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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:	Heather House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	St Mary's Health Campus, Gurranabraher, Cork
Type of inspection:	Unannounced
Date of inspection:	20 July 2023
Centre ID:	OSV-0000714
Fieldwork ID:	MON-0039138

## About the designated centre

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

Heather House Community Nursing Unit is a purpose built, two storey premises. It was opened in 2011 and a 60-bedded extension was added in 2023. It is located on the grounds of St. Mary's Health Campus on the north side of Cork City. The centre is registered to accommodate 85 residents in three units, namely, Primrose, Daisy on the first floor of the existing building, and Poppy and Lily in the new extension. Daisy is a 25 bedded unit with 17 single bedrooms, two twin bedrooms and one four bedded room; all of the bedrooms are en suite with shower, toilet and wash hand basin. Lily and Poppy are 30-bedded units. Each unit has its own sitting room, dining room and quiet room. Additional communal space include the quiet visitors' room alongside the main entrance, the prayer room, main activities room and the water lily games room. Residents have free access to two enclosed gardens with walkways around the house and one sheltered smoking area. Heather House Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care is provided.

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

Number of residents on the date of inspection:	54
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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 20 July 2023	08:45hrs to 18:30hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with eight residents and one visitor in more detail. Residents spoken with gave positive feedback and were complimentary about the staff and the care they received. The relative spoken with said that staff were exceptional and were so kind to both himself and his wife. Observation throughout the inspection showed that in general, staff were respectful, kind and actively engaged with residents.

There were 54 residents residing in Heather House Community Nursing Unit at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's risk management procedures by a member of staff, which included a signing in process and hand hygiene.

An opening meeting was held with the person in charge and deputy person in charge, which was followed by a walk-about the centre with the person in charge.

Heather House Community Nursing Unit was a two-storey building situated on St Mary's Campus, Gurranabraher; the campus also accommodated community care, primary care and day services. In the designated centre there was a 60 bedded extension completed with adjoining corridors on both floors connecting the existing and new building. Primrose unit on the ground floor (GF) of the old building was temporarily closed for refurbishment. The three units open were Daisy on the first floor (FF) of the old building, and Lily (GR) and Poppy (FF), new building.

The new main entrance was wheelchair accessible and opened into an expansive hall way with the new extension to the right and older building to the left.

Daisy was a 25 bedded self-contained unit with 17 single, two twin and one four-bedded multi-occupancy bedrooms each; all with full en suite facilities of shower, toilet and wash-hand basin. Bedrooms could accommodate a bedside locker and armchair. Residents in single bedrooms had double wardrobes for storing and hanging their clothes; residents in twin and multi-occupancy four bedded rooms had only access to single wardrobes. Lily and Poppy were 30-bedded self-contained units and all bedrooms were single en suite bedrooms. There were low low beds, pressure relieving mattresses, specialist chairs, and all rooms including the assisted bathroom, had overhead hoists to assist residents when transferring from bed to chair or chair to bath. Orientation signage to rooms such as the day room and dining room were displayed around units to ally confusion and disorientation.

Residents bedrooms were seen to be decorated in accordance with residents' choice and preference; some had plants, flowers, mementos from home, paintings, soft furnishings and fairy lighting to brighten their bedroom space.

Call bells were fitted in bedrooms, bathrooms and communal rooms. Additional toilet and specialist bath facilities were available on each floor. Communal spaces comprised the dining room, small quiet sitting room and a second larger sitting room. Sitting rooms on Daisy were pleasantly decorated and had comfortable seating; the larger sitting room had a fire place and large screen TV. Even though the new extension was opened for six months, the corridor walls and communal spaces on Lily and Poppy were devoid of any decoration; in the day rooms, the shelving units on both sides of the fire place were empty and lacked any ornament or decoration to create a welcoming and homely feeling. In the small quiet sitting rooms there was just a two-seater couch and two armchairs; there were no soft furnishings or decoration to brighten the furniture in either sitting room.

