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:	Friars Lodge Nursing Home
Name of provider:	G & T Gallen Limited
Address of centre:	Convent Road, Ballinrobe, Mayo
Type of inspection:	Unannounced
Date of inspection:	26 August 2021
Centre ID:	OSV-0000342
Fieldwork ID:	MON-0033904

About the designated centre

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

Friars Lodge Nursing Home is a designated centre for Older People. The building is purpose-built. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ballinrobe town. Residents have access to an enclosed garden area. The centre provides accommodation for a maximum of 64 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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 26 August 2021	09:00hrs to 17:30hrs	Sean Ryan	Lead
Thursday 26 August 2021	09:00hrs to 17:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Inspectors found that residents in Friars Lodge Nursing Home received good healthcare and support from a team of dedicated staff that respected residents individual choice and preferences. The only source of dissatisfaction voiced to inspectors on the day of inspection was that there was limited or inconsistent activities taking place and that residents would like a review of the menu and choices on offer at mealtimes.

This unannounced inspection was carried out during the COVID-19 pandemic. Inspectors arrived at the centre and were met by the person in charge. Inspectors were guided through the centres infection, prevention and control procedure which included symptom checking, a risk assessment and hand hygiene. At the time of inspection, there was no resident or staff in the centre suspected or confirmed with COVID-19.

Following an opening meeting, inspectors walked through the centre with the person in charge.The centre was purpose built and it provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Residents were accommodated in a mixture of single and twin room (all ensuite) accommodation on one floor. There was a large bath room available with a bath for resident to use if they wish. The centre was brightly decorated with large print information boards for residents such as hand hygiene prompts. The centre was decorated with the Mayo flag colors in support of the upcoming sport event. This was a source of much conversation and excitement for many of the resident's inspectors spoke with. Some residents were observed sitting in the communal areas while others chose to remain in their bedrooms.

There was a relaxed atmosphere within the centre. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. Inspectors saw that staff were respectful and courteous towards residents.

There were three medium sized communal areas available for residents on the day of inspection. The visitor's room and smoking room had been temporarily converted into staff rooms to allow segregation of staff on both sides of the building. Management confirmed that visits were taking place in resident's bedrooms in line with current guidance and there was no resident in the centre that smoked. There was one dining room available for residents with reduced capacity to facilitate social distancing. Some residents had their meals in the communal rooms while others attended the dining room. A number of residents chose to have their meals in their bedroom. There was additional communal space provided off each corridor and the provider had installed a large TV in one of these areas to provide more choice to residents. There was a small fridge, accessible to residents, in the reception area

that was stocked with water and juice.

Furnishings in communal areas were observed to be soft, and comfortable. Communal areas were bright and there was ample flow of natural light. The walls throughout the centre were decorated with pictures of past and present activities including a large display of pictures of activities that took place during Level five restrictions titled 'Life in Lockdown'. The corridors were easily navigated as they were well signposted for residents and visitors. Overall, inspectors found that the premises was clean and well laid out to meet the needs of the residents.

Residents had access to secure outdoor space with various access points off each corridor. The garden area and footpaths required maintenance as the grass was overgrown and this had also impacted on the flower and shrub beds. Inspectors observed an area in the garden under a veranda that was being used to store furniture that was due for removal. There was evidence that this area was also being used as a smoking area. This was not safe for residents. This presented a fire risk as the worn furniture had exposed foam padding that was combustible and there was no method of safe disposal of cigarette butts. The person in charge addressed this issue immediately after it being brought to their attention.

Residents' bedrooms were clean, bright and personalised. There was sufficient closet space, display space, and storage for personal items. Some residents had decorated their bedroom with pictures, ornaments, plants and furniture from home. One resident described the centre as a home away from home. Inspector observed that there were televisions in all bedrooms.

