



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Malahide
Name of provider:	CareChoice Malahide Road Ltd
Address of centre:	Mayne River Street, Northern Cross, Malahide Road, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	21 April 2022
Centre ID:	OSV-0005205
Fieldwork ID:	MON-0036686

About the designated centre

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

Carechoice Malahide Road Limited operates Carechoice Malahide a modern purpose-built centre situated in north Dublin. The centre is located close to amenities such as restaurants, a hotel and a nearby shopping centre. General nursing care is provided for long-term residents, also respite and convalescence care for people aged 18 years and over. Registered general nurses lead a team of healthcare assistants and support staff to provide all aspects of care. Palliative and dementia care can also be provided and there is access to a specialist geriatrician, psychiatry and a physiotherapist. The centre can accommodate up to 165 residents, and has both single and twin en-suite double bedrooms available on all floors except the fifth floor which is a recreation and training space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	146
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 April 2022	08:15hrs to 18:45hrs	Margo O'Neill	Lead
Thursday 21 April 2022	08:15hrs to 18:45hrs	Margaret Keaveney	Support
Thursday 21 April 2022	08:15hrs to 18:45hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Inspectors took the opportunity to speak to 14 residents and two visitors throughout the day to gain insight about living in the centre and feedback about the service. Some residents were able to express their views, while others were not able to verbally describe their lived experience in the centre. Inspectors spoke with residents, and spent time observing practice throughout the different levels of the centre. Inspectors noted that the atmosphere in the centre was calm and relaxed, residents looked well cared for and reported to inspectors that they were happy with the service and care provided to them and that they felt safe and comfortable in the modern centre.

On arrival at the centre inspectors were asked to complete the following infection prevention and control measures; inspectors' temperatures were recorded, a COVID-19 health questionnaire completed and hand hygiene performed. The wearing of face masks was also required. Inspectors met with assistant director of nursing to discuss the format of the inspection and to request documentation to inform the inspection process.

Residents commented that staff were always kind to them. One resident said that the staff were very good and they enjoyed "having a laugh with them". From inspectors' observations, staff appeared to be familiar with the residents' needs and preferences, and were respectful in their interactions.

Inspectors observed that the design and layout of the centre enhanced the quality of residents' lives. It was found to be warm, bright, modern, well ventilated and was maintained to a good standard, both internally and externally. The centre contained 129 single ensuite bedrooms and 18 double ensuite bedrooms. These rooms were located over five levels with stairs and lifts available to move between the five floors. Overall inspectors observed that residents' bedrooms were spacious and clean and residents were encouraged to personalise their rooms with artwork, photos, furniture and throws. All rooms contained appropriate numbers of chairs, lockers, lockable spaces, wardrobes and all had a wall mounted television for entertainment. Residents who chatted to inspectors reported they were satisfied with their bedrooms. Inspectors were informed and observed that some of the multi-occupancy rooms had been reconfigured and had additional amenities in place such as a coffee machine, a refrigerator, towelling and a pull out bed so that families, when visiting their loved ones who were nearing the end-of-life, had these facilities available to them.

The bathroom ensuites viewed had adequate space and facilities to allow residents to undertake personal care activities independently and comfortably with assistance. Inspectors noted that action was required in some multi-occupancy bedroom ensuites however to ensure that these were organised, cleaned adequately and had sufficient storage to ensure that personal products could be stored separately for each resident accommodated in the bedroom. Furthermore inspectors observed that

access to personal belongings for residents in multi-occupancy bedrooms required review; this will be discussed within this report under Regulation 17, Premises.

The centre had five dining rooms and nine sitting rooms available for residents to use and relax in. Inspectors observed that dining rooms were bright and spacious and tables were dressed with care to enhance residents' dining experience. All sitting rooms areas were observed to contain appropriate furniture to enhance residents' mobility and independence. Sitting rooms were decorated with display cabinets containing decorative china and many items of interest such as old vinyl records, vintage radios, sewing machines and decorative art work and staff had tastefully decorated the centre's largest activity room for Easter with bunting and other Easter decorations.

The Birch unit was dedicated to the care of residents living with a diagnosis of dementia, and inspectors saw that the registered provider had taken enhanced decorating measures in the unit to create a stimulating environment which drew on the senses of the residents living there. For example, the walls of the dining room had been decorated with familiar kitchen murals, the television was mounted on the wall with an old style television surround around it and certain parts of the corridor walls were decorated with textured walls. All communal areas in the unit were bright and clutter-free with a calm atmosphere. The provider had also taken steps to de-emphasise non-resident areas in the unit such as store rooms and sluice rooms, by decorating the doors and surrounding walls with forest scenes; such measures were taken to enhance the safety of residents living in the unit.

