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:	Cashel Residential Older Persons Services
Name of provider:	Health Service Executive
Address of centre:	Our Lady's Campus, The Green, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 January 2024
Centre ID:	OSV-0007812
Fieldwork ID:	MON-0042414

About the designated centre

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

Cashel Residential Older Persons Service is a new centre operated by the Health Service Executive (HSE) set in the grounds of our Lady's hospital Cashel. It is set out over three floors and consists of three units providing a total of 60 beds. One of the units St Clare's is a stand alone unit for 11 female residents and specializes in dementia care. The other two units are in the main building in Our Lady's hospital one on the first floor which can accommodate 29 residents and one on the second floor that can accommodate 20 residents. The bedroom accommodation is provided in a mixture of single bedrooms, two rooms, three bedded rooms and one four bedded room. The majority of the bedrooms contained full en-suite bathrooms and additional shower rooms and toilets were located in close proximity to bedrooms. The communal space included a number of sitting rooms and dining rooms in each of the units and additional multipurpose rooms including a large sitting/activity room and an oratory were located on the ground floor. A large enclosed garden area was available at the front of the building that provided walkways and seating for residents and a smaller rooftop garden was available on the second floor. St Clare's unit have their own separate, well-maintained and enclosed garden. Cashel Residential older persons service provides 24 hour nursing care for female and male residents. It provides for residents of all dependencies from low to maximum. There is a good ratio of nurses on duty during the day and at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60

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
Wednesday 10 January 2024	09:30hrs to 17:40hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents and staff, Cashel Residential Older Persons Services was a nice place to live. There was a welcoming and homely atmosphere in the centre. The inspector spoke with seven residents in detail, one visitor and a group of residents on the day of inspection. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff.

On arrival the inspector signed the centres visitors log. The inspector was greeted by a member of the centres administration staff. The inspector met the director of nursing and the person in charge. Following a brief introductory meeting to outline the format of the inspection, the inspector walked the premises. The inspector greeted, spoke with, and observed residents in communal areas and in their bedrooms.

The main campus was a three storey building. Tir na Óg unit was on the first floor and Croí Óir unit was on the second floor. The main campus had 14 single bedrooms, 2 twin bedrooms, 9 three bedded bedrooms, and 1 four bedded room. On the main campus five single bedrooms did not have en-suite facilities but had toilet facilities in close proximity. The remaining bedrooms had access to shared or en-suite facilities with a shower, toilet and wash hand basin. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. The inspector observed that bedrooms had flat screen televisions and had lockable locker storage. Assistive call bells were available in the bedrooms and most en-suite bathrooms for residents' safety.

St Clare's unit was a stand alone unit on the grounds of Our Lady's Hospital campus. St Clare's unit provided care for residents with dementia. This unit had 9 single rooms and 1 twin room. All rooms had en-suite facilities with a shower, toilet and wash hand basin. St Clare's unit had two large bright day room spaces. Both spaces had dual functions as a dining room or sitting room space, and alternated in use to take advantage of natural light during the winter to summer months. There was a designated outdoor smoking area in the garden.

There was a choice of communal spaces in the main campus. Residents had access to a lounge and oratory on the ground floor. There were two day rooms on the first and second floors, and two dining rooms on the first floor. Dining and day rooms had Abel tables which allowed easy access for residents in wheelchairs, and the tables could be raised, and lowered in accordance with the requirements of the residents. There was a designated outdoor smoking area from Tír na Óg unit and

two balcony areas identified from two bedrooms on the Tír na Óg unit were designated smoking areas for both residents.

Residents had access to enclosed garden areas. The main campus had a large enclosed garden area at the front of the building which was easily accessible. The large garden had level walkways, a large wall mural, and seating for residents. Croí Óir unit had a small roof top garden overlooking the Rock of Cashel. There were three rooms with balcony areas on Tír na Óg unit. St Clare's unit had an attractive, enclosed garden space.

Overall, the inspector observed that the premises was laid out to meet the individual and communal needs of the residents. The environment was homely, clean and decorated tastefully. There were appropriate handrails and grab rails available in the bathrooms areas, and along the corridors, to maintain residents' safety. The building was well lit, warm and adequately ventilated throughout. Bedrooms were appropriately decorated. Many of the residents had decorated their rooms or bedroom spaces with personal items. There was an on-going schedule of works in place to maintain the premises. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices.

