Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ennis Road Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Ennis Road via Limerick, Clare
Type of inspection:	Unannounced
Date of inspection:	25 February 2021
Centre ID:	OSV-0005768
Fieldwork ID:	MON-0031319

About the designated centre

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

Ennis Road Care Facility is a designated centre located on the outskirts of Limerick city on the old Ennis Road. It is registered to accommodate a maximum of 84 residents. It is a purpose-built single storey facility, where bedroom accommodation comprises 54 single and 15 twin rooms, all with en-suite facilities of shower, toilet and hand-wash basin. Additional toilet facilities are available throughout the centre. Communal areas comprise a spacious dining room, a large garden room (day room), activities room, smoking room, and oratory. Main reception is an expansive space with a grande piano, fire place, and lots of seating hubs; off the main reception is the hairdressers' salon and an area to be developed into a coffee dock. There are additional comfortable seating areas off the activities room. Residents have access to two enclosed gardens with walkways, seating and raised flower beds. Ennis Road Care Facility provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 February 2021	07:00hrs to 17:00hrs	Breeda Desmond	Lead
Thursday 25 February 2021	09:30hrs to 17:00hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

The inspector arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

In light of the COVID-19 pandemic, the provider had created additional visitor areas, one of which was located to the left of the main entrance. This comprised a wooden structure which enclosed part of the window in the foyer to enable supervision of visiting without encroaching on the privacy of peoples' conversation. There was comfortable seating and a coffee table with hand sanitisers, and wipes for cleaning down surfaces following the visit in this area. COVID-19 precautions advisory signage was displayed here as well as throughout the centre. The main entrance to the centre was wheelchair accessible. Due to the COVID 19 restrictions, the porch door was locked to enable monitoring and COVID-19 protocols to be facilitated with visitors entering the centre. There was keypad access and hand sanitiser available in the front porch. The entrance opened to an expansive open-plan foyer with four seating areas. One was to the left by the grande piano and reception desk; a second was to the right by the fire place; the third was on the far side of the fire place with a large flat screen TV over the fire place; the forth was alongside the coffee dock. This room was bright and airy and had views of the countryside and entrance to the centre.

There was a residents' information board by reception which included information on visits, sage advocacy, complaints' procedure and information identifying the infection control officer, safeguarding officer and complaints' officer. There was a wall display by reception for residents' information with the names and photographs of staff.

Administration and nurses offices, prayer room, physiotherapy room, staff changing rooms, canteen, and the laundry were located on the corridor behind the main reception. There was a large white board by the administration offices which had audit and safety information displayed which highlighted current information to staff regarding upcoming audits and reminders of safety issues.

There were two corridors, one to the left and one to the right of the reception which were interlinked. Bedroom accommodation was along both corridors and comprised single and twin bedrooms, all with en suite facilities of shower, toilet and wash-hand basins. Communal areas were located to the left of reception with a large dining room on the left and garden day room on the right. Residents had access to one of the enclosed gardens from the day room. There was lovely seating areas opposite the far entrance to the dining room where residents were observed sitting and chatting. Access to the second enclosed garden was located by these resting areas. The second secure visiting area was located on the back corridor with separate

entrance. This visiting area was located within the centre; there was a large perspex screen dividing the area to minimise the risk of viral transmission. Comfortable chairs and a table were on either side of the screen with hand sanitiser and wipes for cleaning the furniture after visits. In the afternoon of the inspection, families used this area to visit their relative to celebrate their birthday. Visiting was observed and this was facilitated in line with the HPSC guidelines. Visiting residents in their bedrooms was facilitated for those residents whose condition required.

This inspection started at 07:00hrs and the centre was lovely and warm when walking around; residents were heard complimenting the cosiness throughout the day. The centre was visibly clean and tidy, and no clutter was seen throughout the building. The cleaners' room was secure and when viewed it was clean and tidy, and new storage facilities were in place since the previous inspection. Good hand hygiene practices were observed along with adherence to HPSC guidelines regarding PPE usage and decontamination of equipment such as hoists.