Additional communal areas on the ground floor beyond the reception area included the prayer room, the activities room, and Waterlily social centre with bookshelves with a variety of books and games. Also located on this corridor were administration and nursing administration offices, the hairdressers' room and main kitchen.

Residents had good access to outdoor spaces. One of the garden spaces could be accessed from the activities room. This was upgraded since the last inspection with lovely benches for resting, walkways, shrubbery and garden features. Previously, domestic waste bins were left here but now they were enclosed in a purpose-build waste management hub and could not be seen by anyone using the garden. The smoking shelter was located alongside the activities room and had a fire safety blanket, extinguisher and call bell.

Access to the second enclosed courtyard was via the dining room on Lily unit. Residents could independently access this space with push-button controls both inside and outside. The time-lag for the door-opening had been lengthened following the last inspection to enable residents with reduced mobility time to assess the garden without fear of closing prematurely. A sensor was also installed to detect if a person was in the doorway and prevent the door from closing on them.

Upstairs, there were balconies for residents to sit out and enjoy the fresh air. Re-enforced glass was mounted on top of walls to ensure residents safety while at the same time allowing for un-obstructed views of the city. Push-button control panels were available here to enable resident freely access and re-enter the building. New call bells were installed since the last inspection in the outdoor spaces for residents and staff to call for assistance should the need arise.

Two residents were having their breakfast in the dining room during the walk-about in the morning. The inspector met other residents that had finished their breakfast and were going to the garden or the activities room. Tables were set prior to residents coming for their meal. Lovely interaction and chat was seen on both units during breakfast and staff were seen to provide appropriate assistance in dining rooms and in bedrooms. Lunch time was observed on Daisy unit. While awaiting for the pantry staff to set up to serve dinner, other staff stood around and did not engage with residents during this time. While residents were offered choice, residents sitting together at tables were not served together which resulted in one

resident waiting for some time while her three companions enjoyed their meal while she looked on.

During the morning walkabout, the inspector observed lovely social interaction and banter with staff and residents. Staff providing assistance to residents in their bedrooms actively engaged in a kind and respectful manner and chatted as they were assisting with personal care and during mealtime. The hairdresser was on site every Thursday and residents were seen to enjoy the catch-up and banter with the hairdresser. Two residents spoken with said they loved getting this hair done and felt so much better for it.

The day of inspection was the first Irish ladies world cup soccer match. One resident spoken with watched the match in the sitting room, two others watched in their bedrooms; at half-time, one resident visited the other resident in their bedroom to discuss the first half and then returned to watch the second half. All preferred to watch it by them selves and the nerves were palpable. In the activities room, several residents were watching the game together. During the match, activities staff made Irish flags and buntings to decorate the activities room for the soccer. World cup fixtures were displayed in the activities room for residents to follow the times the Irish team were playing. Later in the day, after tea time, there was a movie evening. Residents were seen to sit around with their 'tipple' of choice, enjoying the vintage movie.

Mass was held on site every Saturday and residents said they were delighted to have mass in the centre. Information regarding advocacy services was displayed on each unit as well as in the activities room. As part of promoting a rights-based approach to care, there were large easy-read posters with 'Rights Don't Get Old' information for residents and relatives to read explaining their rights.

While there were white boards on each unit displaying information for residents, they only displayed the activities that the external service facilitated and nothing for the days when the activities were facilitated by the in-house staff, so it appeared there were no activities for residents to look forward to enjoying.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2023. Visitors were seen throughout the inspection calling to units and enjoying banter and conversation with staff and the management team.

While walking around the centre, the inspector noted that rooms such as the clinical room and cleaners room were secure to prevent unauthorised access. Clinical rooms were neat and tidy, and did not have any inappropriate storage. There were separate hand-wash sinks in place in clinical rooms, household rooms and dirty utility rooms. There were designated storage areas and rooms for equipment. Rooms such as electrical rooms were now free of storage and inappropriate items. Very large clinical waste bin, two very large domestic waste bins and two linen trolleys continued to be stored in sluice rooms. In general, the centre was visibly clean, nonetheless, some hand-wash sinks seen were unclean. There was sign

sheets displayed on the back of doors for staff to confirm they had completed weekly flushing regime.

