



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

Issued by the Chief Inspector

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| Name of designated centre: | Sligo Nursing Home |
| Name of provider: | Mowlam Healthcare Services Unlimited Company |
| Address of centre: | Ballytivnan, Sligo |
| Type of inspection: | Unannounced |
| Date of inspection: | 28 March 2023 |
| Centre ID: | OSV-0000363 |
| Fieldwork ID: | MON-0038434 |

About the designated centre

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

Sligo Nursing Home is a purpose-built facility located a short walking distance of Sligo city. The centre can accommodate a maximum of 62 residents. Residents are accommodated in single and twin bedrooms. The centre is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Resident accommodation is over two floors with a lift facility. There are four corridors. Rosses Corridor and Garavogue corridor are on one level and Yeats corridor and Ben Bulben corridor are on the lower level. A variety of communal rooms are provided on both floors for residents' use, including sitting, dining and recreational facilities.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 56 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|------------------|---------|
| Tuesday 28 March 2023 | 09:10hrs to 18:00hrs | Rachel Seoighthe | Lead |
| Tuesday 28 March 2023 | 09:10hrs to 18:00hrs | Lorraine Wall | Support |

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live in and that staff were kind and considerate. On the day of the inspection, the inspectors observed that staff interactions were kind and caring towards residents. The inspectors heard positive comments such as 'they keep the place so clean' and 'the staff are saints'. However, a number of actions were required to bring the centre into compliance with the regulations, in order to ensure the quality and safety of resident care.

This was an unannounced inspection which was carried out over one day. Upon the inspectors' arrival to the centre, they were greeted by a staff member who guided them through the required COVID-19 infection prevention and control measures, including completion of hand hygiene and a temperature check. Following an introductory meeting with members of the management team, the inspectors walked around the centre which gave them an opportunity to meet with residents and staff as they prepared for the day. The inspectors observed that many residents were relaxing in the communal areas or in their bedrooms.

Sligo Nursing Home provides respite care and long term care for both male and female adults with a range of dependencies and needs. The centre is a two storey building situated in Ballytivnan, Co Sligo. The designated centre is registered to accommodate a maximum of 62 residents in single and double bedroom with en-suite facilities. On the day of this inspection, there were 56 residents living in the centre.

Residents' bedrooms were personalised with pictures, soft furnishings and ornaments. There was access to television and call bells in all bedrooms. Handrails were in place on both sides of all corridors to ensure resident's safe mobility. There are a variety of communal areas for residents to use consisting of a vast reception area and an oratory. Inspectors observed two spacious sitting rooms which were in constant use by residents throughout the day of the inspection. The dining area was clean and well-designed to meet the needs of the residents.

Overall, the premises was clean and well maintained. However, the inspectors observed that some wall and floor surfaces were in need of repair. Additionally, the organisation of storage space required improvement as the inspectors observed that a number of storage rooms were cluttered and resident equipment was not segregated from general supplies. Furthermore, inspectors found that the visitors room was not fully accessible to residents as it was being used to store medical equipment and resident property.

Inspectors spoke with 10 residents throughout the day of the inspection. Residents told the inspectors that they knew the person in charge and that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of the service. Residents who spoke with inspectors

were mostly complimentary of the service provided, however inspectors received feedback from a resident who advised them that another resident entered their bedroom on a daily basis without invitation. The inspectors observed that a number of residents who exhibited 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) were not receiving appropriate supervision, in line with their assessed needs and one resident was observed entering the bedrooms of other residents uninvited during the inspection.

The inspectors observed the staff interacting with residents during the inspection. Residents were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Some residents required greater time and support to mobilise and overall staff provided this support in a gentle manner, however the inspectors found that some moving and handling practices were not in line with best practice. This was discussed with the management team on the day of inspection. Furthermore, although staff made great efforts to respond to resident needs promptly, the staffing resources allocated to the lower ground floor did not always ensure that resident needs could be met in a timely manner. This was evident on the afternoon of the inspection when the inspectors found that there were limited staff available to supervise a resident and to support a resident who required urgent assistance with personal care.

