Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	College View Nursing Home
Name of provider:	Aspen Green Limited
Address of centre:	Clones Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	09 June 2022
Centre ID:	OSV-0000128
Fieldwork ID:	MON-0037143

About the designated centre

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

College View Nursing home is a purpose built nursing home located in landscaped gardens on an elevated site within the Cavan town opposite St Patrick's College on the Clones Road. The centre is registered to accommodate a maximum of 69 residents, both males and females, over the age of 18 years on a long term and short stay, respite and convalescence basis. The centre provides care for a wide range of age related conditions such as general nursing care for elderly residents, Old Age Psychiatry, dementia specific care, respite care, post operative care and palliative care. The town can be accessed by wide footpaths which have been extended to meet the drive into the nursing home. There are extensive gardens over an acre which include raised flower beds, extensive lawns and secluded sun and patio areas for those residents who like to sit outside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 June 2022	21:00hrs to 23:50hrs	Catherine Rose Connolly Gargan	Lead
Friday 10 June 2022	10:15hrs to 18:10hrs	Catherine Rose Connolly Gargan	Lead
Thursday 9 June 2022	21:00hrs to 23:50hrs	Ann Wallace	Support

What residents told us and what inspectors observed

The first day of the inspection was carried out between 21.00hrs and 23.50 hrs so that inspectors could observe the care that was provided for residents between these hours. This was arranged in response to unsolicited information that had been received into the Office of the Chief Inspector about night time staffing levels and concerns about the care of residents at night. The information was partially substantiated on this inspection and the findings are set out in this report.

On the first evening of the inspection there were two nurses and three care staff on duty to care for 66 residents. Two additional residents were in hospital. A fourth carer was rostered to come on duty at 22:00hrs. Inspectors also met with two day staff who had remained on duty in order to re-admit a resident who had returned at short notice from hospital late that evening. These staff left the centre when the admission was completed. The person in charge and the assistant director of nursing returned to the designated centre when staff notified them that the inspection was in progress. They were joined later in the evening by a member of the provider's senior management team who also facilitated the inspection.

Inspectors found that staff were working hard to provide care and support for the residents. However, there were not sufficient staff on duty to provide safe care and support for the residents, taking into account their needs and the layout of the designated centre. Nurse call bells were ringing constantly and there were not enough staff available to respond to them promptly. One call bell was heard ringing for more than ten minutes until an inspector spoke with the person in charge to request that the call bell was answered. Call bells continued to ring throughout the period that inspectors were in the centre on that first evening. On the second day of the inspection, staff were observed to respond promptly to residents' call bells. The delays with responding to residents' call bells was further complicated because staff had to leave the resident bedroom areas where they were working, to go to one of three panels along the main corridors to find out which call bell was ringing and then return to the bedroom corridors to attend to the resident who was ringing for help. There were call bell lights over bedroom doors but a number of these were not in working order.

Inspectors did a walk-about the designated centre and spoke with a number of residents who were still up and about. Residents appeared contented and told the inspectors that they would get ready for bed at a time of their choosing. Residents' feedback was positive about the care and support that they received from staff. One gentleman told the inspectors that he had made a good recovery since his admission to the designated centre and that staff were very attentive to his needs. Another resident said that although she would prefer to be able to stay in her own home, she had settled in well and that staff could not do enough for her. Staff interactions with residents were person-centred and demonstrated respect and kindness. Even though staff were busy they knocked before entering residents' bedrooms and

stopped to chat with those residents who were still up and about.

However, feedback from a number of residents was that staff were busy and they often had to wait for staff to be available to help them at night. This was validated on the first day of this inspection. For example, on the special care unit there was one carer available to provide care and support for ten residents. Some of these residents were at risk of falling and required supervision, other residents needed two staff to attend to their care needs and some residents were known to display high levels of responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The member of staff worked hard to respond to residents' requests for care and support however, one resident had been waiting more than two hours for their personal care needs to be attended to, as their care required a second person and there was not a second member of staff available until the inspector requested that a second member of staff was sourced. The inspector also observed one resident trying to find their bedroom and wandering into another resident's bedroom. This was a particular risk as the resident occupying this bedroom was known to display high levels of responsive behaviours. There were no staff available to supervise the resident as they wandered around the unit. In addition, this resident was known to be at risk of falling and needed staff supervision when mobilising. On the second day of the inspection, staff were observed to respond promptly to residents' requests for assistance.