The main kitchen was inspected. Good work-flows were described to enable best practice regarding food preparation, cooking, serving and storage. There were ample supplies of food seen in fridges, freezers, cold and dry goods stores. There were hand-wash sinks at different preparation areas around the kitchen within easy access for staff. Excess storage units and equipment were removed from the sluice room during the inspection to enable effective cleaning.

There was lift access to both sides of the building. Following from the last inspection, new luminous signage was displayed to alert people to the oxygen shut-off valves by the lifts as part of their fire safety.

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

Overall, the findings on this inspection demonstrated there was a commitment to promoting a rights-based approach to care delivery.

The inspector reviewed the actions from the previous inspection and found that some actions were completed and others had not been taken. By way of example, issues relating to fire safety management were near completion, the statement of purpose was updated, windowsill and other areas were varnished to enable effective cleaning, and the time-lines regarding electronic automated door systems were adjusted for access into and out of garden and balcony areas. Further action was required regarding regulations relating to the personal possessions and personal storage space in twin and multi-occupancy four-bedded rooms and this was a repeat finding. Fire safety, Schedule 5 policies and procedures, infection control, care planning documentation, and food and nutrition, all required action on this inspection.

Heather House Community Nursing Unit was a residential care setting operated by the Health Services Executive (HSE). Heather House was registered to accommodate 85 residents. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprised the general manager for the CH04 area of the HSE, who was the person nominated by the registered provider as their representative. The person in charge reported to the general manager. The person in charge was full time in post and was supported on-site by the assistant person in charge, and clinical nurse managers (CNMs), one on each unit. Recruitment was ongoing for CNMs to cover weekends, night duty and the new unit Poppy, to ensure a robust governance structure on-site. Additional clinical support included senior nurses on each unit.

Relevant staff had good knowledge of the Health Act 2007 and the Regulations thereunder.

Currently, two units, namely, Daisy (25 beds) and Lily (30 beds) were operational; Poppy (30) had not opened as recruitment was in progress for a CNM for that unit. The statement of purpose was updated on inspection to include the whole time-equivalent (WTE) staffing for 85 residents. The associated floor plans required updating to reflect the current layout of the centre.

The schedule of audit for 2023 was available with monthly audits completed. The results of these audits informed the quality and safety meetings facilitated on a monthly basis by the general manager, with all the persons in charge of centres in the CH04 area. In addition, staff on each unit were informed of results of audits and action plans developed to address issues identified.

While the general manager assured that the health and safety risk associated with inappropriate storage in the sluice room on Daisy was being addressed and they were awaiting specialised equipment, end-point large waste containers and clinical bin, and laundry trolleys continued to be stored in the sluice room, and would be a health and safety risk to staff moving these trolleys and waste bins.

The person in charge had good oversight of the training needs of staff. Staff training was up to date with further training scheduled over the coming weeks to ensure training remained current. Notifications as required in the regulations were submitted in a timely manner.

In general, there was a lovely relaxed atmosphere in the centre, where residents were seen to be treated with respect and dignity.

#### Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary qualifications as required in the regulations. She actively and positively engaged with the regulator; she was knowledgeable regarding her role and responsibility as specified in the regulations, and engaged in the operational management and administration of the service.

Judgment: Compliant

#### Regulation 15: Staffing

There was an on-call system in place to support the service and this operated from 6pm – 8pm and night duty. The on-call roster rotated between the person in charge, deputy person in charge and CNMs.

Lily unit had extra staff at the time of inspection as some staff were recruited to facilitate the opening of the second new unit Poppy, but they were awaiting the appointment of a CNM before the unit could open.

Monday to Friday the following were on duty:

Person in charge and assistant person in charge for Heather House.