Residents who spoke with inspector said that staff were good to them and treated them well. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. However, these residents appeared to be content, appropriately dressed and well-groomed. The inspector also spent time in communal areas observing resident and staff interaction and found that staff were kind and caring towards residents at all times.

Visitors were observed attending the centre on the day of the inspection. Visits took place in communal areas and residents bedrooms where appropriate. The inspector was informed that there was no booking system for visits. Some residents whom the inspector spoke with confirmed that their relatives and friends could visits anytime.

All residents whom the inspector spoke with were very complimentary of the food provided in the centre. Menus were available for residents in booklet format in the dining rooms. There was a choice of two options available for the main meal. The inspector observed the dining experience for residents on Tír na Óg unit on the day of inspection. The meal time experience was busy but residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal time. However, further improvements were required to the meal time experience and times meals were served on Croí Óir unit unit. This is discussed further under Regulation 9: residents rights.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on notice boards throughout the centre. Residents told the inspector that they particularly enjoyed watching old movies, playing bingo and card games. The inspector observed residents reading newspapers, watching

television, listening to the radio, knitting and engaging in conversation. On the day of inspection, residents were observed attending a bingo session, a rosary recital and watching a movie. There were pictures on notice boards of residents on day trips in 2023 to Cahir Castle, Tramore, Mount Melleray abbey and Clonmel. The hairdresser and barber attended the centre regularly. The inspector observed staff and residents having good humoured banter during the activities and observed the staff chatting with residents about their personal interests and family members. The inspector observed residents walking around the corridor areas of the centre. Due to the cold weather, residents were observed staying indoors on the day of inspection.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service. There were a small number of reports of items of clothing missing recorded in the complaints logs in the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This inspection was an unanounced risk-based inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to follow up on the compliance plan submitted by the provider following the inspection of the centre in January 2023. The provider had progressed the compliance plan and improvements were found in Regulation 21: records and areas of Regulation 6: healthcare, Regulation 23: governance and management. On this inspection the inspector identified that action was required by the registered provider to address Regulation 9: residents rights, Regulation 24: contract for provision of services, Regulation 28: fire precautions, and Regulation 31: notification of incidents. Areas of Regulation 5: individual assessment and care planning, Regulation 16: Training and staff development, Regulation 17: premises, 23: governance and management, Regulation 27: infection prevention and control, and Regulation 34: complaints procedure required improvements. The inspector also followed up on notifications submitted to the office of the Chief Inspector of Social Services since the previous inspection.

This centre is operated by the Health Service Executive (HSE), who is the registered provider. The person in charge (PIC) had sole responsibility for this centre and was supported in her role by clinical nurse managers (CNM's), nursing staff, health care assistants, activity staff, kitchen staff, housekeeping, and administration staff. The manager of the service, who was the registered provider representative also provided support to the person in charge. The person in charge was supported by the director of nursing (DON) who was a person participating in management

(PPIM) who had oversight responsibility for this centre, a rehabilitation unit in Cashel and another residential care unit in Clonmel.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. There was a high level of staff attendance at training in areas such as cardio-pulmonary resuscitation (CPR), manual handling, dementia awareness, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. However; further improvements were required in staff training, this is discussed further in this report under Regulation16: training and staff development.

Management systems in place to monitor the centre's quality and safety required review. The centre had an extensive suite of meetings such as quality and safety meetings, governance meetings, clinical nurse manager meetings, ward meetings, and catering staff meetings. Meetings took place monthly and quarterly in the centre. Agenda items included; key performance indicator's (KPI's), training, fire safety precautions, and COVID-19 were discussed at clinical nurse manager meetings, governance meetings, maintenance meetings and quality and safety meetings. The centre had a number of committees, for example; a health and safety committee, fire safety, infection prevention and control, falls and restrictive practice committee. Improvements were found in the centres audit schedule and nursing staff had completed audit training in line with the previous compliance plan submitted following the inspection in January 2023. There was evidence of an ongoing schedule of audits in areas including falls, restrictive practice, fire safety, wound care, infection prevention and control, care planning and night time practices. Audits were objective, identified improvements and action plans were being implemented to drive the quality and safety of care. The annual review for 2023 had been received by the office of the Chief Inspector of social services prior to the inspection. The annual review was completed in line with the national standards. It set out the improvements completed in 2023 and improvement plans for 2024. Improvement were required in the oversight and monitoring of clinical incidents and complaints to improve the quality and safety of care. This is discussed further under Regulation 23; governance and management.