The garden day room was bright and airy and there was large patio door access to the enclosed garden. The garden was well maintained and had furniture, decorative statues and bird tables for residents to enjoy. The garden day room was decorated with items of domestic furniture such as a dresser with decorative chinaware and bookshelves with magazines, books and games. Residents' drawings were displayed here as well. There was a large smart TV here and they had a large mobile blue-tooth screen to move around so that residents could easily see the display. A group of residents gathered in the foyer in the morning for mass which was streamed on TV and the mobile large screen was used for this as it was more visible for residents who were socially distancing in the foyer.

The inspector attended the staff hand-over report in the morning and this was found to be comprehensive. A holistic approach to information sharing was provided to give staff a clear picture of the clinical and social care needs of residents. Safety checks for residents at risk were highlighted to on-coming staff. Specific staff responsible for activities in the day room were identified at this hand-over meeting. Scheduled visits were highlighted including a visit for a resident whose birthday it was and reminders to staff of the PPE and COVID-19 precautions to be taken. The person in charge and inspector sat in the foyer following the report to discuss the format of the inspection, and residents came and chatted as they were going to breakfast. They were familiar with the person in charge and there was lovely banter between residents and the person in charge. Inspectors met with several residents throughout the inspection and spoke with four residents. One resident spoken with told of her travels, and life and work experiences from all over the world; she explained how staff had enabled her to maintain contact with her family, friend and neighbour.

Staff were observed knocking on bedroom doors before entering and introducing themselves. There was social interaction when personal care was delivered and staff were seen to take time to up-style residents' hair. The inspector saw that residents were well dressed and residents confirmed that staff assisted residents to keep up their appearance.

As the dining room had tea, coffee and toast making facilities and cereals, some residents were observed making their own breakfast, and said this was part of their routine and they appreciated their independence being enabled. Bright oil table clothes were on the dining tables, and tables were set with ramekins of sugar, butter and jam. Meals were pleasantly presented and residents complimented the food. While there were adequate staff to support and assist residents with their meals, there was inadequate supervision seen in the dining room at breakfast and dinner times to ensure that meals were served in a timely and structured manner; residents requiring assistance to mobilise were observed in the dining room long after they had finished their breakfast.

There was a relaxed atmosphere and inspectors saw residents freely walking around the centre and saw activities taking place in the day room where staff facilitated bingo in the morning; a karaoke session was on in the afternoon and staff encouraged residents to part-take and good fun and interaction was seen.

Residents spoken with were complimentary about the staff and in general, inspectors saw positive interactions between residents and staff. However, one observation indicated that a staff member did not understand cognitive decline in residents and ignored a resident when they were trying to get the staff's attention. This was highlighted both to the staff member and the registered provider representative.

Residents said they were very grateful to the staff who worked so hard to keep them safe. They reported that they had received their second dose of the vaccine and they were delighted. One resident said she was fine after the first dose but she was in bed for three days after the second but was thrilled that she had it and could get on with life. Residents said that the current visitor restrictions were difficult for them but understood the risks associated with visiting and they were grateful to the staff who cared for them. Staff had set up skype and whatsapp for residents to enable them chat with their relatives and friends.

An easy-read complaints procedure was available as part of resident information displayed throughout the centre. The complaints procedure was displayed in the reception area; this was reviewed since the previous inspection and had details of the independent appeals process. An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed.

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

Ennis Road Care Facility (ERCF) was a nursing home owned and operated by Beech

Lodge Care Facility Ltd. Beech Lodge Care Facility Ltd was the registered provider of two nursing homes, located 40kms apart.

This was an unannounced risk-based inspection undertaken to follow up on previous inspection findings in 2020, all of which had identified issues with the governance and management of the service. This had resulted in the Chief Inspection reducing the number of beds registered from 84 to 45 to allow for governance and management structure to strengthen and to demonstrate sustainable governance. While several improvements were noted on this inspection, management change and staff retention (detailed below) continued to be a cause of concern.