The provider had taken steps to enhance the activities programme since the previous inspection and the inspectors found that the frequency of resident outings had increased. However, the inspectors found that there was limited opportunities for residents with high dependency needs to participate in activities on the day of this inspection. One activities coordinator was assigned to the provision of activities for 56 residents. The staff member was required to provide one-to-one and group activities, which took place in communal rooms and in resident bedrooms throughout the day. The inspectors observed a number residents engaging in a quiz in the sitting room on the ground floor. While there was a lively atmosphere observed in this room, the inspectors observed that there were much less meaningful activities taking place in the sitting room on the lower ground floor. When the inspectors entered the lower ground floor sitting room on the morning of the inspection, they observed that there were no activities in progress. A number of residents were observed to be asleep in front of the television which was playing at a high volume. One resident was seated at a table with a tactile activity device placed in front of them, however inspectors observed that the resident was not encouraged to use the device. When the inspectors entered the room later in the morning, they observed that six residents were playing a game of bingo. The television was playing and staff were carrying out care tasks in the room while the activity was in progress. This resulted in a noisy environment for residents, with lots of distractions which made it difficult for the residents to focus on the activity. Inspectors observed that the remaining 11 residents in the room who were not playing bingo, were not facilitated to participate in an alternative activity. The inspectors found that more focus and effort was required in relation to the frequency and quality of activities scheduled to take place in this day room, to ensure that residents spending their time there were afforded the opportunity to

engage in activities that met their abilities and preferences.

Although not observed to be in use frequently during the inspection, residents had access to a communal garden area which was decorated with flowers and shrubs.

Inspectors observed that staff wore face masks appropriately during the provision of direct care to residents. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along all corridors for staff use.

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

Although the inspectors found that some improvements had been implemented since the last inspection, more focus and effort were now needed by the provider to ensure that the management and oversight systems in place in the centre 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 received a safe and appropriate service.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also focused on the registered providers actions to address non compliance's with the regulations found on previous inspections.

Mowlam Healthcare Services Unlimited Company is the registered provider for Sligo Nursing Home. The Chief Executive Officer (CEO) of the company represents the provider entity. The person in charge is supported in their role by a Regional Healthcare Manager and a Director of Care Services in the senior management team . The person in charge was further supported by an assistant director of nursing, a team of nurses, health care assistants, activity, catering, domestic and maintenance staff.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. There was evidence of regular management meetings within the centre, to review key clinical and operational aspects of the service. Although there was management oversight of risks in the designated centre and these were discussed in senior management meetings, the inspectors found a number of risks which had not being identified or addressed by the provider. For example, the inspectors found that risks in relation to staff practices had not been identified by senior staff through the centre's staff supervision processes and inspectors found that a resident with a known risk to their safety and well-being was not being supervised appropriately.

Furthermore residents were not facilitated and supported with social care activities to meet their needs.

Inspectors were not assured that the deployment of staff available on the day of the inspection was sufficient to meet the needs of the residents. This is addressed under Regulation 15, Staffing.

The provider had arrangements for recording accidents and incidents involving residents in the centre. However, a review of accident and incident logs found that records for a number of incidents did not correspond with nursing records completed for the same date and time. Descriptions of incidents and interventions varied between documents and were found to be inconsistent. This is addressed under Regulation 21, Records.

The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, the inspectors found that a number of safe-guarding incidents had not been notified to the Chief Inspector in the required time-frame, as required by Regulation 31.

Residents' views on the quality of the service provided were sought through resident meetings. An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

The provider acted as pension agent for a small number of residents and had procedures in place to manage this.