Inspectors observed, on the first evening of the inspection, the staff nurses administering residents' medicines were being constantly interrupted to assist with caring for residents and, as a result, their administration of residents' medicines were delayed. For example, some residents did not receive medicines prescribed for administration at 21:30hrs until 23:00hrs. This meant that residents were either waiting for their medicines before they could go to sleep or were being disturbed from their sleep to take them.

Residents' accommodation was arranged on the ground floor level on both sides of a spacious reception area with seating on both sides. Some residents told the inspectors that they liked to meet their visitors in the reception area or spend time resting there during the day. Inspectors observed that access to a dementia specific unit was controlled with a coded lock. The dementia specific unit referred to as 'a special care unit' provided accommodation for 12 residents in 10 single bedrooms and one twin bedroom.

Resident's bedroom doors in the dementia specific unit were painted in a variety of colours and toilet seats and grab rails were in a contrasting colour to promote residents' independence and to assist them with way-finding. A bird cage with two birds was in place and one resident was observed to spend some time watching the birds. Residents' activities were facilitated on a one-to-one basis in the sitting room and residents appeared content and engaged in them. This was the only communal room available to residents in the dementia specific unit and was used as a sitting and dining room and a room to facilitate residents' social activities. This room was busy with a lot of noise and appeared overcrowded. This meant that residents in the dementia specific unit who wished to rest in a quieter environment, or meet their

visitors in private in an area outside of their bedroom, could not do so. The doors to the outdoor garden were secured with a key coded lock and residents could not access a safe outdoor space without the assistance of staff to open the door for them.

On the other units, the inspector observed that many of the residents spent their day in the communal sitting rooms. Two staff were responsible for coordinating residents' activities. They were supported by care staff and the team worked together to facilitate residents with opportunities to enjoy a variety of meaningful social activities that interested them and were in line with the residents' capacities in the communal rooms. The weather was sunny on the second day of the inspection and staff and a number of residents' relatives were observed taking the residents out to enjoy the landscaped gardens located to the front of the centre. Visitors were made welcome and were seen coming and going throughout the second day of the inspection.

Residents' bedrooms were personalised with their personal items such as their photographs, artwork and ornaments. Residents' bedrooms varied in layout and size and had sufficient space to meet their needs including adequate wardrobe and storage space for their clothes and personal belongings.

Residents told inspectors that would talk to any of the staff if they were worried about anything or were not satisfied with any aspect of the service. Residents said they believed they would be listened to and any issues they raised would be addressed to their satisfaction.

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

Capacity and capability

This inspection found that action by the provider was necessary to ensure that the management and oversight systems in place were effective in bringing the designated centre into compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 and to ensure that residents were adequately protected from risk of fire and could be safely evacuated in the event of a fire emergency in the centre.

The registered provider of College View Nursing Home is Aspen Green Limited. One of three directors on the company board represents the provider. The person in charge has been in the role since June 2021 and works full-time in the centre. An assistant director of nursing supported the person in charge and provided deputising arrangements for when the person in charge was not available. Staff working in the centre who spoke with the inspector were aware of their individual roles and

responsibilities.

There were comprehensive systems in place to monitor the quality and safety of the service and records showed that the auditing systems had effectively identified improvements and risks. However, this inspection found that a number of these improvements had not been progressed or closed out to completion and some risks had not been effectively mitigated. These areas are discussed under the relevant regulations.

This inspection confirmed that the provider had failed to provide adequate staffing resources to ensure that residents received safe care and support in line with their assessed needs with the current night time staffing levels. This resulted in residents waiting long periods of time in the late evening and at night for staff to be available, resulting in poor outcomes and a lack of privacy and dignity for some residents. This was compounded by a call bell system that was not fit for purpose and did not ensure that staff were able to respond to call bells in a timely manner. Due to the inspectors' significant concerns for residents' well-being and safety, the provider was required to roster additional staff from 20:00hrs. The provider responded promptly to the findings of the first evening of the inspection and an additional carer was added to the roster going forward.