On the day of this unannounced inspection the registered provider representative (RPR) (the person identified by the registered provider to represent the company) was present in the nursing home and was acting in the role of person in charge, and was part of the weekly duty roster for the service. The person in charge from their sister designated centre was on site, and facilitated the inspection sourcing records and documentation requested by inspectors.

The registered provider actively recruited for the post of person in charge and at the time of inspection, there was a newly appointed assistant person in charge. One of the senior nurse's was newly appointed to the role of clinical nurse manager (CNM). Notwithstanding this, there had been a significant staff turn-over in the previous 15 months, with four different persons in charge, 6 CNMs, three administration staff, 15 nurses and several HCAs. 19 new staff had started since November 2020 including nurses, health care assistants (HCAs), administration, housekeeping and activities staff. Even though the service was no longer reliant on agency staff, and staff recruitment was actively ongoing, such a turn-over of staff impacted both the governance and management and the day-to-day running of the service in areas such as knowing and understanding residents' needs and ways, and their continuity of care. While the inspectors acknowledged the efforts made by the registered provider to strengthen the governance and management of the service with the implementation of the board of management, the new management structure required time to become familiar with the service, and embed the changes required to ensure the service provided was safe, appropriate, consistent and effectively monitored.

The audit folder was examined and the schedule of audits in place was for 2020, but a schedule of audit for 2021 was not evidenced. While a wound management audit, medication audit and cleaning audit were available for 2021, all the other audits seen were for 2020 including dining experience and residents' surveys completed in November 2020 as well as a management walk-about observation. A 'care delivery' audit was undertaken with one staff member in August 2020; this was highlighted on inspection in September 2020 and the RPR was requested to undertake these audits routinely as part of their quality improvement to be assured that staff were delivering care in line with best practice, however, there was no evidence that these were completed. Of the audits shown to inspectors for 2021, all audits bar one were completed by CNMs who were no longer employed in the centre. Fortnightly audits were submitted to the office of the Chief Inspector, however, of the sample submitted, they did not provide a robust picture of effective monitoring of the

service to be assured that it was consistent and safe. For example, the physiotherapist conducted routine audits of wheelchairs, restrictive practices and ski-blankets and ensured that ski-blanket usage formed part of the fire safety training at induction as well as ongoing assessment of their usage. However, as the physiotherapist was no longer employed in the centre, such training, evaluation and follow-up supervision was not evidenced.

Nonetheless, to ensure better oversight of the service, weekly meetings were convened in the centre where the RPR, assistant person in charge and CNM discussed set agenda items relating to clinical, non-clinical, staffing and complaints. Reports regarding quality indicators and key performance indicators were compiled on a weekly basis and discussed at the weekly meeting on Tuesday mornings with actions agreed and issues followed up on subsequent meetings.

A sample of staff files were reviewed. All nurse registration documentation was available. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place. One recently appointed staff member did not have any reference on file; while some references were seen for staff, these were not routinely verified in line with best practice to provide the necessary assurances in safeguarding residents. Gaps in employment history was noted in one staff file. There was an induction programme for all new staff, however, this was signed-off by the recently appointed administration staff rather than nurse management to be assured that staff knew and understood the policies, procedures and appropriately implemented them in practice. Other staff files reviewed showed that there was little follow-up to staff induction as part of their probation to ensure that new staff were supported in their role, as well as to ensure that work practices were in line best practice.

The training matrix was reviewed and mandatory and other training was up-to-date, including infection control, donning and doffing PPE, breaking the chain of infection, clean-pass household training, legal documentation, end-of-life care, nursing matters, fire safety, manual handling, and safeguarding. This training was discussed with the RPR as many of these were completed on-line and not followed up to establish whether people knew and understood the course content and ensure that practice was delivered in line with policies and procedures, and the aims and objectives set out in the statement of purpose. Due to the significant staff turn-over, staff familiarity and associated responses in areas such as fire safety, drills and evacuation could not be assured.