On the ground floor, a library and seating area with beverage making facilities was located near the main reception; this was available for all residents to come, relax and peruse the books on the shelves. A small oratory was also located on the ground floor, this room was calm and inviting and contained religious icons and paintings that added to the spiritual atmosphere in the room. Residents had access to a large, safe enclosed garden from the main reception area. The garden was maintained to a high standard with additional seating added during 2021 to ensure that residents and their families had ample space and facilities to enjoy the outdoor area. The garden was landscaped and contained a safe paved walkway which lead to a poly-tunnel which residents used to grow their own herbs, fruit and vegetables such as tomatoes, courgettes and cucumbers.

Residents were seen to have visitors throughout the day of the inspection. Most visits took place in bedrooms but some also enjoyed their visit in a seated area of the garden. Visitors who spoke with inspectors were complimentary of the service that was being provided to their loved one.

There was a dedicated activity team within the designated centre with two full time activity staff members and one part time staff member. Inspectors were told that the registered provider was recruiting an additional part-time staff member. Throughout the day, inspectors observed some residents watching television together in communal areas. Various group activities were planned for the day of the inspection and inspectors observed schedules of recent activities to celebrate occasions such as Easter and Mother's Day. There was a varied activity schedule

which included bingo, art, knitting, a magic table, weekly visits from a therapy dog, chair exercises with the centre's physiotherapist and flower arranging. Residents were seen to enjoy these activities on the day of the inspection with plenty of friendly conversation happening between residents and staff. Furthermore a hairdresser visited the centre twice per week and residents were seen to visit their dedicated, modern and well equipped salon during the day of inspection.

Inspectors observed that mealtimes were a relaxed and social experience for residents. Inspectors found that the dining room was pleasantly decorated with a noticeboard displaying the menu of the day, with two choices available for the lunch time meal and three choices available for the evening time meal. Food was seen to be nutritious and appetising. Inspectors observed staff offering discreet assistance and encouragement to residents in the dining rooms and that a variety of drinks were also offered. The centre's chef had recently introduced new menu options to appeal to the resident profile in the centre and residents told inspectors that they liked the food and said there was a good variety available to them.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The governance and management arrangements in the designated centre were well defined. The registered provider of the centre is CareChoice Malahide Road Limited and the centre is one of 14 nursing homes in the CareChoice nursing home group. The management team lead by the person in charge (PIC), comprised of two assistant directors of nursing and a general services manager who supported the PIC in their role and in the day-to-day operations in the centre. The management team met monthly with the nursing home group operations team to review and discuss all areas of the service such as quality, staffing, facilities and health and safety.

The management team collated key performance indicators of care and quality from all aspects of the service which were reviewed, trended and analysed to identify gaps and risks in the service. Patterns identified were discussed and benchmarked against established standards at quarterly clinical governance meetings and action plans developed and implemented for ongoing quality improvement and safety of the service. There was a comprehensive audit schedule in place to review and monitor the service and these audits resulted in action plans being developed and actioned to effect change and improvement where needed. Management maintained a master list of all actions generated from audits and other reviews to provide further oversight to ensure that all actions generated were followed up and completed by assigned responsible persons. Learning identified from audits was passed on to staff through regular written communications. Although inspectors

observed that there were many good management systems in place inspectors identified two significant gaps which related to serious incidents and investigations which required action, this is discussed under Regulation 23, Governance and Management.

A draft annual review of the quality and safety of care delivered to residents in the centre during 2021 was made available to inspectors. This included feedback from residents using the service and their families which was received through regular surveys, resident committee meetings and daily conversations with staff and management.

From inspectors' observations and a review of the rosters, inspectors found that the number and skill mix of staff was appropriate to meet the assessed individual and collective care needs of residents and with due regard for the size and layout of the centre. At all times there were nine day nurses and five night nurse on duty. Additionally there was at least one supernumerary clinical nurse manager on site at all times to provide support and oversight to staff and there was regular staff meetings between management and staff to ensure good communication and transfer of learning. Inspectors were informed of a small number of upcoming staff vacancies and inspectors were assured that recruitment of staff had already commenced in order to fill these positions. The registered provider had arrangements in place to respond quickly to staff shortages to ensure continuity of care for residents. For example, management outlined plans to increase staffing in the areas of household and laundry. These staff would be available to provide cover for staff who were on leave or to complete additional deep cleaning when required. Inspectors were assured that there were robust recruitment processes in place and that all staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to commencing employment in the centre.