Regulation 14: Persons in charge

The person in charge had been appointed since 2020 and worked full-time in the centre. They were a registered nurse with the necessary experience and qualifications required by the regulations. They were well known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that on the day of the inspection, the deployment of staff required review to ensure that there was sufficient staff with the appropriate knowledge and skills to meet the needs of residents. This was evidenced by inspectors observations that, on some occasions during the inspection, there were not sufficient staff in communal areas to support residents or respond to their needs in a timely manner. Furthermore, the inspectors were not assured that the staffing resources available

were adequate to ensure that all residents were provided with regular opportunities to participate in meaningful activities in line with their preferences and ability to participate.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of training records indicated that a small number of staff required refresher training in fire safety, moving and handling practices and safeguarding. The person in charge provided evidence to assure inspectors that this training had already been scheduled to occur in the weeks following the inspection.

Although the person in charge had ensured that staff had access to appropriate training, the inspectors found that supervision process required improvement to ensure that staff carried out their work to the required standards. This was evidenced by the following findings;

- Inadequate supervision of staff which meant that some residents' safeguarding and behavioural support care plans were not being implemented effectively, which posed a risk to residents' health and well-being.
- Inspectors were not assured that the moving and handling techniques observed to support one resident with impaired mobility were in line with best practice.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors were not assured that all incidents were accurately recorded, for example the information contained in a number of incident reports reviewed did not correspond with nursing records completed for the same date and time.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in designated centers for Older People) Regulations 2013 were not effective. This had led to a dis-improvement in compliance with the regulations and was impacting on the quality and safety of care

and services provided for the residents. This was evidenced by the following findings;

Arrangements for the identification and mitigation of known risks required greater oversight. For example;

- Fire safety risks, including unsuitable furniture in the smoking room and risk of ineffective containment of fire/smoke posed by fire doors that were held open by means other than door holding devices, had not been identified and addressed. These findings are addressed under Regulation 28: Fire Precautions.
- Risks found on the day of inspection in relation to the protection of vulnerable residents as detailed under Regulation 8 had not been satisfactorily addressed and residents continued to be at risk.

Additional resources were required to ensure effective delivery of care in accordance with the designated centres statement of purpose, this was evidenced by:

- Staffing resources allocated to the provision of meaningful activities activities were not sufficient and did not ensure the effective delivery of social care.

Judgment: Not compliant

Regulation 30: Volunteers

The inspectors found that the person in charge ensured that volunteers in the centre had their roles and responsibilities set out in writing. Arrangements were in place to ensure volunteers received supervision and support. Garda vetting disclosures were in place for people involved on a voluntary basis in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Whilst the majority of notifications were submitted within the time-frames, the centre had not notified the Chief Inspector of a number of safe-guarding incident as required by the regulations. The inspectors acknowledge that internal measures and appropriate actions were taken at the time and the incidents had been investigated. The notifications were submitted by the Person in Charge promptly after the inspection.

Judgment: Substantially compliant

Quality and safety

The findings on the day of inspection were that, for the most part, the provider was delivering good quality clinical care to residents, in line with their assessed needs, however the provider was failing to ensure that all residents had their social care needs met. Residents who were able to speak with the inspectors were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, the inspectors found that improvements were required to monitor the quality and safety of care delivered to the more vulnerable residents and those residents who had significant cognitive impairment. Furthermore, efforts were needed to ensure that all residents had sufficient opportunities to engage in activities in line with their capacities and preferences.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietician services, occupational therapy, physiotherapy and speech and language therapy as needed. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated within the resident's care plan. Residents' hydration and nutrition needs were assessed, regularly monitored and met. Residents who were assessed as being at risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietician and to speech and language therapy specialists. Residents requiring specific, modified or fortified diets were provided with meals and snacks prepared as recommended

While assessments were completed in a timely manner care planning documentation was not always reflective of residents' needs. The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of residents files with a range of needs and found that while the care plans viewed were generally informative, some lacked sufficient detail to guide staff in the delivery of care. For example, where a number of residents experienced responsive behaviours their care planning documentation required improvement to ensure the levels of care and support required were effectively communicated among the staff team.

