



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

## Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	HSE West, Dublin Road, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0000627
Fieldwork ID:	MON-0033965

## About the designated centre

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

Aras Mhuire Community Nursing Unit was built in the 1960s. It was originally a novitiate for nuns and opened as a care centre for older persons in 1975. It is a two-storey building with landscaped gardens, and wheelchair access at the front and rear. All residents are accommodated on the ground floor. It is located on the outskirts of Tuam in Co. Galway, within walking distance of the town centre. Residents have access to a day room, dining room and landscaped enclosed garden area. The centre provides 24-hour nursing and social care for older persons and young chronically ill people, both male and female. Admission may be for long, short-term or respite care. Services such as social programme of activities, weekly mass, music entertainment, physiotherapy, dietician and speech and language therapy review are provided at no additional charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	17
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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
Wednesday 10 November 2021	09:40hrs to 17:50hrs	Fiona Cawley	Lead
Wednesday 10 November 2021	09:40hrs to 17:50hrs	Noel Sheehan	Support

## What residents told us and what inspectors observed

Overall, the inspectors found that the residents living in this centre were very well cared for and supported to live a good quality of life. The atmosphere was relaxed and calm on the day of the inspection. Staff were observed to be compassionate and respectful towards the residents. Many of the residents who spoke with the inspector said they were content and happy.

This unannounced inspection was carried out over one day.

Aras Mhuire Community Nursing Unit was registered to accommodate 20 residents. However, the provider had reduced the occupancy in a three bedded room to accommodate two residents. Therefore on the day of the inspection, the maximum number of residents that could be occupied in the centre was 19. There were 17 residents accommodated in the centre on the day of the inspection and two vacancies.

Aras Mhuire was a community nursing unit operated by the Health Service Executive and located on the outskirts of Tuam, County Galway. It was a two storey building and the resident accommodation was on the ground floor. The accommodation comprised of fifteen single bedrooms and two double bedrooms. The layout also included a pleasant reception area, a large day room, a spacious dining room and a visitors room. There was also safe unrestricted access to an outdoor area for the residents.

The inspectors spoke with eight residents during the inspection who said that they were well looked after in the centre. They said that the staff worked hard and were very kind and caring. One resident told the inspectors that everything was good in the centre and others said they were very happy. A number of residents were living with dementia and therefore conversations with some residents were limited. Those residents who were unable to communicate verbally were observed by the inspectors to be very content. The residents who spoke with the inspectors were aware of the COVID-19 pandemic and required restrictions. They told the inspectors they were very relieved to have received the booster vaccine recently.

The inspectors spoke with one visitor who was very happy with the care and support their loved one received. They said that their relative was happy in the centre and they had no complaints whatsoever.

On arrival at the centre the inspectors were told that both the person in charge and the assistant director of nursing were on leave. A staff nurse was on the roster as the nurse in charge for the day. At the time of arrival the inspectors noted that the nurse in charge was on the floor involved in care duties. The person in charge came off leave and arrived in the centre within 30 minutes and facilitated the inspection for the remainder of the day.

The inspectors completed a walk about of the centre on the morning of the inspection together with the person in charge (PIC). The centre was pleasant and there was a friendly, relaxed and calm atmosphere throughout. Overall, the inspectors found the premises was laid out to meet the needs of the residents. The reception area was bright and welcoming whilst the day room was nicely decorated with comfortable furnishings, a fire place and book shelves.

A number of the corridor walls were decorated with lots of colourful pictures many of which were painted by one of the residents. Grab rails were available along the corridors to assist residents to mobilise safely. The building was warm and well ventilated throughout.

Overall, the centre was generally clean and tidy. However, the inspector noted a number of areas that required attention. This will be discussed under Regulation 27. The building was generally well maintained but a number of areas were identified that required attention and will be discussed further under Regulation 17 Premises.

Many resident bedrooms were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. The residents who spoke with the inspector were happy with their rooms. Overall, there was sufficient space for residents to live comfortably in most of the bedrooms including adequate space to store personal belongings.