Staffing on Lily (30 residents):

Clinical nurse manager – 07:45 – 4:15pm

Nurses – 07:45 – 8:15pm x 4

Healthcare assistants (HCAs):

07:45 – 7:45pm x 4

07:45 – 5:30pm x 1 – pantry or activities

Night duty: nurses x 2, HCAs x 2

Household staff

08:00 – 5:30pm – cleaning duties

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix was reviewed and showed that mandatory training was up to date. Additional training was scheduled to ensure that training remained in date.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had not ensure that the management systems in place ensured that the service provided was in compliance with regulatory requirements as follows:

Regarding risk:

- there was inadequate space to safely store the amount of waste containers and laundry trolleys in the sluice room in Daisy; this posed a health and safety risk to staff moving these trolleys and waste bins.

Regarding the premises:

- even though the new building was opened for six months, the registered provider had not ensured the building was suitably decorated for residents living there
- suitable adaptation such as smoking facilities were not available in the new building as agreed at the time of registration in January 2023.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The floor plans associated with the current statement of purpose required updating to reflect the current layout of the centre with the associated purpose and function of each room and facilities available or removed from rooms.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications were timely submitted and in line with regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Relevant Schedule 5 policies and procedures required updating as follows:

- policies and procedures were not updated to reflect current legislation and National Standards

- there were discrepancies in the 'information sharing' piece relating to offences in the recruitment policy
- the temporary absence and discharge policy did not include information relating to the temporary absence to another healthcare facility
- the national transfer template, included in the policy, was the obsolete template and did not include information such as infection history, antibiotic or drug resistant treatment or healthcare associated infection histories for example
- the communication policy was out of date as it was last reviewed in 2019.

Judgment: Substantially compliant

## Quality and safety

This was a good service, the atmosphere was relaxed and resident-focused and in general, staff positively engaged with residents in a normal social manner.

Residents had access to appropriate medical services to ensure that their health care needs were met. Care documentation seen demonstrated that residents were timely referred to the appropriate allied health professionals such as dietitian, speech and language, occupational therapist for example. Residents were reviewed in a timely manner and interventions were put in place to enhance their quality of life. Residents' transfer letters to and from the centre were filed as part of residents' documentation and easily accessible. Medication management was examined. Comprehensive medication administration charts were seen. Practices around controlled drugs administration and records were in line with professional guidelines.

Residents' care documentation showed that residents' consent was sought for matters such as participation in the care planning process both on admission and ongoing basis, photograph, wound care and prescriptions. Evidence-based risk assessments were used to determine risk to the resident associated with pressure ulcer, falls and nutritional risks for example. The quick score multi-factorial falls risk assessment was in place and provided detailed information regarding supports needed for residents to enable best outcomes for them. Assessments and care plans were examined and these showed that while there was some personalised information to inform individualised care, others were incomplete or the information accrued regarding assessment and medical histories did not inform the care planning process. This was a repeat finding.

Information and contact details of advocacy services were displayed. The person in charge facilitated residents to access these advocacy services and care documentation supported this evidence.

Residents had access to activities on a daily basis. An external company was on site three days a week and a named staff member was allocated activities on the other

days. The person in charge had liaised with the community landscaping team and they had been on site and devised a plan to upgrade the gardens. She also invited in the primary care team to the centre and the associated horticultural team will support Heather House as part of St Mary's campus. Residents meetings were facilitated every three months and the person in charge had oversight of residents' meetings. There was evidence that she followed up on feedback from residents to ensure better outcomes for residents. For example, one resident requested to learn a language, and decided on German, so the person in charge arranged for audio and reading material for the resident.

Residents had personal emergency evacuation plans to provide information on the individualised assistance they required in an emergency. Current fire safety certifications were in place for emergency lighting, emergency equipment, other equipment such as gas, generator, kitchen extractor, air con, and fire suppression. Daily fire safety checks were seen to be comprehensively completed. The call bell in the smoking shelter was updated following the last inspection and was now connected to the main fire alarm; should this alarm be activated, the system identified the location on the fire panel to allay confusion. Many of the issues identified in the previous inspection report in 2022 were completed or in progress to completion and further detailed under Regulation 28, Fire safety. Nonetheless, while fire safety training was up-to-date, simulated fire drills and evacuations were not routinely undertaken outside of training.