Inspectors spoke with a number of residents throughout the day and also spoke with a small number of relatives. Residents were very positive in their feedback to inspectors and expressed satisfaction about the standard of environmental hygiene and the care provided within the centre. Residents confirmed that they knew the staff well and that they were kind, caring and attentive. Resident confirmed that their call bells were answered promptly with the occasional wait for assistance if staff were busy elsewhere. Resident were aware of the change in management and confirmed that they knew the person in charge.

Inspectors spend time listening to residents experiences of living through the COVID-19 pandemic and their experience of the outbreak in the centre. Residents said the COVID-19 outbreak had been very worrying but they were relieved to have got through it and recovered from the virus. Some spoke of the challenges and difficulty they faced during this time and complimented how the management team and staff had made every effort to keep them safe. Residents detailed how staff supported them to maintain contact with their relatives during this challenging time. This included window visits, social media and regular telephone and video calls. It was evident that the pandemic had a profound effect of both residents and staff and they supported one another through this difficult time.

Residents confirmed to inspectors that there were kept up-to-date regarding changes to the visiting guidance. There was a resident newsletter recently published in the centre that detailed past and upcoming activities, changes to visiting

guidelines and the schedule for the upcoming resident forum meeting. Residents expressed their satisfaction that visiting had been resumed in the centre and described this as a significant event. One resident commented that although they could see their family through the window during restrictions, nothing compared to being with them in the same room again. Inspectors observed many visitors coming and going throughout the day and all visitors were guided through the centres infection, prevention and control procedures.

Residents were complimentary about the food they received and inspectors spent time observing the residents dining experience that had a calm and relaxed atmosphere. The chef was observed engaging with residents after their meal and enquired if residents enjoyed their meal or would like something extra. Residents who chose to have their meals in their bedroom were provided with assistance and support from staff that was unhurried. Some residents commented that they would like more variety on the menu provided as there were some days they did not like the choices offered. However, residents confirmed to inspectors that they could have something different off menu if they wished and that snacks and juices were readily available if they requested them.

Residents had access to religious services in the centre and could listen to mass of the radio or on the TV. The person in charge was engaging with the local parish to recommence a regular schedule of mass for residents. Residents had access to an oratory and inspectors observed initiatives such as a mobile alter which could be brought to residents who chose to remain in their bedrooms.

Inspectors observed that there was no meaningful activities taking place during the inspection. While residents spoke about the recent garden party and how enjoyable it was,residents confirmed that activities were not provided consistently during the week or at weekends when activities staff were not on duty. There was a detailed activity schedule displayed throughout the centre but on the day of inspection the activity schedule was not being implemented.

The following sections of this inspection report details the inspection findings in relation to the capacity and management of the centre and how this supports the quality and safety of the service provided.

Capacity and capability

Overall, inspectors found that resident received a good standard of health care that met their individual assessed needs.

This was an unannounced risk inspection by inspectors of social services:

- to review the centres infection, prevention and control standards and the COVID-19 preparedness plan with an inspector of social services in infection, prevention and control.

- following receipt of unsolicited information by the office of the Chief Inspector
- to follow up on the actions taken to address the non-compliance of the last inspection

The centres management structure was undergoing a period of transition and the registered provider representative was now the person in charge. Overall, inspectors found that there was a clearly defined management structure with identified lines of accountability and responsibility for the centre. Inspectors found the management team to be responsive. Non-compliance with regulations found on the day of inspection were, where possible, rectified immediately. The findings from this inspection were that the systems of oversight and monitoring that provide assurance that the service is safe, appropriate, consistent and effectively monitored required strengthening.

Inspectors found that:

- Recruitment practices were not robust to ensure that all staff have a valid Garda vetting disclosure on file prior to commencing employment.
- The allocation and supervision of staffing resources to the provision of activities required improvement.
- The auditing system in place required review to ensure it informed ongoing quality improvements in the centre.
- Further oversight of staff training needs was necessary to ensure staff were appropriately trained and supervised.
- The complaints management procedure required further monitoring to ensure all sources of feedback is analysed and ,where appropriate, progressed through the complaints procedure.
- Repeated non-compliance with regulation 5: Individual assessment and care plan.
- Unsolicited information received by the office of the Chief Inspector had been partially substantiated.