Inspectors found that the current care practices did not ensure that staff provided appropriate support and care for residents who may display responsive behaviours. For example, during the inspection, the inspectors observed that one resident who exhibited responsive behaviours was not receiving the appropriate level of supervision, in line with their assessed needs. The resident was observed walking around the designated centre without purpose or sufficient supervision. This had a

negative impact on other residents in the centre as this resident was entering the bedrooms of other residents uninvited.

Residents had access to local television, radio and newspapers. There was evidence of residents' meetings, which sought feedback on areas such as activities and the quality of food being served. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. However, action was required to ensure that all residents were provided with sufficient opportunities to participate in activities that were in line with their interests and capacities. Further findings in relation to residents' access to meaningful activities is detailed under Regulation 9, Residents' rights.

There was a restrictive practice register in place. The use of restraint in the centre was kept to a minimum. Records show that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were trialed prior to implementation.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Resident's accommodation was individually personalised. However inspectors identified a number of areas requiring improvement. For example, while showers were available, the two bathrooms were out of use and were not available for residents who might prefer a bath or need a bath for medical purposes. Some floor coverings and wall surfaces were in need of repair. Additionally, while there were a number of designated storage rooms in the centre, inspectors observed that items were not segregated and stored appropriately to ensure that good standards for infection prevention and control were maintained. This is discussed further under Regulation 17: Premises.

The designated centre was free of COVID-19 infection at the time of this inspection. Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control, for example the monitoring of multi-drug resistant infections (mdros). There was evidence that this information was communicated to the staff team and house-keeping who spoke with inspectors staff demonstrated good knowledge of infection control practices. The provider had made a number of improvements since the previous inspection however, further oversight was required in relation to cleaning and maintenance of some parts of the premises. This is discussed further under Regulation 27: Infection Control.

Measures were in place to safeguard residents from abuse, however improvements were required to be made to the provider's safeguarding processes to ensure that safeguarding actions plans were fully implemented and that residents were kept safe. This is discussed further under Regulation 8.

Visitors were observed attending the centre on the day of inspection. Visits were encouraged with appropriate precautions to manage and mitigate the risk of

introduction of COVID-19 infection.

Regulation 11: Visits

Visiting arrangements were being managed in the least restrictive manner and in line with national guidance. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms. However inspectors found that, in the absence of suitable storage, the designated visitors room was being used to store resident equipment and property. This is discussed under regulation 17: Premises.

Judgment: Compliant

Regulation 17: Premises

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

- Two bathing facilities were provided for resident use. However, the inspectors found that both bathing facilities were unavailable for resident use as one bath was in need of repair and the other required a full replacement.
- Paint was damaged or missing on a number of wall surfaces in resident bedrooms. This meant that these surfaces could not be effectively cleaned.
- Floor covering in the sluice room was damaged and in need of repair, this finding did not ensure these surfaces were adequately maintained or that effective cleaning procedures could be completed.
- The wall surface in an equipment storage room was damaged and in need of repair.
- Grab rails were not in place on both sides of one sink in use by residents. This posed a risk of falling to vulnerable residents and did not promote residents' independence.

There was a lack of suitable storage space in the designated centre. This was evidenced by;

- One storage room contained a large cleaning device, resident grab rails and resident wheelchairs, with no segregation of these items.
- The visitors room on the first floor contained a variety of items including boxes of incontinence wear, resident equipment and resident property which was no longer in use.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspectors found that some procedures were not consistent with the standards for the prevention and control of health care associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance), including:

- A number of hoist slings which were used to support residents' mobility needs were observed being stored on a hoist when not in use and not returned to the resident's room or a suitable storage area. This increased the risk of cross-contamination.
- The carpet covering between the ground and lower ground floor was visibly stained.
- A small number of resident bedroom floor surfaces were unclean. A small number of table surfaces, dressers and bedside lockers were visibly unclean and this posed a risk of cross infection.
- There was no access to a hand wash basin that met the required specifications in either the housekeeping room or the sluice room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While this regulation was not reviewed in its entirety, the inspectors found action was required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and compliance with Regulation 28. This was evidenced by;

- A number of fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system. This meant that the self closure devices were ineffective and the doors would not close in the event of a fire in the centre.
- There were a number of scorch marks visible on each of the armchairs provided in the designated smoking room, this did not assure inspectors that the furniture was flame retardant.