The registered provider had a comprehensive mandatory training plan in place for 2022 and the records showed that the vast majority of staff were up-to-date with this training. Of the minority of staff that were out of date with the training on the day of the inspection, training dates had been scheduled in the upcoming fortnight. Mandatory training included fire safety, management of responsive behaviours, manual handling and falls prevention, safeguarding and infection prevention and control. Staff were also provided with specialist training in key areas such as end of life care and wound management and tissue viability. Nursing and care staff were supported and supervised in their work by the clinical nurse managers with additional managerial support from the person in charge and the assistant directors of nursing who were available Monday to Friday, some weekends and on-call overnight.

Management provided inspectors with an updated statement of purpose for the centre. This was reviewed and found to meet the requirements of the regulations. A record of all incidents occurring in the centre was maintained in the designated centre and all required notifications were provided to the Chief Inspectors within the required time frames.

A sample of contracts for the provision of services were provided to inspectors. These contained details regarding the type of bedroom provided to residents and the number of other occupants of that room. Greater clarity was required regarding the fees chargeable for additional services; this is outlined under Regulation 9, Residents' Rights.

The person in charge was the designated complaints officer in the centre and had responsibility for managing complaints received and to ensure that complaints were responded to in a timely manner and appropriately and that records were maintained. A sample of complaints records from 2021 and 2022 were reviewed, which confirmed that they were appropriately recorded and investigated by the person in charge, and the outcome was discussed with complainants and the satisfaction of complainants recorded. The complaints procedure, with the required contact details for designated persons and bodies, was displayed in prominent positions throughout the centre to inform residents and visitors. An internal appeals procedure was in place.

Regulation 15: Staffing

Inspectors were assured that the registered provider had arrangements in place so that appropriate numbers of skilled staff were available to meet the assessed needs of 146 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of trainings that was appropriate to the service. Inspectors were assured that staff were appropriately supervised by senior staff and that there was appropriate on-call management support available at night and at weekends.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors identified two areas that required action.

- There was a policy in place to direct and guide staff regarding the actions to take following a serious incident, however inspectors were not assured this was sufficiently robust as no direction was provided regarding the timeframe

within which an incident should be reviewed and investigated. For example, one incident report which inspectors reviewed which had occurred several weeks earlier had not yet had an investigation commenced to fully review the potential contributory factors of the incident or the learning identified to inform staff and management regarding changes required to ensure ongoing safety and quality for all residents.

- Furthermore, there was no clear system or process in place for the documentation of investigations carried out and completed following incidents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident the type of bedroom to be provided to the resident and the number of other occupants of that room. Greater clarity was required regarding the fees chargeable for additional services; this is outlined under Regulation 9: Residents' Rights.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre for inspectors to review. It was found to contain all pertinent information set out in schedule 1 of the 2013 Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were provided to the Chief Inspector within the required time frames as stipulated in schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed throughout the centre. The sample of records reviewed by inspectors showed that complaints were recorded and investigated in a timely way and that complainants were advised of the outcome. A record of the complainant's satisfaction with how the complaint had been managed was also available.

Judgment: Compliant

Quality and safety

On the day of inspection resident's health and social care needs were being met and overall there were effective arrangements in place to assess residents' needs and respond effectively when they changed. Inspectors saw that care was delivered with a rights based approach, and that decisions made by residents on their care were respected. Actions were required in relation to infection prevention and control practices, review of additional fees charged and with the layout and configuration of multi-occupancy bedrooms to enhance resident privacy at all times.

Inspectors reviewed a sample of resident records and saw that effective assessment and care planning arrangements were in place. A comprehensive assessment was completed on admission to the centre and nursing staff then developed appropriate care plans for residents identified needs, such as mobility, nutrition, safety, personal care and skin integrity. Care plans were seen to be person centred, and reflected residents' personal preferences. Inspectors observed that care plans were developed to guide on individual end of life preferences, such as their social, physical and spiritual needs. Care plans were updated as residents' needs changed, for example after falls or due to weight loss.

Residents had good access to general practitioners and allied health care services, such as speech and language therapy, dietetics, chiropody and tissue viability nursing. The registered provider directly employed a physiotherapist, who worked Monday to Friday, and provided both individual care to residents and group care by means of exercise classes. The person in charge had engaged with a local hospital and a geriatrician and clinical nurse specialist visited fortnightly to review residents in the centre. The purpose of this initiative was to promptly identify and address the medical needs of residents, and thereby reduce temporary admissions to hospitals for medical care.