G & T Gallen Limited is the registered provider of the designated centre. There was a clearly defined management structure. The management team consisted of the registered provider who is now the person in charge. This dual role is supported by a person participating in management. The person in charge informed inspectors that she attends the centre some weekends and provides management support and advice outside of normal working hours. Both the person in charge and person participating in management were a visible presence in the centre and residents and staff knew them well. The person in charge was supported by nursing and administrative staff. Information requested was made available in a timely manner and the management team were available throughout the inspection to discuss any issues and where possible, areas requiring improvement were immediately addressed on the day of inspection.

Friars Lodge Nursing Home is registered to accommodate 64 residents in both single and multi-occupancy bedroom. On the day of inspection, there were 42 residents accommodated in the centre. As part of the centres infection, prevention and control plan, the centre was divided into two units and independently staffed. On the day of

inspection, the staffing levels were appropriate to meet the healthcare needs of the residents.

Each Unit consisted of a registered nurse on duty at all times, four healthcare assistants in the morning and two healthcare assistants in the evening. Night time staffing levels consisted of a registered nurse and healthcare assistant in each unit with the support of an additional staff member until 10pm. The centre was also supported by a team housekeeping, catering staff, maintenance and activities staff. On weekends, a senior nurse was responsible for providing clinical supervision, the role of fire warden and the COVID-19 lead.

Rosters reviewed by inspectors evidenced that over a two week period, there were seven days where activities staff were not scheduled for duty. Healthcare staff were required to deliver activities in their absence but this was not consistently achieved as reported by residents and staff. This required further monitoring.

On review of the rosters, inspectors observed that the staffing levels had been reduced in contrast to the centres statement of purpose and function supplied to the office of the Chief Inspector for the purpose of registration. The person in charge confirmed to inspectors that staffing had been reduced in consideration with the centres current occupancy and dependency and the centres statement of purpose and function had been amended to reflect this reduction in staffing. However, the person in charge confirmed to inspectors that staffing levels will be adjusted and increased as occupancy increases in the centre.

Staff had received up-to-date mandatory training in fire safety, safeguarding and manual handling. Staff detailed to inspectors the procedure to take in the event of fire alarm activation. Nursing staff were assigned the role of 'fire warden' when on duty and demonstrated a clean understanding of their role and responsibility in responding to a fire alarm activation. A small number of staff were unclear of the procedure for the progressive horizontal evacuation of residents in the event of a fire but confirmed they would follow the instruction of the fire warden on duty. Staff whom inspectors spoke with were aware of the complaints procedure and their role and responsibility in the safeguarding of vulnerable adults. Staff had completed training specific to infection, prevention and control and some staff had also furthered their education through being awarded a QQI level 5 certificate in infection, prevention and control. Staff detailed the procedure to initiated should a resident or staff member be suspected or confirmed with COVID-19 and explained the correct procedure to apply and remove personal protective equipment (PPE) and performing of hand hygiene in line with national guidance. However, further analysis and oversight of staff training needs was required in respect of infection, prevention and control and cardio-pulmonary resuscitation where gaps in training were identified by inspectors. Staff referenced the centres policies and procedures that provided support and guidance on the care provided to residents.

Inspectors reviewed the centres schedule five policies and found that the policies had been reviewed and updates as per the requirement of the regulations. The person in charge was in the process of conducting a further review of the policies to

reflect the change in the management of the centre.

Inspectors reviewed a sample of residents contracts for the provision of services. Inspectors observed that contracts had been updated following the actions from the previous inspection to include the details of the occupancy capacity of each residents bedroom within the terms of residency.