There was a comprehensive training programme in place for all staff. This included mandatory and professional development training, such as COVID-19 infection prevention and control training to ensure staff had the necessary skills to meet residents' needs. However, records showed that not all staff had were up-to-date with fire safety and safeguarding training. This had been identified by the management team and this mandatory training was scheduled in the days following the inspection.

The inspectors' observations of staff practices and discussions with staff gave assurances that staff were familiar with residents' needs and were competent with carrying out their respective roles. However, staff supervision in their day to day work was not robust. For example, staff were not documenting care records in line with the good standards of record keeping and centre's own policies and procedures. In addition, medicine management practices were not carried out in accordance with professional standards at all times. This is discussed further under Regulation 29.

Records were stored securely and records required by Schedules 2, 3 and 4 were maintained and held in the centre.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. The person in charge was working with staff to reduce the incidence of resident falls in the centre.

Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

Complaints received by the service were investigated and procedures were in place

to ensure any complaints received were managed in line with the centre's complaints policy.

Residents' views were valued and they were facilitated and encouraged to feedback on aspects of the service they received. This feedback was used to inform some improvements made in the service and the annual review report on the quality and safety of the service delivered to residents during 2021.

Regulation 14: Persons in charge

A new person in charge commenced in June 2021. The new person in charge is a registered nurse and works full-time in the centre. Her clinical and management experience meets regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

There were insufficient numbers of nurses and care staff available at night to meet the needs of residents and appropriate to the size and layout of the designated centre. This was evidenced by the following inspection findings;

- On the first evening of the inspection residents' call bells were ringing for prolonged periods and there were not enough staff available to respond to them promptly.
- Residents who spoke with inspectors confirmed that they regularly waited for long periods for staff assistance at night.
- Staff who spoke with the inspectors reported that they were often waiting for another staff member to be free to help them to provide safe care for residents who needed two staff to provide care.
- The inspectors observed one staff on duty on the dementia unit was not adequate to provide safe care and supervision of 10 residents with a variety of complex needs.
- Staff nurses administrating residents' night-time medicines were being frequently interrupted to respond to residents' call bells and assist with their care. As a result, medicine administration was delayed and residents were waiting for their night time medicines or were being disturbed from their sleep to take their medicines.

Judgment: Not compliant

Regulation 16: Training and staff development

Supervision of staff was not robust in the following areas;

- documentation of care records.
- administration of medicines were in accordance with professional standards at all times.

Not all staff were up to date with their mandatory training in fire safety and safeguarding.

Staff training was required to ensure that care plans and care records were maintained in line with the centre's own policies and procedures. Inspectors' findings are discussed further under Regulation 5, Assessment and care planning.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The management and oversight systems in place were not effective in maintaining compliance with the Health Act 2007 (Care and Welfare of resident in Designated Centres for Older People) Regulations 2013 and ensuring that the care and services were delivered in line with the centre's statement of purpose. This is evidenced by the high number of non-compliances found on this inspection. In addition, risks were not identified and managed to ensure residents' safety and well-being. For example:

- A risk to resident safety in relation to the fire evacuation strategy had not been identified. For example, A recent fire drill did not provide adequate assurances that residents could be evacuated to a place of safety in a timely manner. This is addressed under Regulation 28.
- A risk to residents in relation to the safe administration of medications had not been identified or managed. The night time staffing levels did not ensure that nursing staff had the protected time to administer medications in a safe

manner in line with safe administration standards. This is addressed under Regulation 29.
- Residents' well-being was affected by the poor management of access to private space. The lack of communal space and access to an outside garden area meant that for those residents who needed a quiet space at times of agitation or when they displayed responsive behaviours, this was not available for them.

Management systems in place to monitor the quality of the service were not effective. Although a comprehensive programme of audits was completed, observations on the inspection and records of quality improvement actions showed that the improvement actions to address audit findings were not completed. For example, Although, a recent medication audit had identified some of the risks found by the inspectors, a number of the improvements required had not been implemented at the time of this inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose.

Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. Inspectors reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed were dealt with appropriately. The person in charge confirmed that there were no open complaints at the time of this inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were available and accessible to staff. These policies were reviewed and updated within the previous three years. Policies and procedures regarding COVID-19 infection prevention and control were updated to reflect evolving public health guidance.