Improvements were found in staff personnel files and menus were available for the residents. Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

All the resident's contract for the provision of services were viewed on Tir na Óg unit and Croí Óir unit. Improvements required to the contracts of care are discussed further under Regulation 24: contact of service provision.

A record of incidents and accidents were kept on each unit in the centre. Since the previous inspection some notifications were submitted appropriately to the office of the Chief Inspector of social services. However, there were a number of three day notifications that were identified in the records of the incidents and accidents records which had not been submitted. Subsequent to the inspection these notifications were submitted retrospectively. This is discussed further in this report under Regulation 31.

There was a complaints management policy within the centre and a complaints procedure displayed near the main door and near the nurses office on all units. The complaints logs were reviewed on Tir na Óg unit and Croí Óir unit. The inspector observed complaints had been assessed and managed promptly. Residents said they were aware they could raise a complaint with any member of staff or the person in charge. Actions were required to align the complaints procedure with SI 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations, and this will be addressed under Regulation 34 of this report.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed a good knowledge of the residents' needs. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps in training and staff development were identified. For example, three staff required training in safeguarding, four staff required training in managing responsive

behaviours that is challenging and six staff had not completed fire training in line with the centres mandatory training requirements.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of residence which included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Systems for monitoring the quality and safety of the service required review to ensure the systems were consistently informing ongoing safety improvements for residents in the centre. For example:

- There was a lack of oversight of incidents in the centre. Incidents were recorded on a clinical incident form on each unit. A review of the incident forms on each unit on the day of inspection identified a significant number of statutory notifications had not been submitted to the Office of the Chief Inspector since the previous inspection.
- Improvements were required in the oversight of the complaints in the centre. Complaints were recorded on each unit in a complaints logs. A complaint log identified an incident of verbal abuse which had not been notified to the Office of the Chief Inspector since the previous inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. The contract outlined additional charges, if any, to be charged for such services. However, the terms relating to the bedroom to be provided to the residents and the number of other occupants (if any) of that bedroom on which the resident occupied was not recorded in the contracts of care for residents living on Tir na Óg and Croí Óir units.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were a number of incidents as set out in Schedule 4 of the regulations that were not notified to the office of the Chief Inspector within the required time frames. The person in charge submitted these notifications following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centres complaints policy and procedure required revision to meet the amendments to the regulations that had come into effect in March 2023 (S.I. 298 of 2022). For example:

- The complaints procedure and policy did not include the nominated review officer.
- The complaints procedure and policy did not include information of an independent advocacy service who could assist the complainant with the making of a complaint.

While a log of complaints was maintained, some complaints reviewed on the day did not appeared to have been fully resolved to the complainants' satisfaction. This was a repeated finding on this inspection with the previous inspection in January 2023.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. The findings of this inspection evidenced that the management and staff had made improvements to the quality of life for the residents living in Cashel Residential Older Persons Services since the previous inspection. On this inspection improvements were required to comply with residents rights, fire safety and areas of individual assessment and care planning, health care, premises, and infection prevention and control.

Improvements were found in healthcare, on this inspection the inspector was informed that the residents had access to a physiotherapist, speech and language therapist, dietician and pharmacy services. Residents were supported to access appropriate health care services in accordance with their assessed need and preference. Residents had access to medical care by the medical officer in the centre. Residents had access to a consultant geriatrician and a psychiatric team, advanced nurse practitioners, nurse specialists and palliative home care services. Residents had access to a mobile x-ray service in the home. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre had arrangements in place to protect residents from abuse. The national policy on the protection of the resident from abuse was available to staff. Safeguarding training had been provided to staff in the centre and staff spoken with on the day of inspection were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

Since the previous inspection, Croí Oir unit had implemented a nursing documentation system of person centred care planning. The nursing documentation was being rolled out on a phased basis, the nursing documentation was in place on Clare's unit since 2022 and had not been implemented on Tir Na Óg unit. The centre had provided training to nursing staff on the documentation of person centred care planning. The inspector viewed a sample of nursing notes on Tir Na Óg and Croí Oir units. A detailed individual assessment was completed prior to admission, to ensure the centre could meet the residents' care and social needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed further under Regulation 5: individual assessment and care planning.

