch replaced once supply arrived from pharmacy with immediate effect.</p> <p>All medications now have residents names clearly labeled All prn medications reviewed, consultation took place with pharmacy on the 2/11/2021 and all the Residents will have individually labeled medication going forward for individual Resident use.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All staff will have safeguarding the vulnerable adult completed by 30/11/2021</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The renovation of the communal toilets will be completed by 30/06/2022.</p>	

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	30/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	06/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	22/10/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	22/10/2021

	and are available for inspection by the Chief Inspector.			
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	30/06/2022
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	30/11/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	22/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	30/11/2021

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/11/2021
Regulation 29(4)	The person in charge shall ensure that all	Substantially Compliant	Yellow	22/10/2021

	medicinal products dispensed or supplied to a resident are stored securely at the centre.			
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.	Not Compliant	Orange	02/11/2021
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	Substantially Compliant	Yellow	02/11/2021

	product concerned can no longer be used as a medicinal product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	22/10/2021
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	22/11/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint,	Substantially Compliant	Yellow	22/10/2021

	the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/11/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2022