Following the last inspection in October 2021, the provider ensured that the staff

uniform policy and the policy to inform management of residents' responsive behaviours were implemented by staff.

Judgment: Compliant

Quality and safety

This inspection found that resident's nursing care and assistance needs were not being met with the current night time staffing levels. This resulted in poor outcomes for the residents between 20.00hours and 08.00hours including; having to wait long periods for staff to be available to answer call bells waiting up to two hours for a second member of staff to be available to provide personal care and some residents receiving their night time medications late. In addition, the inspectors were not assured that the current fire safety precautions would ensure that residents could be evacuated to a safe place in a timely manner, in the event of a fire at night time.

While the fire safety management records showed that fire-fighting equipment, emergency lighting and the fire alarms in the centre were routinely serviced and regular checks were completed to ensure the fire alarm, doors and lighting was operating correctly, the measures in place to protect residents from risk of fire required improvement. The evacuation drill records did not provide adequate assurances regarding residents' timely evacuation. Although a floor plan was displayed by the fire alarm panel, it did not identify fire compartments and therefore did not provide clear reference for evacuation procedures. Effectiveness of fire compartmentation in the centre was not assured due to confirmation by the centre's management that attic hatches in the ceilings along some corridors that did not meet satisfactory fire retardant standards. These findings are discussed under Regulation 28, Fire precautions.

The premises was laid out over two floors and was separated into four distinct areas with storage and office facilities on the first floor and resident accommodation on the ground floor. There was a secure dementia unit with 12 beds. Residents in the dementia unit had access to one communal room in which they spent most of their day. This room served as a sitting room and a dining room and was where the activities programme was delivered for all residents in the unit. The inspectors observed that the room was busy and was overcrowded at times. This did not provide a suitable environment for residents who were living with dementia and needed a calm atmosphere in which they could feel comfortable and safe.

Infection prevention and control policies in place covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. The provider had improved infection prevention and control processes and procedures in the centre since the last inspection. Notwithstanding the infection prevention and

control improvements made, further improvements to ensure residents' safety from risk of infection were found to be necessary and are discussed further under Regulation 27 in this report.

Each resident had a comprehensive assessment completed of their needs and with the exception of social care plans care plans were developed in line with the residents' identified needs. Some improvements were necessary to the information in residents' care plans to ensure their care interventions was informed by the resident's individual preferences and wishes. Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary.

Although residents received the correct medications, inspectors observed that the administration of their medicines at night was delayed on the first evening of the inspection. The delays were caused by frequent interruptions in which the nurses were called to assist staff with resident care. These interruptions increased the risk of drug errors occurring and were not in line with the safe administration of medications. In addition, records showed that residents' medicine prescription documentation in the centre were not in line with professional standards and required improvement. This finding is discussed under Regulation 6, Health care.

While there was evidence of a small number of residents developing pressure related skin wounds in the centre over the past 12 months, the inspectors found that residents' wounds were managed in line with evidence-based wound care procedures and with the guidance of a tissue viability specialist, a dietician and residents' general practitioners (GPs). A variety of pressure relieving mattresses were available and in use.

Residents had opportunities to engage in varied meaningful activities that met their interests and capabilities. However, residents' choice to access the safe outdoor gardens was negatively impacted by use of key-code lock on the doors. This finding was not in line with the national restraint policy guidelines. Residents were supported to safely meet with their visitors in line with public health guidance. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and issues of concern raised by residents were addressed. Residents had access to local and national newspapers and radios.

Measures were in place to protect residents from risk of abuse and while, there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours, their care documentation supporting this approach required improvement. Restriction to residents' access to the outdoor gardens was not in line with the National restraint policy guidelines and was impacting on residents' quality of life.

Regulation 17: Premises

The layout and design of the dementia unit did not provide residents accommodated in the specialist dementia unit with adequate dining, sitting and recreational facilities. The communal room in the dementia unit was overcrowded and was the only communal room available in this unit. The dementia unit provides accommodation for a maximum of 12 residents. The communal room measures 38.70 square meters and therefore did not provide adequate space for residents to comfortably rest, dine and participate in social activities. The room was noisy and an area alternative to this room other than residents' bedrooms was not available to the residents on the unit.