The complaints procedure was prominently displayed in the centre and accessible to residents and visitors in enlarged text with pictures of the relevant personnel involved in the complaints management process. The procedure was being updated to reflect the change in management personnel and this was completed by the person in charge during the inspection. Residents and visitors whom inspectors spoke with were aware of the complaints process and confirmed that they would not hesitate to raise a complaint with a member of staff or management. A record of complaints was maintained in the complaints log and this was reviewed by inspectors. Three complaints had been recorded and closed in 2021. Where actions had been taken on foot of a complaint, this was communicated to the complainant and the learning shared with staff to improve the quality of the service. Further oversight was required in the documentation and analysis of complaints. For example, the satisfaction level of the complainant with the actions taken was not consistently documented and complaints arising from sources such as surveys and expressions of concerns were not observed to be documented in the complaints log.

The centre experienced an extensive outbreak of COVID-19 in January 2021. A total of 76 confirmed cases had been identified (40 residents and 36 staff members) to date. Sadly 10 residents that contracted COVID-19 had died. Inspectors reviewed the management of the outbreak and this is discussed further under the quality and safety section of this report.

The annual review of quality and safety of the service for 2020 had been prepared in consultation with the residents. There was clear lines of communication between the management team and the staff that support the provision of the service. Inspectors reviewed the minutes of staff meetings held in July 2021. Items on the agenda that were discussed included supervision of staff, role and responsibilities, clinical risk and updates to current guidance relevant to the COVID-19 pandemic. A weekly governance report was compiled that gathered information on the quality and safety of the service and this formed the basis for the formal governance and management meetings that discussed key clinical performance indications, operational risk, fire safety and the minutes from individual department meetings.

Inspectors found that the systems to assess, evaluate and improve the quality and safety of the service provided to residents required improvement.

Regulation 15: Staffing

On the day of inspection, there was an appropriate number and skill mix of staff on duty to meet the healthcare needs of the current residents and there was two

registered nurses on duty at all times.

Staffing levels had been reduced in line with the centres occupancy and the time of inspection. The person in charge confirmed that staffing would be adjusted as occupancy increased in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Further analysis and of staff training needs was required to ensure that staff were appropriately trained to carry out their duties relevant to their role.

- Inspectors observed gaps in the training records for infection, prevention and control.
- Training records reviewed evidenced that there were insufficient numbers of staff trained in cardio-pulmonary resuscitation (CPR). This meant that there was not a member of staff on duty 24 hours with up to date training to deliver CPR to ensure the best outcome for residents.

A review of the supervision and allocation of staff, on both weekdays and weekends, to the provision of meaningful activities for residents is required. This is actioned under Regulation 9: Residents rights.

Judgment: Substantially compliant

Regulation 21: Records

Record-keeping and file-management systems required review to ensure records were appropriately maintained.

- Documents to be held in respect of each staff member were not maintained in line with regulatory requirements. For example, a staff member had commenced employment in the centre in advance of having a valid Garda vetting disclosure on file.
- Residents records and personal identifiable information were not securely stored at the nurses stations.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that there was a clearly defined management structure in place that identified the lines of authority and accountability.

However, Inspectors found that the systems to assess, evaluate and improve the quality and safety of the service provided to residents required improvement. For example,

- there was a disparity between audits of hand hygiene facilities and the findings on the day of inspection.
- Where a deficit in the quality of the service was identified, such as extended wait periods for call bells to be answered, a corresponding action plan had not been developed.

The systems of risk monitoring and identification required strengthening. For example:

- the risk associated with inadequate staff trained to deliver CPR
- the fire risk associated with smoking near flammable material.

Inspectors found that further oversight was required in the care planning process to ensure that care plans are developed and reviewed in consultation with residents.