The dining room was a bright spacious room that allowed staff and residents to adhere to social distancing. The inspectors observed a very pleasant lunch time period where the atmosphere in the dining room was quite social. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently and residents were not rushed. Staff and residents were observed to chat happily together and all interactions were respectful. The residents were provided with a choice of meals from the daily menus which were on display. The inspectors saw that the meals served were well presented and there was a good choice of nutritious food available.

The residents had unrestricted access to a pleasant enclosed sensory outdoor garden. This area had a plenty of suitable seating areas, various plants and foliage including raised beds . There was also a large landscaped lawn surrounding the building that provided further outdoor space for the residents to enjoy.

The laundry facility was a large well-ventilated area and was clean and tidy. The area had a clear one way system to maintain segregation of clean and dirty linen.

Call bells were available throughout the centre and the inspectors observed that these were responded to in a timely manner.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions.

Throughout the day residents were observed in the various areas of the centre and were seen to be happy and content. The provision of care was observed to be person-centred and unhurried and there was a happy atmosphere present throughout the centre. The staff knew the residents well and provided support and assistance with respect and kindness. Staff were observed helping residents with hand hygiene throughout the inspection.

There was an activities co-ordinator employed by the centre who worked four days a week and the inspectors were informed that Care Assistants supported residents with activities on the remaining days. There was a daily plan of activities for the residents and it included arts and crafts, exercises, music and quizzes. One resident told the inspectors that whilst the activities co-ordinator was great, there was not an activities co-ordinator in the centre every day and that the care staff did their best when the co-ordinator was not on duty. The inspectors observed positive interactions over the day in the centre. Residents enjoyed watching a livestream of mass celebrating the new Archbishop of Tuam in the morning whilst in the afternoon the activity co-ordinator provided an exercise session. Residents were observed reading, watching TV, knitting or enjoying quiet time at other points in the day. The inspector saw that residents who wished to remain in their own rooms were checked on regularly by staff. Friendly chats and conversations could be heard frequently throughout the centre. Overall, the inspector observed all staff engage with the residents in a very positive manner. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*).

In summary, this was a good centre with a responsive team of staff delivering good standards of care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

The inspectors found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The majority of the required improvements from the previous inspection had been implemented. However, some further improvements were required to assure regulatory

compliance with all regulations.

This was an unannounced risk based inspection conducted over one day by inspectors of social services to:

- Monitor compliance with the Health Act (2007), as amended and the Regulations and Standards made thereunder.
- Follow up on the actions taken to address non-compliance found on the previous inspection in February 2020.
- To review the actions taken to comply with condition 09 of the registered providers registration.

A new 50 bed unit was due to be built which would have addressed previously identified regulatory non compliances associated with the current physical premises and was due to be completed by the end of December 2021. However, this work has been significantly delayed. The three bedded bedroom that was identified in the last inspection as inadequate in terms of available space, privacy and dignity was reduced to a twin occupancy bedroom.

There was a clearly defined management structure in place with identified lines of authority and accountability. There were deputising arrangements in place for when the person in charge was absent.

The person in charge (PIC) demonstrated a clear understanding of their role and responsibility and was a visible presence in the centre. The person in charge was supported in the role by a clinical nurse manager and a full complement of staff including nursing and care staff, housekeeping staff, catering staff and administration staff. There was a minimum of one registered nurse on duty at all times.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. The staffing structure included student nurses and access students. There were also a small number of agency staff who had been working in the centre long term and knew the residents well. Staff had the required skills, competencies and experience to fulfil their roles. The person in charge and clinical nurse manager provided clinical supervision and support to all the staff.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. The Inspectors reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date.

Staff had access to education and training appropriate to their role. Staff with whom the inspectors spoke with were knowledgeable regarding fire safety, safeguarding, infection prevention and control and complaints management.