Improvement was noted regarding residents' documentation as remote access was granted to GPs to enable them access residents' care notes off-site to contemporaneously update their records. Residents' notes reviewed showed that medical records were now recorded in the appropriate medical notes rather than in the nurses notes or in the daily nursing narrative; this meant that residents' medical records could be easily seen, and tracked, and provide up-to-date information to visiting GPs as well as out-of-hours medical services, enabling better outcomes for residents.

Complaints records reviewed showed that the person in charge followed up with

issues raised and reported whether the complainant was satisfied with the outcome of the complaint.

Regulation 14: Persons in charge

The registered provider representative was acting in the post of person in charge. A new person was recruited and at the time of inspection she was employed as the assistant person in charge to become familiar with the centre and the service.

Judgment: Compliant

Regulation 15: Staffing

There were adequate care staff on the day of inspection to meet the assessed needs of the current number of residents accommodated in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

As many staff were recently recruited, a programme of staff supervision was required to be assured that all staff adhered to best practice guidance and policy implementation.

The induction programme for new staff was signed-off by the recently appointed administration staff rather than nurse management to be assured that staff knew and understood the policies, procedures and appropriately implemented them in practice.

There was little follow-up to on-line training or staff induction as part of their probation to ensure that staff were supported in their role, as well as to ensure that work practices were in line best practice.

One observation indicated that a staff member did not understand cognitive decline in residents and ignored a resident when they were trying to get the staff's attention.

Relevant staff were not familiar with the Health Act and regulations made there

under.

Judgment: Not compliant

Regulation 21: Records

Schedule 2 staff files were not comprehensively maintained in line with regulatory requirements.

Judgment: Not compliant

Regulation 23: Governance and management

Notwithstanding the new appointment of an assistant person in charge and CNM, the inspection was facilitated mostly by the person in charge from the sister designated centre.

As a programme of audit for 2021 was not evidenced, and most audits seen were completed by non-current staff, it could not be assured that the service was effectively monitored to be confident that it was consistent and safe, and delivered in line with regulatory requirements and evidence-based best practice.

As there continued to be a significantly high turn-over of staff seen over that last five inspections, a strategy to inform staff retention was absent.

Management systems to ensure the centre was safe and effectively monitored were necessary to provide ongoing oversight, identifying risks and putting controls in place to mitigate risks.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was updated to reflect the recently appointed management structure, deputising arrangements, conditions of registration and whole-time equivalent staff numbers currently employed.

Judgment: Compliant

Regulation 31: Notification of incidents

The incident and accident log was reviewed and these correlated with the notifications submitted in accordance with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were maintained in line with regulatory requirements.

Judgment: Compliant

Quality and safety

A sample of residents' care plans were examined. They demonstrated thorough overview by staff and the attending GPs. Observations were recorded and progress notes demonstrated good attention to residents' changing needs. Information included the optimum position of a resident when in bed for their specific care. Residents were appropriately assessed and care plans in place were updated in accordance with the regulations and their changing needs. Residents documentation showed that staff actively engaged with residents to determine their end-of-life wishes including decisions regarding COVID-19 infection. Residents had food and nutrition care plan including a resident on enteral supplements. These were supported by reports and regimes detailed from the clinical nutrition and dietetic department of UHL. Transfer letters to and from the centre to ensure the resident received care in accordance with their current needs, were seen.

GP services were consolidated since the last inspection and staff reported that this was working really well and provided a much more robust service for residents. The GPs' notes were easily identified as GPs had their own log-in code; this addressed a previous inspection finding. Residents had access to specialist services and when indicated, the GP consulted with specialists in the acute care to discuss treatments and management of residents' conditions. Residents had remote access to speech and language and dietician services; the RPR hoped that chiropody would resume shortly.