Further oversight of the allocation of staffing resources to the provision of activities for residents required review. While healthcare staff were required to deliver aspects of the activity schedule, this was not consistently occurring or monitored.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors followed up on the actions from the previous inspection and found that all resident had a contract in place. The contacts had been updated to include the occupancy of each residents bedroom within the terms of residency.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed the complaints log and and observed that further improvement was required to ensure that complaints are managed in line with the centres own

policy, procedure and regulatory requirements.

Inspectors observed that:

- the complainants satisfaction with the actions taken on foot on a complaint and the outcome were not consistently recorded.
- a complaint had not be dated when closed.Therefore, it could not be assessed if the complaint was promptly managed in line with the centres policy and procedure.
- Complaints arising from resident surveys and expression of concerns were not consistently documented and progressed through the complaints procedure. For example, resident surveys contained a complaint regarding food and noise levels while a concern from a relative regarding a residents personal care needs was not evident in the complaints log.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Inspectors reviewed the schedule five policies that are required by schedule five under this regulation. Policies were up-to-date and had been reviewed in 2019.

However, many of the infection prevention and control policies viewed were due for review following a recent update by the Health Protection Surveillance Centre (HPSC). Where national infection prevention and control policies are available or developed, they should be adapted for local use.

The person in charge was in the process of reviewing and updating the policies.

Judgment: Compliant

Quality and safety

Inspectors found that residents in this centre received a good standard of care that took account of their individual needs and preferences. As mentioned earlier in this report, the provision of consistent activities required review to ensure that residents social care needs were equally met.

The systems in place to monitor, evaluate and improve the quality of the service also required review to identify deficits in the service and ensure best outcomes for residents. Under the quality and safety section of this report, these systems included infection, prevention and control, assessment and care plans and residents rights.

Residents were comprehensively assessed on admission and care plan were developed based on the assessments of need. Care plans were written on an electronic system and were accessible to inspectors. Care plans were informed and developed from risk assessment such as the risk of malnutrition, falls, dependency needs and risk of impaired skin integrity. Some care plans reviewed by inspectors provided clear guidance to staff to manage residents clinical care needs such as continence care, catheter care, wound care and diabetes management. However, some care plans did not detail the residents individual social activity care needs and while an assessment of social care needs was in place, the corresponding care plan required further development. Inspectors observed a number of resident who chose to remain in their bedroom throughout the day, including mealtimes, and this was not referenced in the residents' personal care plan.

Residents had access to their general practitioner (GP) and allied healthcare professionals through a blend of face to face and remote consultation. There was a system of referral in place to dietitian services, speech and language, tissue viability expertise and psychiatry of later life. Records reviewed evidenced that residents identified at risk of malnutrition were appropriately referred to dietetic services for further review and residents weights were closely monitored. Where changes in treatment was indicated, this was appropriately updated into the residents care plan and prescription records. However, Inspectors observed that these changes to resident's treatment or care were not consistently communicated to the resident or their family.

Inspectors observed staff engaging with residents who exhibited behavioral and psychological symptoms of dementia. Engagement was respectful and non-restrictive. There had been a reduction in the incidence of restrictive practice in the centre and the person in charge informed inspectors that the centre promoted a restraint free environment. Where bedrails were used, there was supporting risk assessments, consent obtained and multidisciplinary team involvement. Alternatives were trailed such as low beds and safety mats prior to using bedrails.

Discussion with staff and management and a review of documentation showed that COVID-19 outbreak management plans had been developed and continued to be reviewed on a monthly basis. The centres outbreak management plan defined the arrangements that were instigated during the outbreak and management reported that this plan had worked well in practice.

Public Health had assisted in the management of the outbreak. An Infection Prevention Control nurse specialist had attended the centre during the outbreak to advise on outbreak management and infection prevention and control practices. The provider reported that they had acted to implement the Public Health and infection prevention and control recommendations during this time. The outbreak was declared over on 01 March 2021. A review of the management of the COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks.

Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. The provider had a number of effective assurance processes in

place in relation to the standard of hygiene. These included cleaning specifications and checklists, colour coding to reduce the chance of cross infection, infection control guidance, and audits of equipment and environmental cleanliness. However inspectors noted some disparities between audits of hand hygiene facilities and findings on the day of inspection.

The vaccination roll out in the centre and the associated benefits of almost full vaccine uptake among residents had provided an opportunity for further incremental changes in some public health measures, including visiting. Managers and staff (HPSC) guidance that came into effect on 19 July 2021. Visits were encouraged with appropriate practical precautions to manage the risk of introduction of COVID-19 with protective measures. Visitors were asked to complete a COVID-19 risk assessment which included a declaration that they have no symptoms and underwent a temperature check before entering the centre. This declaration needed to be updated in light of the changes to government guidelines on non essential travel which is now permitted.

Inspectors identified many examples of good practice in the prevention and control of infection. Large signs to inform of standard and transmission based precautions. The provider had built PPE stations for use when residents were being cared for with transmission based precautions. These units were aesthetically pleasing and protected the PPE from contamination. Infection prevention and control information packs were provided for each resident.Dedicated monitoring equipment (thermometer, blood pressure cuff and pulse oximeter) was available for each resident. Overall equipment and the environment in the wards inspected were generally clean with few exceptions. The majority of carpets in resident's rooms had been replaced with laminate flooring which facilitated easy cleaning.

Notwithstanding the positive measures observed on the day of inspection, infection, prevention and control measures required some improvement. For example, there was inappropriate storage of equipment in a bathroom room. However, this was addressed during the course of the inspection following a discussion with the person in charge. While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example facilities for and access to clinical hand hygiene sinks in the centre were not sufficient.

Residents bedrooms were bright and spacious and there was adequate storage facilities for personal belongings. Bedrooms were decorated with items of significance to each individual resident. Residents clothing was laundered on-site and returned to residents promptly.

Inspectors reviewed the centres maintenance and testing records in respect of fire safety and all documents were available for review and up-to-date. Daily checks of means of escape were documented and escapes were observed to be unobstructed. Each resident had a personal evacuation plan in place. The fire drill evacuation procedure required improvement to ensure it progressed to a simulated compartment evacuation and further training and support is required to ensure all staff are knowledgeable regarding the procedure for progressive horizontal

evacuation. Further improvements were required to ensure that the systems in place to monitor and respond to fire risk were robust. This is actioned under regulation 23: Governance and Management.

Residents said that staff treated them with dignity and respect and supported them to maintain their independence and a good quality of life. Residents were observed to have their individual style and appearance respected. Residents told inspectors that they would like mass to recommence in the centre and were aware that management were trying to fulfil this request. Residents were facilitated to exercise their religious rights with the help of staff who ensured they were able to access video links to religious services.Residents spoke positively of the past activity events in the centre but expressed dissatisfaction with the activities schedule and the provision of consistent activities when activities staff were not on duty.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. Visits were being facilitated in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Each resident had an individualised visiting plan in place. Visitor access was dependent on a risk assessment of both the local epidemiological situation and of the nursing home itself. Visits were pre-arranged in advance due to the high prevalence of COVID-19 in the community.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate storage within their bedrooms for personal possessions. Residents were encouraged to personalise their private space and inspectors observed bedrooms to be furnished with items of significance to individual residents.

Residents clothing was laundered on-site and residents reported being satisfied with the service provided.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that contained actions and controls to mitigate the specific risks as detailed under regulation 26(1).
An accident and incident log was maintained in the centre with evidence of monthly reviews of falls and adverse events. Where the learning from such incidents was identified, this was shared with the staff at meetings and nursing handover.