Improvements were found in modified diets since the last inspection. Residents told the inspector and the inspector observed that the modified meals served were appetising and nutritious. A choice of home cooked meals and snacks were offered to all residents. Menus were available for residents in the dining rooms. Menus were

varied and had been reviewed by a dietician for nutritional content to ensure suitability. The inspector observed the lunch time meal on Tir Na Óg unit. The dining experience was relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for residents at dinner time. Residents' weights were routinely monitored. However; improvements were required to the residents dining experience and meal times this is discuss under Regulation 9: resident's rights.

Oversight of fire safety required review. An immediate obstruction risk was identified and brought to the attention of the person in charge and director of nursing on the day of inspection. A bed was obstructing an automatic door from closing on Tir Na Óg unit. The bed was moved to allow the door to close. All bedrooms and compartments had automated door closures. All fire doors were checked on the day of inspection and some were found not to close properly to form a seal to contain smoke and fire. Fire training was completed annually by staff. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place. The PEEP's identified the different evacuation methods applicable to individual residents. Fire records viewed documented that the centres fire alarm system had been checked fortnightly from November to December 2023 and a weekly fire alarm system check had begun in 2024. All fire safety equipment service records were up to date. There were fire evacuation maps displayed throughout the centre, in each compartment. Improvements were found in the oversight of fire drills on this inspection. There was evidence of fire drills taking place monthly with a simulated night time drill taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors.There was evidence that fire safety was an agenda item on the health and safety meetings in the centre. There was a out door designated smoking area and two balcony areas used as designated smoking areas. On the day of the inspection there were four residents who smoked and detailed smoking risk assessments were available for these residents. Fire blankets were in place in the centre's designated smoking areas and a fire extinguisher was available inside each door to the smoking areas. Improvements in fire safety were required, this is discussed further in the report under Regulation 28.

The centre was clean, tidy and found to be mostly well maintained. Communal spaces and bedrooms were bright and comfortable. Alcohol gel was available, and observed in convenient locations throughout the building. Dani- centres were available on all floors to store personal protective equipment (PPE). Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. The centre had five infection prevention control (IPC) link nurses. The link nurses had received training in IPC. There were up to date IPC policies which included COVID-19 and multi-drug resistant organism (MDRO) infections. There was evidence of IPC committee meetings taking place regularly with agenda items such as shared learning discussions and actions required from specific IPC audits, for example; hand hygiene and environmental audits. Improvements were required to the

premises and infection prevention and control which is discussed further in this report under Regulation 17 and Regulation 27.

There was a rights based approach to care in this centre. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The residents had access to SAGE advocacy services. The advocacy service details were displayed in the reception area. The activities schedule was displayed in the reception area and on all units. Residents enjoyed daily group activities such as exercise classes, bingo, art classes, and particularly enjoyed card games. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Residents had access to an oratory on the ground floor. Mass took place on holy days of obligation in the centre but was live-streamed daily for residents. Satisfaction questionnaires received by the office of the Chief Inspector showed high rates of satisfaction with all aspects of the service. Residents were supported and encouraged to maintain links with their families and the wider community through visits and trips out when possible. However, improvements were required in relation to the residents rights to choices which is discussed further under Regulation 9: Resident rights.

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A call bell was missing from the en-suite of room C2. This was a repeated finding on this inspection with the previous inspection in January 2023.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician.
Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- There was no hand-washing sinks in the house keepers room on Tir Na Óg unit.
- The centres stores rooms required review as some items were stored on the floor. This is inappropriate and unsafe as cleaning the floor may be difficult and the items on the floor posed a high risk of contamination and risk of transmission of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions were required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- The door to bed room B10 on Tir Na Óg unit had a defect and was not closing to form a seal. Bedroom doors to rooms B2, B6, B7, C7 and C8 were not closing to form a seal to contain a fire.
- Enhanced oversight of staff practices was required to ensure that the means of escape were unobstructed at all times, as the inspector had to request the removal of an obstruction to a bedroom door on Tir Na Óg unit on the day of inspection.
- All designated smoking areas on Tir Na Óg unit did not have call bells. The designated smoking balconies from two residents bedrooms did not have ash trays.