Improvements were noted in the sample of residents' drug administration records inspected and these were comprehensively maintained. Controlled drugs records were examined and they required review to ensure records were accurately maintained and in line with An Board Altranais agus Cnaimhseachais professional

guidelines. The drug trolley on the cohort wing was unlocked and accessible by anyone passing as it was located alongside the nurses' station. While the medicines' trolley was locked in the new nurses' station, the clinical room in which it was stored was open, enabling unauthorised entry.

Residents requiring PRN psychotropic medications had comprehensive records in place for the rationale for administration of the medication, the length of time it took to take affect and the resident's response. Drug administration records examined were comprehensive. Three nurses signatures were not in place in the nurses' signature list and this was updated at the time of inspection to ensure completeness. An antibiotic record log was maintained with all the residents prescribed antibiotics. The inspector suggested that separate logs be maintained for individual residents to enable easy trending of treatments for residents and their response to prescribed treatments. Blood sugars were recorded on a daily basis in the drug administration chart when administering insulin. The inspector suggested that blood sugar records be maintained in a separate page so that it would be easier to trend and see a residents' blood sugar profile. Residents weights were seen to be recorded as part of their electronic records; monthly weights were recorded routinely, and weekly if their condition warranted.

While improvement was noted regarding risks identified and remedial actions completed, one sluice room with clinical waste was not locked or lockable to prevent unauthorised entry and access to disposed clinical waste.

New cleaning templates and regimes were introduced for areas such as cleaning, deep cleaning and curtains as part of quality infection control practice. PPE was stored in secure presses on corridors which were easily accessible for staff.

Construction of additional nurses' stations were completed and were seen to be operational during the inspection. Refurbishment of sluicing facilities and storage rooms was completed with new bedpan washer and shelving.

New emergency floor plans with escape routes and points of reference were displayed. Fire certification was in place for annual and quarterly fire safety inspections. Escape routes were observed to be clear and daily and weekly fire safety checks were comprehensively maintained. Nonetheless, fire doors such as principle doors used for phased evacuation required review regarding their smoke and heat seals. The RPR was requested to complete a review of all fire doors and implement the necessary recommendations.

Fire training was up-to-date, and fire drill/evacuation records included the necessary detail regarding response times taken to complete the evacuation, however, these were not routinely undertaken cognisant of night duty staffing levels. This would provide assurances that evacuations could be completed in a timely fashion. In addition, due to the significant staff turn-over, additional fire safety precautions such as drill and simulated evacuations were requested to be assured that all staff could appropriately respond should the need arise.

Good activities were observed in the day room and foyer during the morning and afternoon of inspection. Weekly family zoom meetings were scheduled where

families were invited to a meeting with the person in charge and staff to chat about the life and times of the centre, and provide them with updates of changes relating to HPSC guidance. Families were sent e mail reminders inviting them to the zoom get-together and some family members tuned in from over-seas to get updates.

Regulation 11: Visits

Visiting arrangements were in line with level 5 lock-down at the time of inspection. Nonetheless, additional visiting areas were available and used in line with current HPSC guidelines to ensure the safety of residents, staff and visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to adequate personal storage space in their bedrooms.

Laundry services were on-site and there were no issues raised by residents regarding laundry.

Judgment: Compliant

Regulation 13: End of life

Residents' care documentation reviewed showed that residents' end-of-life care wished were discussed with residents and updated following discussion of the possible impact of COVID-19 viral infection.

Judgment: Compliant

Regulation 17: Premises

The premises was warm, bright, clean and well maintained. The second enclosed garden was completed and provided lovely views of the gazebo, bird feeders, shrubbery and walk-ways.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents reported they had choice with their menu and where to dine; meals were seen to be pleasantly presented. Residents had good access to speech and language therapy and dietician services and appropriate monitoring of residents' weights was seen in nutrition documentation.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters to and from the centre were seen in care documentation; this ensured the resident received care in accordance with their current needs.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean on the day of inspection, items previously identified regarding infection control were addressed.