The non compliance found with the system of risk management is actioned under Regulation 23 Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

A number of issues that had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example:

- There was a limited number of hand wash sinks in the centre and many were dual purpose. The stainless steel sinks in dirty utility rooms did not comply with current recommended specifications.
- The volume of alcohol rub used is an indicator of hand hygiene compliance. Alcohol gel in wall mounted alcohol hand gel dispensers in some resident rooms were out of date.
  The fabric covers of two resident chairs, a pressure relieving cushion and a crash mat were worn or torn.
- Some dressing tables in resident's rooms were damaged. As a result these items could not effectively be decontaminated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were arrangements in place to protect against the risk of fire such as:

- fire fighting equipment
- means of escape
- emergency lighting
- servicing of the fire alarm system.

The inspector saw evidence of daily safety checks that included escape routes. Quarterly servicing of the fire alarm system and emergency lighting was documented in addition to annual fire equipment maintenance.

A fire warden was nominated on each shift and they were knowledgeable regarding the procedure to take in the event of fire alarm activation. Staff detailed the

application of residents personal evacuation plans in supporting safe and timely evacuation of residents from a compartment. While all staff had received fire safety training, some staff were unclear regarding the progressive horizontal evacuation procedure. Improvement is required to ensure staff are adequately trained, confident and knowledgeable in all aspects of the fire evacuation procedure.

Inspectors reviewed fire drills records and found that fire alarm activation drills were completed regularly. However, these drills were a record of the time taken for staff to respond to the fire alarm and did not progress to a simulated compartment evacuation. Inspectors found that the last evacuation drill ,simulating a compartment evacuation, on record was completed in 2020 and this was of the largest compartment.

Following the inspection, the person in charge submitted a fire evacuation drill that had been completed on 05 August 2021. This evacuation drill was of a compartment accommodating six residents and not of the larger compartments that can accommodate 12 residents. Further assurances that the residents are adequately protected from the risk of fire and afforded safe evacuation was requested following this inspection.

The inspectors acknowledge receipt of this information following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents assessments and care plans observed gaps in the documentation required to guide staff.

This was evidenced by:

- Some residents care plans did not reflect the resident's preferences and interests in regards to their social activities care needs.
- Care plans did not details residents individual preferences to remain in their bedrooms throughout the day and for mealtimes.
- Some visiting care plan required updating to reflect the current guidelines.
- Care plans were not consistently reviewed and updated in consultation with the resident and where appropriate the resident's family.This is a repeated non-compliance from the previous inspection.

Judgment: Not compliant

Regulation 6: Health care

Residents were provided with timely referral to allied healthcare professionals such as physiotherapy, dietician, speech and language therapy.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to consultant in gerontology, psychiatry of later life and palliative services as required.

Where recommendations and treatment plans were recommended, these were observed to be implemented in practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed files and found that residents that exhibited responsive behaviors received care that supported their physical, psychological and social care needs.

There was ongoing initiatives to promote a restraint free environment. Residents who required bedrails had the appropriate risk assessments and supporting documentation in place.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required to ensure that residents were provided with appropriate recreational and stimulating activities to meet their needs and preferences when activities staff were not on duty.

Residents reported not having consistent opportunities to participate in activities in accordance with their interests and capabilities. Residents spoken with said that they would like more varied and consistent activities. Inspectors observed that there were no meaningful activities occurring on the day of inspection. Residents were observed spending long periods sitting in their bedrooms and communal areas without any stimulation or engagement.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Friars Lodge Nursing Home OSV-0000342