While the centre was generally visibly clean, some hand-wash sinks were unclean. Large bins continued to be stored in the sluice room on Daisy, nonetheless, the person in charge assured that this would be addressed in the near future as they were awaiting a customised trolley to remove waste, and increase the frequency of waste collection which would allow for waste bins to be smaller in size.

Regarding the premises, while the new build was opened six months previously in January 2023, it continued to be devoid of decoration as previously described. Assurances were provided at the time of inspection that funding would be made available to enable Lily and Poppy be suitably decorated in line with requirements specified under Schedule 6 of the regulations.

At registration, a new smoking shelter was planned for the new unit to facilitate residents on this side of the building, however, this was not yet available to residents.

## Regulation 11: Visits

Information pertaining to COVID-19 was displayed at the entrance to the centre. Visitors were seen visiting their relative in their bedroom and in the day room on each unit. Visitors were known to staff and staff welcomed them and chatted with relatives in a friendly and welcoming manner.

Judgment: Compliant

### Regulation 12: Personal possessions

The wardrobe space available to residents in the twin and four-bedded multi-occupancy rooms was not in line with a rights-based approach to living in a residential care setting as wardrobe space comprised a single wardrobe. This continued to be a repeat finding over all inspections undertaken in Heather House.

Judgment: Not compliant

### Regulation 17: Premises

Parts of the centre were not suitably decorated and required action to make the premises more homely and inviting:

- the corridor walls and communal spaces on Lily and Poppy were devoid of any decoration; in the day rooms, the shelving units on both sides of the fire place were empty and lacked any ornament or decoration to create a welcoming and homely feeling
- in the small quiet sitting rooms there was just a two-seater couch and two armchairs; there were no soft furnishings or decoration to brighten the furniture in either sitting room.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Action was required to ensure residents were served their meal appropriately:

- while awaiting for the pantry staff to get ready to serve dinner, care staff stood around and did not engage with residents during this time. While residents were offered choice, residents sitting together at tables were not served together which resulted in one resident waiting for some time while her three companions enjoyed their meal while she looked on.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

The national transfer document was in place. Copies of transfer letters were maintained on site and it was evidenced that these were comprehensively completed to enable residents be cared for in accordance with their current assessed needs. Transfer letters for times when a resident was transferred back into the centre were available as part of their care documentation.

Judgment: Compliant

## Regulation 27: Infection control

Issues relating to infection control that required action to be consistent with the standards for the prevention and control of infection included:

- very large clinical waste bin, two very large domestic waste bins and two linen trolleys continued to be stored in sluice rooms making it difficult ensure effective cleaning of the room
- some handwash sinks seen were unclean
- there was sign sheets displayed on the back of doors for staff to confirm they had completed weekly flushing regime of all water outlets, which was not in keeping with legionella protocols and their policy of flushing infrequently used water outlets.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Immediate action was requested and addressed during the inspection regarding fire safety risks:

- the electrical riser on Poppy was not locked appropriately to prevent unauthorised access and this was addressed when the issue was highlighted
- one resident reported that her bedroom door would not close as one door was not aligning; this was reported to maintenance prior to the inspection but had not been fixed, but was addressed before the end of the inspection.

Action was required to ensure adequate detection of fire:

- on the administration corridor, the rooms' purpose and sign on the door did not match the information detailed in the emergency floor plans. For

example, the new prayer room was previously an office; the staff room was a former chapel.

Fire safety management and practised drills did not ensure staff were fully aware of the procedures to follow in the event of a fire:

- simulated fire compartment evacuations had not been completed to ensure staff were familiar with evacuation protocols and that these could be completed in a timely and safe manner.