There was insufficient storage space for residents' equipment and items of residents' equipment was inappropriately stored in residents' communal showers and toilets. This posed a risk of cross infection and was a finding from the last inspection in October 2021.

The following findings were not in line with Schedule 6 of the regulations;

- The floor surface in the hairdressing room was damaged and therefore could not be effectively cleaned. This was an action on the centre's maintenance programme.
- A pull-cord system in operation to switch on lighting in the communal toilets and showers was not adequate and in the absence of a risk assessment completed for each resident, did not optimise residents' independence or safety from risk of falling.
- The call bell system was not fit for purpose leading to poor outcomes for the residents and, although this had been identified to the provider, there was no time frame for this to be addressed. Several lights over residents' bedroom doors that were designed to light up when a resident pressed their call bell were not functioning. The inspectors were informed that an upgrade of the call bell system was planned but a timeframe for completion of this action was not available.
- Paint was damaged and missing from the surfaces of some residents' bedroom doors and therefore did not support effective cleaning.
- Protective covering on the foot-rests of three residents' assistive chairs were damaged and the foam was visible. Therefore these chairs could not be effectively cleaned.

Judgment: Not compliant

Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- Although, there was a sink designated for hand hygiene by staff in the clinical room, this was a domestic style sink and did not meet clinical hand hygiene sink specifications.
- Hand hygiene sinks were not available outside of those provided in residents' bedrooms and communal bathrooms/toilets which meant that the sinks in residents' bedrooms were serving a dual purpose, as facilities for residents' personal hygiene needs and as hand hygiene facilities for staff. This posed a risk of cross contamination and did not support effect hand hygiene procedures.
- Assistive equipment used in the centre and examined by the inspectors appeared visibly clean, however, a system was not in place to ensure that equipment was cleaned and decontaminated after each use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Assurances regarding the measures in place to protect residents' safety and timely evacuation in the event of a fire in the centre were not adequate due to the following findings;

- The records of simulated night time emergency evacuation drills did not provide assurances that residents could be evacuated to a place of safety in a timely manner in the event of a fire or other emergency requiring residents' evacuation during night time conditions in the centre. The records of the emergency evacuation drills did not reference utilisation of all staff in the scenario and did not reflect timely evacuation of the fire compartments with the largest number of residents. Therefore satisfactory assurances that timely evacuation of residents could be achieved in the event of a fire in the centre were not available.
- Evacuation drill reports from 25 April 2022 identified that an assessment of the number of fire panels in the centre building should take place to reduce the time to locate a fire. This action not been completed at the time of this inspection.
- The floor plan displayed by the fire alarm panel did not identify fire compartments and therefore could not inform the procedures for evacuation.
- Assurances regarding effectiveness of an L2/L3 alarm system in place in the centre were not available.
- A number of attic access hatches located in corridors created potential breaches to the fire resistance of the ceiling. The provider representative confirmed that fire stopping qualities of some of the attic hatches was not adequate and that action would be taken without delay to address this.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Administration of some residents' night-time medicines were delayed on the first evening of the inspection. Residents told the inspectors that they often had to wait for their night time medications but that staff would always come to them before they retired for the night. As a result, residents were left waiting for night time medications which they did not receive at times prescribed by their general practitioner (GP). For example, some residents did not receive medicines prescribed for administration at 21:30hrs until 23:00hrs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning required improvement to ensure each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- The information in some residents' care plans needed improvement to ensure it reflected each resident's individual preferences, wishes and usual routines. For example, the care information seen by inspectors was not sufficiently detailed and was not person-centred.
- Not all residents had their social activity needs assessed and a care plan in place to inform staff regarding the care and support they needed to meet their social activity needs and to access meaningful activities and recreation. This posed a risk that not all residents would be facilitated to access meaningful social activities that met their interests and capacities.
- Some residents' behaviour support care plans lacked sufficient information regarding the most effective person-centered strategies that should be utilised to de-escalate their responsive behaviours. This posed a risk that this information would not be effective resident's requirements for supervision. The inspectors observed an incident of responsive behaviours where a resident was not appropriately supervised and when the care plan was reviewed the details of supervision needs were not included in the record to alert staff.