Gerontology and palliative care services were made available to residents at end of life. The registered provider had two dedicated bedrooms to accommodate residents who were at end of life stage. Inspectors saw that the rooms were large, tranquil and well-equipped to also facilitate residents' families. Following the death of a

resident, the registered provider had procedures in place to ensure that residents' possessions were stored appropriately and returned to families, or otherwise.

From a review of resident and management documentation, it was evident that restraint measures for residents, such as bedrails, sensory equipment and lo-lo beds, were used in accordance with the current national policy. Inspectors also observed that responsive behaviours were managed by competent staff in the least restrictive way, such as distraction and redirecting, and a review of resident records showed that behavioural care plans had been developed for residents displaying behaviours that challenge, to support both the residents and staff caring for them.

Inspectors were informed that there were no open safeguarding concerns on the day of the inspection. The registered provider had ensured that there were effective systems and procedures in place to protect residents from the risk of abuse. There was a policy in place to outline the relevant roles and responsibilities to safeguard residents. Staff had completed training in the protection of residents from abuse, to enable them to recognise the signs of abuse and to respond appropriately if a safeguarding concern arose.

There were a variety of systems in place to ensure that residents were consulted in the running of the centre and played an active role in the decision making within the centre. This consultation occurred through residents' meetings and surveys.

Residents had an activities assessment and care plan completed which reflected their interests and hobbies. Inspectors saw that there were adequate facilities and resources available to deliver activities to residents. Inspectors observed many activities to take place on the day of the inspection. Details regarding additional fees charged to residents for additional services as listed in the residents' contracts for provision of services required greater clarity, this is discussed under Regulation 9, Residents' Rights.

Residents were able to receive visitors in private. Inspectors were assured that visiting was occurring in line with the latest Health Protection Surveillance Centre (HPSC) guidance COVID-19: Normalising Access in Long Term Residential Care Facilities (LTRCFs). Visitors who spoke with inspectors expressed satisfaction with the arrangements in place.

The registered provider ensured that the designated centre was designed and laid out to meet the assessed needs of residents. Inspectors saw that routine maintenance work was carried out regularly to ensure the premises was well-maintained to a good standard and that there was a schedule of works ongoing in the centre which included brightening up of the residents' environments by painting residents' rooms and communal areas. Inspectors were not assured that each resident occupying multi-occupancy bedrooms had 7.4 metres square of floor space within which was included a bed, a chair and personal storage space. The registered provider undertook to review these arrangements for all multi-occupancy rooms within the centre, and develop an action plan to address this.

Overall the centre was clean. Cleaning staff spoken with were knowledgeable on effective cleaning practices and their cleaning trolley was clean and organised. While

the provider had made personal protective equipment (PPE) available, inspectors observed instances where staff did not use PPE as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities. For example, four staff were seen to wear surgical masks and not FFP2 masks and one staff member was seen in a sitting room with their mask below their nose. Inspectors observed dry wipes in shared bathrooms which created a risk of cross contamination. Further improvements were required to ensure the infection control practices within the centre were effective, these will be further discussed under Regulation 27.

The centre had policies and procedures in place to promote good medicine management. Systems were in place for ordering and dispensing of medicines. All medicines and medicine records were stored in locked trolleys, cupboards or fridges within nurses' station areas, with keys carried on the nurses' person at all times. All controlled medicines were stored appropriately, and a log of these medicines was maintained with stock balances checked and signed by two nurses at the beginning of each shift. In conjunction with the centre's pharmacy, there was an auditing system in place for monitoring medication practices and reporting any errors. Medication care plans were in place where needed and reviews were completed by the nursing staff, the pharmacy and general practitioner every four months, or as required.

Regulation 11: Visits

Residents had access to visiting in line with the current HPSC guidance. The centre had arrangements in place to ensure the ongoing safety of residents with visitors completing a signing in process such as screening questions and a temperature check to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 13: End of life

Residents were provided with opportunities to discuss and plan for their end of life care and supports, in accordance with their individual preferences. The registered provider permitted, and provided suitable facilities for, family and friends to be with residents at end of life.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the registered provider was compliant with Regulation 17. Inspectors viewed the multi-occupancy bedrooms within the designated centre and found that they did not comply with the requirements of 7.4m² of floor space for each resident of that bedroom, which area shall include the space occupied by a bed, a chair and personal storage space. For example:

- Inspectors observed that for one individual bed space, it measured 6.7m².
- The configuration of all of the multi-occupancy bedrooms did not allow the residents to access their personal belongings in private and out of sight of the other room occupant. For example, wardrobes were outside residents' private space.