Inspection ID: MON-0033904

Date of inspection: 26/08/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The training schedule in Friars Lodge is reviewed on a monthly basis to ensure compliance, this practice will continue and any training that is due will be scheduled accordingly in a timely and appropriate manner ensuring it meets the needs of the staff, and also meets the national standards. All staff will complete infection control training as recommended in the national standards. BLS training has been scheduled for 14th & 21st October 2021 for all Staff Nurses whose training has expired, this will also be offered to all other staff and scheduled as required.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff files are robustly audited and monitored to ensure safe practice, all staff files will continue to ensure Garda Vetting is in place. All working documents that are used by nursing staff on a daily basis have been reviewed and updated to ensure that they conform to GDPR guidelines and any sensitive personally identifiable information has been removed to ensure privacy and dignity for the residents at all times. All the residents' medical/personal notes continue to be stored in a lockable filing cabinet in a locked room with limited access.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
*The disparity on the day of the inspection in relation to the hand hygiene audit was in relation to the availability of hand sinks, the previous PIC referred in the audit to the hand sinks in the treatment rooms, bedrooms and sluices and not the specific one highlighted in the audit. The reason for this was that it was not a legal requirement at the time to have sinks on the corridors, therefore she was under the impression that in excessive of 78 hand sinks in the building was sufficient. The hand hygiene audit will be reviewed and the question relating to the sink HTM64 will be addressed.

* The call bell audit remains in place and is reviewed and audited in the governance meetings on a weekly basis and discrepancy is addressed and actioned.

* BLS training has been scheduled for 14th & 21st October 2021 for all Staff Nurses whose training has expired, this will also be offered to all other staff and scheduled as required.

* Fire policies/procedures have all been reviewed, audited and updated all risks associated with smoking close to flammable material have been eradicated.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints policy/procedure has been reviewed, audited and updated to ensure that best practice is maintained at all times. All complaints are dealt with appropriately, effectively and within a timely manner and are reviewed by the provider to ensure that any complainant is satisfied with the outcome

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The unit has in excess of 78 hand basin, this will be reviewed and audited in line with

new legislation and any further hand basins that are required will be purchased and positioned accordingly.

All 90 + hand gel dispensers have been inspected to ensure that best practice is maintained at all times throughout the building, also all mobile gel dispensers have been inspected.
Cleaning trolleys continue to be on the deep cleaning schedule to ensure best practice.

In relation to two resident chairs and one cushion that were damaged, all furniture in the unit will be inspected. Any damaged equipment will be removed or repaired by 17/10/2021. All sanitary ware/sinks will be reviewed and updated as per updated national standards by 01/02/22.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All staff have received Fire Training within the facility this occurs on an annual basis, it is 100% compliant. All staff participate in fire drills, and fire evacuations. Progressive Horizontal evacuation is the method which has been used and taught in the unit for the past 17 years, reinforcement of this method of evacuation will be maintained on a daily basis by the means of pictorial diagrams, and by frequent meetings highlighting the correct terminology and encouraging confidence in the terminology if required to answer any questions related to the same.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
*All care plans within the facility will continue to be reviewed and updated to reflect the residents will and preference, interests and daily routines.
*All 'visiting' care plans will be updated to reflect the ever changing government guidelines.
*All residents care plans will continue to be reviewed on a four monthly basis or sooner if necessary, this will be in conjunction with the resident and /or their representative it will continue to be recorded in either the family note or the director of nursing note as it has been done. Also any communication throughout the pandemic has been documented in the progress notes, family note or director of nursing notes. All residents and their representatives have been kept fully up-to-date throughout the pandemic and during the

outbreak in January by the PIC or Registered Provider, this good communication practice was praised by numerous relatives.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Activities within the facility have been reviewed. Two activity coordinator's plus staff are involved with delivering meaningful actives to our residents.

In the absence of the activity co -Ordinator's health care assistance will be allocated to provide and supervise meaningful activities in the units.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/09/2021
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 and are available for inspection by the Chief Inspector.	Not Compliant	Orange	28/09/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	28/09/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre	Substantially Compliant	Yellow	28/09/2021

	has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/09/2021
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	28/10/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	28/09/2021

	aware of the procedure to be followed in the case of fire.			
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	28/09/2021
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, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	28/09/2021
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in	Substantially Compliant	Yellow	28/09/2021

	place any measures required for improvement in response to a complaint.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	28/09/2021
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	30/11/2021
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	Substantially Compliant	Yellow	28/09/2021

	concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	28/09/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/09/2021