Although the inspectors were assured that residents' care plans were reviewed in consultation with residents or their families, records of this consultation, including any changes made to their care plan, documentary evidence of this review was not available.

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;

- one resident had not received two hourly personal care and change of position at 20.00hours and 22.00hours as there was not a second member of staff available to assist.
- one resident, who was at high risk of falls, was not supervised when the one carer on the unit was busy with other residents in their rooms.
- one resident, who was known to display significant responsive behaviours if their care needs were not attended to promptly, became agitated with other residents when they had to wait for the one member of staff working on the unit to come to them.

A high standard of nursing practice was not found in relation to administration of residents' medicines and posed a risk of a medication adverse event or error. This was evidenced by the following findings;

- Nurses were not referring to a prescription signed by a doctor to inform their administration of residents' medicines
- Nurses were administering prn (as required) medicines where reference to 'the indication for' or 'the maximum dosage permitted over 24 hours' was not available in accordance with professional standards.
- The procedures for transcription of residents' medicines were not in accordance with professional standards.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Although, a small number of residents were accompanied for walks by staff outside the front of the centre, practices in relation to restricting access to the gardens were not used in accordance with national policy, as published by the Department of Health. This was evidenced by:

- Residents, including those in the dementia unit, needed staff assistance to unlock key code locks on the doors to access the safe, enclosed outdoor patio and gardens..
- The restrictions in place were not based on an assessment of risk associated with residents accessing the outdoor areas independently.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

As there was only one communal room available on the dementia unit which was busy and crowded those residents who wished to access a quiet space were not able to do so. In addition the door to the gardens were locked which meant that residents on this unit were not able to choose to go outside without a member of staff being available to open the door for them.

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 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for College View Nursing Home OSV-0000128

Inspection ID: MON-0037143

Date of inspection: 10/06/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - Night-time staffing levels were immediately addressed and additional night time staff hours were introduced by day 2 of the inspection. This was completed on June 1st 2022. - Ongoing review of staffing levels based on the evidence-based assessment of resident needs will continue. Ongoing.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: -An increased number of audits will be conducted to address care documentation, with any identified quality improvements implemented and addressed on an ongoing basis. This will be completed by October 31st 2022. -A full review of the process of medication management within the home will be completed, and supervision of staff to understand and adhere to these processes will be supported through daily support from the management team and increased audit of medication management processes within the home. This process will be commenced by September 30th 2022. -Ongoing care planning and assessment training will be delivered to all staff nurses within the home and ongoing support and review will be provided by the management team. This will be completed by November 30th 2022.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
- A full review will be undertaken of the management of resident access to communal and shared spaces within the home. This will be completed by September 30th 2022. As evidenced on the day of the inspection Ongoing implementation, assessment and review of the Quality Management plan being used within the home will continue, with ongoing review of audit results and necessary quality improvements addressed at Senior Management Team meetings, where issues can be escalated if necessary.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- The centre has over 327 square metres of communal space in the centre which is in line and over the requirement of the regulation and standards All communal spaces are available to all residents within the home.
- Flooring covering will be reviewed in the hair dressers and replaced by December 31st 2022.
- The pull cord system in the communal toilets and showers will be reviewed and the identification of a viable alternative will be discussed. In the interim the use of such cords will be risk assessed to ensure residents are supported in their use. This will be commenced by September 2022.
- A new call bell system will be installed within the centre by October 31st 2022.
- Any damaged equipment will be repaired or replaced following an agreed replacement programme.
- A schedule of works is in place within the home to address repainting or redecorating needs in the home and prioritized as part of the maintenance teams schedule of works. Bedroom doors will be completed by August 31st 2022.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
-There is a replacement programme underway at group level for the replacement of any sink that does not meet the HbN10 clinical sink standard. The sink in the clinical room

will be replaced by September 30th 2022.

-Continued provision of the mitigation measures in relation to the use of handwash facilities such as individual hand gel dispensers for staff, ongoing staff training and audit will remain in place in the centre. In addition a replacement programme for sinks is underway within the home.