Minutes of various meetings were made available to the inspectors. The inspectors found evidence that meetings had taken place between management and staff three times this year. A variety of issues were discussed including COVID-19, visiting, care plans, infection prevention and control and risk assessments. Actions were highlighted where areas for improvement were identified.

A number of audits were carried out in 2021 which reviewed practices such as care planning, medication practices, the used of restraints and infection prevention and control. Areas for improvement were identified and action plans were put in place.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2020 which included a detailed quality improvement plan. The most recent resident survey had very positive results indicating good levels of satisfaction with all aspects of the centre.

A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed in the centre and contained the information required by the regulation.

### Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Overall most of the staff had completed training appropriate to their role. However, gaps were identified in areas such as Dementia training, Safeguarding Vulnerable Persons, Hand Hygiene, Donning and Doffing Personal Protective Equipment and Breaking the Chain of Infection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall, the designated centre had sufficient resources to ensure the effective

delivery of good care and support to residents. However, as identified on previous inspections, elements of the design and layout of the building did not meet the individual and collective needs of residents, and did not meet regulatory requirements. These are detailed under Regulation 17 Premises below.

Although there was a defined management structure in the centre the deputising arrangements were not satisfactory. At the time of arrival in the centre the person in charge and assistant director of nursing were absent. The inspectors noted that the nurse in charge was involved in care duties and therefore not available to provide supervision.

Although there were systems in place to monitor and evaluate the quality and safety of the service, there had been a limited number of audits carried out during the previous year. The audits that were carried out in 2021 included action plans with identified time frames and persons responsible for actions.

However, the inspectors found that the oversight of a number of key areas was not robust and as a result the audits had not identified a number of areas of non-compliance found by the inspectors during this inspection.

There was an annual review prepared for 2020 which was available to residents and staff on the day of the inspection and included a quality improvement plan for the year ahead. There was an annual satisfaction survey carried out in June 2021.

Judgment: Substantially compliant

#### Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The majority of the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements. However the Health and Safety policy was not available for review on the day of the inspection.

Judgment: Substantially compliant

## Regulation 21: Records

There was a planned and actual staff roster in place that identified who was the nurse in charge. A student nurse was recorded on the roster as part of the overall nursing compliment.

Judgment: Substantially compliant

## Quality and safety

Inspectors found that overall residents living in the designated centre received care and support that ensured they were safe and that they could have a good quality of life. On the day of the inspection the residents were well-groomed, nicely dressed and observed to be content and happy. There was a person-centred approach to care and staff were respectful and courteous with the residents.

Residents were well cared for and their health care needs were assessed using validated tools which were used to inform care planning. The inspectors reviewed a sample of resident records and found evidence that residents had an assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. However, the inspectors found that improvements were required to ensure that care plans reflected the residents' current needs in order to guide care. This will be discussed further under Regulation 5.

Residents had very good access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available on the day of the inspection to support residents in their recreation of choice and there were regular activities including music and exercise.

Residents rights were observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day. Some residents were observed in the communal areas of the centre while residents spent time alone in their rooms. Residents had access to television radios, newspapers, and telephones. Residents had the opportunity to meet together and discuss management issues in the centre. Minutes of meetings showed that topics discussed included COVID-19 and visiting restrictions, activities and nutrition. Residents had access to an

independent advocacy service.

There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Infection Prevention and Control measures were in place. Staff had access to appropriate infection prevention and control training and most staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. However, some improvements were required to ensure the premises and lived environment supported appropriate infection prevention and control practices. This will be discussed under Regulation 27.

Staff were knowledgeable and clear about what to do in the event of a fire and what the fire evacuation procedure were. Evacuation equipment was available and accessible in the event of an emergency. Fire fighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. Personal evacuation plans were in place for each resident. Fire safety training and evacuation drills were carried out regularly. The numbers on bedroom doors had been recently changed following a visit from the fire department and therefore the floor plans and emergency plans required updating to provide accurate guidance to staff in the centre.