Judgment: Substantially compliant

Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement:

- There was a lack of consistency with the provision and use of face coverings by staff in accordance with national guidelines.
- Refresher training with regard to single use items. There was evidence of storing opened sterile dressings within two treatment rooms which created the potential of cross contamination if they were to be re-used.
- Some hand wash basins did not meet the required standard, and some of these sinks were unclean especially in the treatment and cleaners rooms.
- Inspectors observed some poor practices regarding the hygiene of shared bathrooms within the multi-occupancy rooms. For example: Toiletries including toothbrushes were unlabelled in these rooms and therefore staff could not be assured who these items belonged to. One shared bathroom had blue staining on the floor. One shared bathroom had three wheelchairs stored in it which prevented sufficient access to the sink, toilet and shower facilities for the occupants.
- There was inappropriate storage seen within numerous store rooms where boxes and items of equipment were stored on the ground which prevented effective cleaning of these areas.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed that medicine use and administration was in accordance with professional standards. Medicines were administered to residents based on the prescription record and administration records were promptly updated after medicines were administered. There were systems in place for the regular review of prescribed medication.

There were secure and appropriate systems for the storage of all medicines and associated records.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The person in charge had a system in place to assess residents' needs prior to admission to ensure their needs could be met in the centre. On admission care plans were developed for any identified needs. There were care plans in place for nutrition, mobility, skin integrity and a range of other areas where residents may require support. Care plans reviewed were person centred and reflected the residents' preferences. Care plans were reviewed on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents' health was maintained by staff providing evidence based care and by the timely referral of residents to a general practitioner (GP) team and appropriate allied healthcare professionals when required or requested.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were arrangements in place to ensure that restrictive practices were implemented in line with national policy and residents with responsive behaviours were supported by staff in a manner that was not restrictive.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. The designated centre had an up to date safeguarding policy. Staff had good knowledge in relation to recognition of abuse and appropriate actions required by them.

Residents had access to advocacy services and referrals had been made to avail of these services.

Judgment: Compliant

Regulation 9: Residents' rights

Contracts for provision of services did not clearly state that residents were supported to access all services provided free of charge under the general medical scheme. To support a rights-based approach to service delivery, greater clarity was required regarding additional fees charged to residents for additional services.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for CareChoice Malahide OSV-0005205

Inspection ID: MON-0036686

Date of inspection: 21/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Policy has been updated to reflect the changes required to ensure and enhance governance and management surrounding serious events. All serious incidents shall be reviewed within a 20 day timeframe, by the Clinical Management Team and reviewed at the Quarterly Clinical Governance meeting. • Senior Clinical Team completed a review of serious incidents and completed a full investigation post inspection. • Senior Clinical Team developed a file for serious incidents and future incidents will be fully reviewed using this systematic process/file. • All incidents will be reviewed by the Senior Clinical Team and by the Quality Team as already in place (Monthly Quality Meeting). 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • General Services Manager looking at reconfiguring multi-occupancy rooms (ensuring residents can access their own personal items/clothing without disturbing another resident and maintaining dignity and respect). • Purchase and fitting of new cabinets/wardrobes will be installed as required. 	

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"> • Staff adherence to the correct wearing of PPE monitored daily. • Senior Clinical Team will ensure the continued implementation of educational sessions regarding IPC. • All clinical team will receive refresher training/education related to single use items, via IPC training. • Toiletries Cabinet will be purchased to ensure residents occupying multi-occupancy rooms have individualized cabinets to store their items, minimizing cross contamination. These will have the residents name on them (with resident consent), to ensure there is no cross over of personal items. • Investment in external storage will be implemented. • A review of equipment no longer required as the team completed a decluttering exercise of the home. • Deep clean of all sinks commenced and a review of standards will be audited regarding sinks and if required same will be replaced. • Areas around sinks will receive new splash backs (tiling) as required following review of same. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The contract of Care and Statement of Purpose both outline in detail the charges applicable for services not covered by the GMS. The following paragraph, included in the Contract and the SOP:</p> <ul style="list-style-type: none"> o "GP: Improved inhouse access & waiting times with onsite visits. Medication review and EMARs documentation" <p>For the avoidance of doubt the paragraph it will be replaced with the following for clarity:</p> <ul style="list-style-type: none"> o "GP services not covered by the General Medical Scheme" <ul style="list-style-type: none"> • The contract of care for new residents and the SOP will be amended. Existing resident will be written to clarify same. 	



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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/08/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	30/06/2022