-Ongoing review of the use of the tagging system for cleaning and decontamination within the centre

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
-The registered provider will continue to contract a fire expert who is competent to do so to review all fire risks.
Fire evacuation protocol outlines roles and responsibilities and the fire training provided to staff also outlines these in addition to staff being equipped with techniques to adapt in an emergency situation.
-Floor plans will be updated to include detail on compartmentation within the home, these will be updated by an external contractor. The compartmentation within the centre will be reviewed. This will be completed by September 30th 2022.
-A new fire alarm system is scheduled to be put in to the Centre as part of the overall review of fire detection within the centre, this will include repeater panels within the units. This is ordered and is scheduled to be implemented within the centre by 30th September 2022. .
-The attic hatches that were identified as potential breaches in the ceiling have been replaced.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
-A review will be undertaken of medication administration and the timing of same in evening/ night times, this will be completed in conjunction with the resident's GPs and pharmacists. This will be completed September 30th 2022.
-A review will be undertaken of the maximum dosages of each PRN drug in conjunction with the pharmacist to ensure this is clearly documented. This will be completed by September 30th 2022. The medication management policy has been reviewed to ensure

that it accurately reflects all processes and practices in the home in line with Medication management guidelines and professional standards. This was completed in June 2022.
-A full review will be undertaken on the prescription and transcription processes within the home. This will be completed by August 31st 2022.
-Increased oversight will be addressed through the implementation of increased medication audits with the ongoing review and assessment of any required quality improvements. Implementation by August 2022 with ongoing review.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
-A full review will be undertaken of resident's care plans to ensure that they are reflective of the preferences and needs of each individual resident. This will encompass resident activities and managing behaviours that challenge. This will be supported through increased audit and feedback of any identified issues to staff. Staff will also be supported by the management team with individual review and feedback from audits conducted. Staff receive training in care planning and assessment as part of the ongoing training schedule provided within Centre 0000128. This process will be commenced in August 2022 but is an ongoing process.
-The documentation of the participation of the residents and/or their families in the development of care plans was reviewed for all residents and is in place. This was completed in July 2022.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
-The increased allocation of staffing hours at night was put in place immediately after the inspection. The ongoing review of staff allocation and skill mix will continue to be monitored by the Senior Management Team, with increased audit to ensure that there is no impact on care delivery from any potential staff shortages.
- A review will be undertaken of all care plans for those residents with behaviours that challenge to ensure that the identification of any potential triggers for each individual resident de-escalation methods are clearly documented and communicated with staff. The ongoing communication of the needs of these residents will continue at daily handover for all staff to understand the support and management of these residents.

-The medication management policy has been reviewed to ensure that it accurately

reflects all processes and practices in the home in line with Medication management guidelines and professional standards. This was completed in June 2022.
-A full review will be undertaken on the use of a paper based prescription to ensure that all medications prescribed by a doctor are transcribed from the electronic prescription that is currently in use in the home, and then signed by the prescriber on their next attendance to the home. This will be completed by September 30th 2022.
-Increased oversight will be addressed through the implementation of increased medication audits with the ongoing review and assessment of any required quality improvements. Implementation by August 2022 with ongoing review.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
- A review will be undertaken of all care plans for those residents with behaviours that challenge to ensure that the identification of any potential triggers for each individual resident de-escalation methods are clearly documented and communicated with staff. The ongoing commnunication of the needs of these residents will continue at daily handover for all staff to understand the support and management of these residents.
-A review will be undertaken on the accessibility of garden spaces for all residents to ensure that residents can access enclosed, safe spaces independently. The communal space accessed from the Special Care Unit is also accessible to units from another unit, so review is to be undertaken to ensure that no resident is denied safe access to this space.
-The use of symbols which can be interpreted by all residents with cognitive ability will continue to be used on all keypad access doors.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
- The provider will ensure that all residents have access to the communal spaces within the centre.

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	01/06/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	31/10/2022

	provide premises which conform to the matters set out in Schedule 6.			
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	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of	Not Compliant	Orange	30/09/2022

	residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	30/09/2022
Regulation 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	30/09/2022
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	31/07/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	31/07/2022

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/09/2022
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	30/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	30/09/2022

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			