The centre continued to maintain infection prevention and control procedures to help prevent and manage an outbreak of COVID-19. The centre had a COVID-19 contingency plan in place which included guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities). A successful vaccination programme, including booster injections for residents was completed in the centre. The provider had systems in place for symptom monitoring of residents and staff for COVID-19, monitoring of visitors being welcomed into the centre. Staff were observed to have good hand hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place, however some actions on cleaning of the centre were required as detailed under Regulation 27 below. The inspectors found that staff displayed good knowledge of the national infection prevention and HPSC guidance. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE).

The communal space available to the residents was unchanged since the last inspection. Although the premises was generally clean and tidy, there were areas identified by the inspectors that required improvement. These will be discussed further under Regulation 17 Premises. The plan submitted to the Office of the Chief Inspector on 22 August 2018 in order to address the regulatory non-compliance's associated with the current physical premises was due to be concluded by 31 July

2021 in order to comply with condition 9 attached to the registration certificate. This was not completed. The three bedded room (room 17) had been reduced in occupancy to accommodate two residents. The inspectors were told that construction of new 50 bedded unit at a nearby site had commenced.

### Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. However, the centre was not facilitating visiting in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities. Residents told inspectors that there was a thirty minute time interval in place and that as a result did not always enough time and as a result sometimes visits were rushed. Inspectors requested that the person in charge revisit the current guidance on visiting and implement to support visit while being cognisant of risk of COVID-19.

Overall, both residents and relatives spoken with were delighted that restrictions on visits had been eased. Residents confirmed that they could receive visitors in the privacy of their own bedrooms if they wished.

Judgment: Substantially compliant

### Regulation 17: Premises

As identified on previous inspections, elements of the design and layout of the building did not meet the individual and collective needs of residents, and did not meet regulatory requirements:

- The communal space available to the residents remained unchanged and there continued to be inadequate communal day space available to meet the needs of residents.
- There continued to be inadequate space to facilitate activities to meet the needs of residents particularly with dementia.
- There continued to be inadequate storage for equipment. For example; there was inappropriate storage of items of equipment on corridors.
- A number of items of equipment were stored in the day room; there was inappropriate storage of nutritional supplements in an unlocked cupboard in the dining room.
- Some single bedrooms were small in size and presented challenges to the provision of adequate space. For example, many residents could not have a locker placed beside their bed.
- There continued to be no separate cleaners room which posed an infection control risk.

- A number of maintenance issues were identified including items of furniture visibly scuffed, chipped paintwork and plasterwork in need of repair.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Inspectors observed staff serving residents food and fluids at regular intervals throughout the day. Meals served were pleasantly presented and residents had menu choices at mealtimes. Mealtimes were observed to be unhurried and sociable occasions. The person in charge ensured that the menu met the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned. There were adequate staff available to assist residents at meals and when other refreshments are served and all interactions were respectful and appropriate throughout. All residents weights were checked on a monthly basis and weights were monitored weekly for the residents who are at high risk of malnutrition.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

A number of areas for improvement to ensure the centre was in compliance with infection prevention and control standards were identified by the inspector on the day of the inspection including:

- There was visible dust on a number of surfaces including floors, skirting boards, behind fire doors, and other items of furniture.
- The house keeping trolley was stored in the sluice room when housekeeping staff were on break which posed a risk of cross contamination.
- There were no up to date cleaning schedules in place to monitor frequency and standard of cleaning in the centre.
- The inside and underside of a number of hand gel dispensers were visibly

- unclean.
- Surfaces in the sluice room visibly unclean.
- The premises required a deep clean.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Records indicated that all fire fighting equipment was serviced annually and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place which included simulated full compartment evacuation involving night time staffing levels. Staff spoken with confirmed that they had been involved in simulated fire evacuation drills and were knowledgeable regarding the evacuation needs of residents. There are three staff members on at night.