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;

- Care plans were not updated appropriately to ensure that outdated information which was no longer relevant had been removed. Additionally, some pertinent information in relation to residents had not been added to their care plan.
- Some behavioural support care plans did not adequately detail behaviours exhibited or de-escalation strategies to guide care delivery and ensure that any responsive behaviours were managed and responded to in the least restrictive manner, while ensuring the safety of all residents.
- Where care plans were developed, the inspectors found that some residents' care plans were not being implemented by staff. For example; For example; one resident who was assessed as needing frequent supervision by staff was observed by inspectors to be unsupervised on several occasions during the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the resident's health or well being. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

Regulation 8: Protection

While there were arrangements in place to ensure that residents were safeguarded from abuse, a review of the investigations in relation to safeguarding incidents found that a number of vulnerable residents did not have a safeguarding plan in place. This did not ensure that staff had adequate information to safeguard individual residents from abuse.

A responsive behaviour which was exhibited by a resident was identified by management as a safety risk during the investigation of a safe-guarding incident in

February 2023. Safety measures were put in place to protect the resident, in order to reduce the risk of a repeated incident. However at the time of this inspection, the inspectors found that the deployment of staff did not ensure that the supervision arrangements in place were effective. As a result, the inspectors found that the provider needed to take further actions to ensure that all reasonable measures were put in place to protect residents from abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspectors carried out observations throughout the day in residents' bedroom accommodation and in the communal areas. Although, an activity schedule was displayed, many residents with higher levels of social and cognitive needs were unable to participate and the social activity programme in place did not meet their interests and capacities. There was only one member of the staff team who had the skills to facilitate an accredited sensory focused activity programme. As a result, on the day of inspection residents with high levels of cognitive impairment were provided with activities such as bingo and a quiz which did not meet their capacities. Furthermore, records of activities were available for review, but the records did not clearly outline the residents level of engagement in the activity. This meant that staff and managers were not able to evaluate whether or not the activities provided for residents were in line with their ability to participate and their preferences.

Some residents right to privacy in their bedrooms was not assured due to residents who express responsive behaviours entering their bedroom uninvited. A small number of residents reported that this was causing them distress and was having a negative impact on their well being.

Judgment: Not 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 | Substantially compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Not compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Sligo Nursing Home OSV-0000363

Inspection ID: MON-0038434

Date of inspection: 28/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The PIC will ensure that the staffing levels are maintained in accordance with the Statement of Purpose. • The PIC will produce the staff roster in fortnightly cycles, based on the number of residents, their dependency levels, care needs and preferences. • The PIC and ADON will monitor the roster closely each day to ensure that there are always enough suitably qualified staff available to meet each resident’s assessed care needs; that they are appropriately deployed, supervised and allocated appropriate duties commensurate with their skills, qualifications and abilities. • The PIC and ADON support staff to deliver care safely and effectively, providing them with all the information they need about each resident to ensure consistent, high-quality care standards. There are daily handover meetings and a mid-shift safety pause to review resident care and provide progress updates and opportunities to evaluate care strategies. • The PIC will ensure that staff adhere to supervision arrangements that have been implemented as part of safeguarding plans for residents with behavioural and psychological symptoms of dementia (BPSD). • We will provide a variety of meaningful activities and social interactions for all residents in the nursing home, in accordance with residents’ preferences and abilities. We will revise the schedule of activities for both floors and appropriate staff will be allocated to deliver the planned activities. | |
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and</p> | |

staff development:

- All newly appointed staff receive a formal induction programme which includes mandatory education and training courses; refresher updates are provided for all staff as required, to maintain awareness and good practice. For nursing and care staff the mandatory training/induction programme includes competency assessments of fundamental skills, including safe manual handling. The PIC will ensure that the training programmes are scheduled appropriately, and ADON will monitor practice to ensure that staff apply their theoretical knowledge and education correctly.
- Individual staff training and development needs are discussed during the probationary period, performance appraisal and clinical supervision meetings. The PIC will provide targeted education and training to benefit individual staff if it is felt there is a knowledge or skills deficit or if there is a need for improvement in the quality of care.
- Training updates on managing Behavioural & Psychological Symptoms of Dementia (BPSD) to include behavioural triggers and de-escalation techniques have been planned. The PIC and ADON will oversee that training theory is implemented in practice by staff. The PIC and ADON will ensure that staff on both floors in the nursing home are appropriately supervised.

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

- The PIC and ADON will work with nursing staff regarding the accurate and comprehensive completion of incident reports and nursing records.
- The PIC will review all incidents and complaints recorded to ensure that they include all the required information, that they are updated appropriately as required and closed off when completed.
- A programme of education has been planned for registered nurses in relation to enhancing their communication and record-keeping skills. The PIC and ADON will monitor compliance in practice.

Regulation 23: Governance and management

Not Compliant

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

- Since the inspection, all items of unsuitable furniture have been removed from the residents' smoking room. We will arrange for items of furniture to be re-upholstered with flame retardant material.
- The PIC has introduced a safety check list and staff will be allocated to conduct safety

checks at regular intervals throughout the day.

- All staff from all departments have been advised to look out for and immediately remove items other than door guards that are being used to hold doors open if they observe any during walkabouts and/or safety checks.
- The PIC will ensure that safeguarding plans are fully implemented in order to ensure protection of vulnerable residents. Where there is a requirement for staff to be deployed to supervise residents displaying BPSD, the PIC will ensure that they adhere to the required supervision arrangements.
- The PIC will provide educational updates and enhanced training to ensure that staff have a good understanding of the individual behavioural triggers and de-escalation techniques skills and techniques to enable them to safely manage residents with BPSD and maintain a safe environment for all residents in the nursing home.
- We will revise the activities programme in line with the residents' preferences around group and individual activities. We will ensure that the deployment of activities staff facilitates the provision of a variety of meaningful activities and social interactions on both floors throughout the day, in accordance with residents' interests and abilities.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The PIC will ensure that mandatory notifications are appropriately submitted to the Chief Inspector in line with Schedule 4 of the regulations.

Regulation 17: Premises

Substantially Compliant

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

- We will review the bathing facilities and arrange for any necessary repairs or replacements to be completed.
- The PIC and Facilities Manager will review the décor and flooring within the nursing home and plan a programme of decorative upgrades and flooring replacement. The decorative upgrade will address any areas of damaged paintwork on wall surfaces. The carpets on the back stairs and in the Visitors' Room will be steam cleaned.
- An additional grab rail will be installed to ensure there are grab rails on both sides of the identified sink.
- A review will be conducted of the available storage space in the Centre. Measures will be taken to ensure all storage is appropriate.

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| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • We will ensure that all procedures are consistent with the standards for the prevention and control of healthcare associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). • We will reduce the risk of cross-contamination by ensuring that hoist slings which are not in use will be returned to the resident's room when they are not needed. • The carpet covering the stairs and the carpet in the Visitors' Room will be professionally steam cleaned. • A deep cleaning schedule is in place for the cleaning of residents' rooms, including flooring and furniture. The ADON will inspect the quality of cleaning of residents' rooms during regular walkabouts of the nursing home. • We will install clinical handwash sinks in the housekeeping room and the sluice room. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • All damaged furniture items have been removed from the residents' smoking room since the inspection. We will replace the chairs in the smoking room with chairs that have a flame-retardant covering. • A safety checklist has been implemented to check the designated smoking area daily at regular intervals; this includes checking the fire alarm system for faults, checking bins and ashtrays, checking fire safety equipment is in place and in a good state of repair and ensuring that the door is not propped open. • The PIC will ensure that all staff from every department will be aware to remove items (other than door mechanisms) propping doors open if they observe them in use. | |
| 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:

- The PIC and ADON will review care plans and will work with nursing staff to ensure that all assessments and care plans will be updated appropriately, that they include all the individual and relevant information for each resident to facilitate the delivery of safe, effective care. All outdated information will be archived so that staff can focus on the current relevant care needs information; this will guide staff to implement the residents' current care needs.
- We will ensure that the behavioural support are plans include details of the individual resident's behaviours and psychological symptoms of dementia, de-escalation strategies, a risk impact assessment (of behaviours) and safeguarding plan.
- The PIC and ADON will ensure that all staff have the information and knowledge necessary and will oversee the delivery of care in relation to the management of BPSD.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- As part of the induction programme for all staff, we provide education on Safeguarding; for nursing and care staff the mandatory training/induction programme includes competency assessments of fundamental skills, including safeguarding. All staff will complete an annual refresher update on Safeguarding and Protection. The PIC and ADON will oversee that training theory is put into practice by staff.
- The PIC, supported by the HCM, will ensure that all vulnerable residents are assessed, and appropriate individualised safeguarding plans will be implemented for them. We will ensure that the safeguarding plans address the care needs associated with Behavioural & Psychological Symptoms of Dementia, including a description of individual triggers for behaviours and de-escalation techniques that may help to reduce anxiety and responsive behaviours. These plans will be reviewed and updated regularly (at least every 4 months) and as indicated by the residents' overall status/condition, in accordance with their assessed care needs.
- The PIC and ADON will monitor staff deployment to ensure that supervision plans are adhered to as required.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC will review the social activity planner for residents. The Activities Coordinator, supported by the PIC and ADON, will implement a revised activities calendar, based on the interests and choices of the residents, and taking their cognitive abilities into account. Training will be arranged to ensure that Activity Coordinators have the

necessary skills to assess the interests of residents, including those with cognitive impairment, and to deliver the planned programme of activities, including reminiscence therapy and sensory activities.

- The PIC will ensure that there is a variety of meaningful activities and social interactions on both floors throughout the day, in accordance with residents' preferences and abilities. This includes a range of sensory based activities which will benefit those residents with a cognitive impairment.
- The PIC will also implement improvements to the management of vulnerable persons in the nursing home, with a focus on the management of Behavioural & Psychological Symptoms of Dementia. Assessments will indicate triggers to responsive behaviour and care plans will provide details regarding techniques that could be deployed to de-escalate behaviours, which will guide staff in the provision of person-centred care.
- Residents who have a cognitive deficit and a tendency to wander have been risk assessed and the impact was deemed to be low. A safeguarding plan is in place for residents who wander in order to enhance their supervision and to provide reassurance to any residents who may be impacted by them.

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 |
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| 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. | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 31/05/2023 |
| Regulation 17(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and | Substantially Compliant | Yellow | 31/08/2023 |

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| | needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | | | |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/08/2023 |
| 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. | Substantially Compliant | Yellow | 30/06/2023 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | Not Compliant | Orange | 31/05/2023 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service | Not Compliant | Orange | 31/05/2023 |

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| | provided is safe, appropriate, consistent and effectively monitored. | | | |
| 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 | 31/08/2023 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Substantially Compliant | Yellow | 30/06/2023 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 30/06/2023 |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of | Substantially Compliant | Yellow | 31/05/2023 |

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| | the incident within 3 working days of its occurrence. | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Not Compliant | Orange | 31/05/2023 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Not Compliant | Orange | 31/05/2023 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private. | Not Compliant | Orange | 31/05/2023 |