Judgment: Compliant

Regulation 28: Fire precautions

Fire doors such as principle doors used for phased evacuation required review regarding their smoke and heat seals. Inspectors required a comprehensive review of all fire doors and a programme of necessary maintenance.

Fire training was up-to-date, and fire drill/evacuation records included the necessary detail regarding response times taken to complete the evacuation, however, these were not routinely undertaken cognisant of night or weekend duty staffing levels. As there was significant staff turn-over with 19 staff employed since November 2020, additional fire safety precautions such as drills and simulated evacuations were necessary to be assured that all staff could appropriately respond should the need

arise.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were noted in the sample of residents' drug administration records inspected; these were comprehensively maintained and administration times were in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvement was noted in residents' assessments and care plans and followed up in line with residents' changing needs to enable better outcomes for residents. These were updated in accordance with regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Improvement was noted in all care documentation regarding accessing medical notes, wound management and specialist reports such as dietician reports. Comprehensive oversight was maintained of residents progress and timely interventions were seen in the sample documentation examined.

Judgment: Compliant

Regulation 8: Protection

Staff had up-to-date training in safeguarding residents in their care. Notifications were submitted by the person in charge regarding issues raised which were investigated and remedial actions taken to mitigate recurrences.

Judgment: Compliant

Regulation 9: Residents' rights

The activities seen on inspection were engaging, enthusiastic and fun. Good communication was in place with families and friends to reduce the loneliness associated with COVID-19 level 5 lock-down. Additional I pads and a large mobile screen were available and seen in use by residents to access on-line programmes and contact their friends. The new visiting areas facilitated visits, and visits to residents' bedrooms were facilitated on compassionate grounds.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not 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 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ennis Road Care Facility OSV-0005768

Inspection ID: MON-0031319

Date of inspection: 25/02/2021

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Newly recruited staff will be assigned and rostered to work with a senior clinical staff member in a mentorship role during their induction and probation period. This staff member will then be responsible for signing off on their development • Senior management will endeavor to ensure that the practices of new nursing and care staff are monitored by ensuring they form a particular focus of routine clinical audits e.g. medication management audits, assessment and care planning audits, etc • Copies of the Health Act and Regulations are available to all staff and there is evidence that these are read and understood. There will however be an added focus on specific individual regulations at clinical handover and staff meetings, rotating each week, to ensure that all staff are sufficiently familiar with them	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • A dedicated staff member has now been assigned responsibility to ensure that all of the records required under Schedule 2 are maintained.	

Regulation 23: Governance and management	Not Compliant

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

• Programme of audits is under review to ensure they are consistent and can provide information which is comparable across the group

• Each department is responsible for conducting their own audits. Specific clinical audits will be assigned to be either the responsibility of the ADON or the CNM. The schedule of audits will now be reported on at the weekly management meetings where the results and corrective actions will be signed off by the PIC

• ERCF is committed to ensuring all staff are supported and valued. Regrettably there has been a small unforeseen attrition of staff following the outbreak and due to recent HSE recruitment drives. All staff that left have completed an Exit Interview and the information is currently being collated to inform ongoing retention strategies. In addition, staff satisfaction surveys are conducted annually and staff are also provided with the opportunity to raise any issues with the PIC at any time point in their employment.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• The Provider has engaged the services of an external engineer to review all fire doors and carry out any necessary remedial works.

• To continue to update all staff, fire drills will now be completed on a weekly basis to ensure all staff are proficient in all aspects of fire management and adequately familiar with the centre and the residents' individual evacuation needs. These drills will be rotated to ensure they are performed or are simulated to day and night time scenarios.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	19/03/2021
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Not Compliant	Orange	31/03/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	19/03/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant		09/04/2021
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant		31/03/2021

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant		12/03/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	12/03/2021