The numbers on bedroom doors had been recently changed following a visit from the fire department and therefore the floor plans and emergency plans required updating to provide accurate guidance to staff in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspectors were assured that the care delivered to the residents was of a good standard and that staff were knowledgeable about residents care needs. The care plans which provided guidance to staff were very detailed with holistic and person-centred information to guide care delivery. Whilst there was evidence that assessments and care plans were reviewed in the last year, a number of records reviewed showed that reviews were not carried out in line with the regulatory requirements. Improved oversight of care planning arrangements was required as the following was identified;

- one care plan did not contain up to date information regarding a resident's dietary requirements.
- one care plan was not updated to reflect the appropriate monitoring and evaluation of a particular treatment plan for one resident and therefore did not provide sufficient accurate information regarding their health needs.
- care plans were not always reviewed at four monthly intervals in consultation with the resident or representative as required by the regulations.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met. The inspectors found that the residents had access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Access to allied health was evidenced by, for example, regular reviews by the physiotherapist, dietician, speech and language, psychiatry of old age and palliative care as required. Residents access to a range of health professionals had continued throughout the pandemic.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There were a number of residents who requested the use of bedrails. Resident records contained evidence of appropriate risk assessments being carried out prior to use. A record of all bed rails in use was maintained and risk assessments were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspectors found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre. Staff were observed to engage in positive, person-centred interactions with residents. The registered provider of the centre ensured that resident had access to television, radio, newspapers and other media. There was a choice of menu. Residents had opportunities to attend residents' committee meetings and participate in the running of the centre. However, improvements were required in following areas;

- activity staff were allocated for 4 days per week only.
- one to one activity sessions provided for residents were not documented
- although the residents were provided with opportunities to meet with management there had only been three such meetings so far this year.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 21: Records	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Aras Mhuire Community Nursing Unit OSV-0000627

Inspection ID: MON-0033965

Date of inspection: 10/11/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The training matrix has been reviewed and a schedule of training commenced. A Fire Evacuation and training day has already taken place and another date is scheduled. Basic Life Support dates also arranged and staff have been allocated to attend. Staff notice is on noticeboard in Unit to remind them to update HSEland Infection Prevention &amp; Control training and in-house hand hygiene commenced.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As current Acting CNM3 and in my absence I will allocate a Senior Staff Nurse on duty to be in a supervisory role.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies</p>	

<p>and procedures:          Since the HIQA Inspection this is now in place.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:          The HSE and Unit Policy is not to roster student nurses as part of the overall staff compliment. This was an error on the day and student nurses will not be rostered as such in future.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:          COVID-19 visiting restrictions have been lifted in line with National HPSC Guidance on visiting and families and residents have been informed.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:          The completion date for the new build currently stands at the 12th Jan 2023. The project is currently on programme.</p> <p>All residents have at least 7.4 square metres as outlined in S1293/16.</p> <p>Storage of supplements now in locked press.          Since Inspection, plaster repair and painting has been completed.</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Regular cleaning staff now in place. Cleaning schedules reviewed and updated cleaning audits to be undertaken regularly by A/CNM3.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The floor plan and emergency plans have been updated to reflect new room numbers.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Each nurse is allocated 2 care plans for updating and reviewing  Regular audits to be undertaken by A/CNM3 to ensure compliance.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Activity coordinator allocated four days per week and on the other three days, a Health care Assistant is named and allocated to carry out activities with residents. Activities also occur in the Dining Room and individually in their bedrooms.</p> <p>A schedule of resident meetings to be carried out every two months.</p>	

## 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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	28/02/2022
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	28/02/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	31/03/2022

	have access to appropriate training.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/01/2023
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.	Not Compliant	Orange	31/01/2023
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	04/02/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Substantially Compliant	Yellow	04/02/2022

	accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/04/2022
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	30/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	04/02/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the	Substantially Compliant	Yellow	04/02/2022



	event of fire are displayed in a prominent place in the designated centre.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	04/02/2022
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	04/02/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	04/02/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the	Substantially Compliant	Yellow	04/02/2022

	organisation of the designated centre concerned.			
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