In the extension, action was required by the provider to ensure compliance with Regulation 28, as the following were identified:

- there was no facility for residents who smoke to do so safely in the new building.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Comprehensive medication management and administration charts were in place which provided assurances that residents received medication in line with their prescribed medications. Controlled drugs were maintained in line with professional guidelines. Additional charts relating to pain management, diabetes, antibiotic and psychotropic medications were included in residents administration records when relevant.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Assessments and care plans were reviewed and showed mixed finding. While there was some personalised information to inform individualised care, others were incomplete and were not sufficiently detailed to direct care. The following were identified as requiring action:

- information accrued regarding assessment and medical histories were not consistently used to inform the care planning process
- care plans were not routinely discontinued, for example, when a wound healed and the specific care was no longer necessary; or when a resident was referred for palliative care and their condition improved, so palliative intervention was no longer required. Consequently, the formal evaluation of

residents' assessment and care planning was not effective to enable individualised care.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to health care including specialist health care services. Residents notes demonstrated that they were regularly reviewed; medications formed part of the review, and residents and staff were consulted with regarding responses to changes in medication to enable best outcomes for residents.

Residents had timely referrals and consults with allied health professionals such as speech and language therapist and occupational therapist, and plans of care were in place along with recommendations to support residents to have a better quality of life.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had access to a variety of activities on a daily basis. An external activities company was on site three days a week and a named member of staff was rostered to facilitated activities on the other days. The CNM updated the activities poster on inspection to display the range of daily activities available for residents.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Heather House Community Nursing Unit OSV-0000714

Inspection ID: MON-0039138

Date of inspection: 20/07/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The large waste containers are now replaced with smaller waste bins (125L). There is a transport trolley in place to facilitate the waste transport from the units to the external waste holding unit and the frequency of waste collection had been increased to three times a day.</p> <p>Decoration of the new units is progressing as a priority and items have been purchased to improve residents’ comforts and enjoyment of the spaces.</p> <p>The process of installing a smoking facility in the new extension is ongoing and enabling works are in progress.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The floor plans are currently in the process of been updated by the estates and fire officer to ensure the plans are compliant with the associated purpose and function of the room in line with fire safety guidelines.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All the policies and procedures are reviewed locally and site specifically by the in house governance team and updated as required.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Storage of the personal possession will be reviewed for Daisy unit as a part of the reconfiguration project of Primrose to a Dementia unit.</p> <p>Improvements which have been made in another unit with similar plans will be reviewed for suitability of storage in available spaces</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The decoration of the new units are in process. The multisensory room plan in Poppy unit will be completed by Sep 2023. The activity rooms in the Lilly unit has been decorated in consultation with the residents to enhance the space.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The meal time experience in the units are reviewed and discussed with the staff. Spot checks and adhoc audits are completed by the CNM of the unit for the same.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The larger waste bins are replaced with smaller waste bins in the sluice rooms to facilitate effective cleaning. Cleaning Checklist is in place for all rooms throughout the Centre .All the flushing checklist had been reviewed to ensure that they are used for infrequently used water outlets and compliant with national compliance with legionella management.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• All the electrical riser are locked in the units and compliance with this requirement has been brought to the attention of the maintenance team.</li> <li>• Any issues with the fire doors are highly prioritized.</li> <li>• Fire evacuation of the compartments has been added to the fire training plan and the simulated the biggest compartment evacuation with skeletal staff ratio in the night.</li> <li>• Fire evacuation will also be simulated locally on a weekly fashion to ensure that staff are familiar with the evacuation protocol as per the fire and safety guidelines.</li> <li>• The floor plans are updated by the estates and fire officer to ensure the plans are compliant with the associated purpose and function of the room in line with fire safety guidelines.</li> <li>• The process of installing a smoking facility in the new extension is ongoing and enabling works are in progress.</li> </ul>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All the care plans for the residents are reviewed and updated with version 5.

Documentation audits are completed by the clinical nurse managers and ongoing as required.

## 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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	30/01/2024
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	30/10/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each	Substantially Compliant	Yellow	30/07/2023

	resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
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	30/10/2023
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	15/08/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/10/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Not Compliant	Orange	16/08/2023

	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.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/10/2023
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/08/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	25/07/2023
Regulation 5(2)	The person in charge shall arrange a	Substantially Compliant	Yellow	30/08/2023

	comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/08/2023
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	30/08/2023