Apart from ash trays not being available for residents, the findings were repeated non-compliance's found on the previous inspection in January 2023.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Care plans viewed required review to ensure a person-centred approach to care was provided. A sample of care plans viewed on Tir Na Óg unit were not sufficiently detailed or person centred to guide staff on the care of residents. Care plans were generic with pre-populated interventions.
- A sample of care plans reviewed were not all formally reviewed on a four monthly basis to ensure care was appropriate to the resident's changing needs
- A sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Actions were required by the registered provider to provide additional professional expertise and access to the following service for residents. For example:

- Residents did not have access to an occupational therapist.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to exercise choice was not always upheld by the registered provider. For example;

- The inspector observed that the lunch time meal and evening meal were served early on the day of inspection on Croí Oir unit. The main lunch time meal was observed on Croí Oir unit to be finished at 12:45 on the day of inspection. The inspector was informed that the evening tea was served from 4:30pm, the inspector returned to Croí Oir unit at 4:20pm and observed the

evening tea had been served and residents were having their evening tea in their bedrooms. There was no residents observed in dining room on Croí Oir unit having their evening tea. This was not person- centred or facilitated residents choice. This did not afford the residents on Croí Oir unit an appropriate dining experience or a chance for movement to another room for their evening tea time meal.

Residents' right to privacy and dignity was not upheld by the registered provider. For example;

- A vision panel window on a bathroom door required review as a person using the toilet or shower could be observed from the corridor area on Tir Na Óg unit.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cashel Residential Older Persons Services OSV-0007812

Inspection ID: MON-0042414

Date of inspection: 10/01/2024

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Safe guarding training to be completed by 12/02/2024. Any staff that were out of date have been informed to up date as soon as possible and submit certs by 12/02/2024 Fire Training completed by 12/02/2024. Any staff that were out of date have been informed to up date as soon as possible provided with online fire training link and submit certs by 12/02/2024 Challenging behavior training : Internal Trainer C.N.M1 in Challenging Behaviour to commence on site education/training February 2024. Training to recommence March 212024.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Statutory Notifications including incident of verbal abuse submitted on the 10/01/2024 Incident of alleged verbal abuse submitted to HIQA online portal	

Regulation 24: Contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
All Contracts of Care are being reviewed relating to the bedrooms of the Residents.
The terms relating to the bedroom being provided to the residents and the number of other occupants (if any) of that bedroom will be recorded in the contracts of care for residents living on Tir na Óg and Croí Óir units.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Statutory notifications were notified to HIQA on day of inspection

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Complaints Procedure requires review to include the nominated Review Officer

Complaints Procedure and Policy require review in relation to advocacy service that is provided in Cashel Older Persons Services.

Review of log of complaints to ensure that those complaints are resolved to the complaints satisfaction. Provide training to staff in the documentation and action required to resolve such complaints.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Call bell now in positon in ensuite of room C2

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: Review to take place in relation to installation of Wash Hand Basin in House Keepers Room and in relation to safe storage of items in the store rooms.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors B10, B2, B6, B7, C7, C8 to be reviewed by Technical Services and in relation to an alert system when Residents are in designated Smoking Areas. Ash Trays now in place for Residents to use.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Training taking place taking place in April to introduce the New Care plan that will reflect a more person centred care approach that will adopt a more holistic approach that is specific to the needs of the Resident. Nursing Staff to be re -educated in relation to the formally review every 4 months. Nursing Staff List completed with allocation of Residents so that Documentation will be review every 4 months and also to include evidence if care representative was involved in the review of their in line with regulations.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Sourcing of Occupational Therapist via agency.

Business cases in respect of both full time and agency provision have been submitted for approvals through the HSE recruitment process. Approval has stalled due to the current HSE recruitment embargo, however consideration is now been given to the appointment of a temporary OT through agency providers and an expected appointment by mid March on a contract.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff Meeting held with Director of Nursing and Assistant Director of Nursing in attendance and Meal times discussed with Staff in relation to findings from Inspection Report. It was reiterated the importance of the Residents being able to enjoy their meals in a relaxed unrushed manner and be afforded the opportunity to dine in the Dining Room area. New Acting Clinical nurse Manager commenced in the affected unit on 29/01/2024. This Clinical Nurse Manager has worked in another unit and has experience of providing more person centered meal experiences and will share her knowledge and experience with the staff on the unit. Restrictive Practice committee created and part of the role of this committee will be to focus on restrictive practice in relation to food and meal times for the residents

Vision Panel in Window sealed to afford privacy to person while in Bathroom.

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(2)(a)	The person in charge shall ensure that copies of the Act and any regulations made under it are available to staff.	Substantially Compliant	Yellow	21/03/2024
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	11/01/2024
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	15/02/2024
Regulation 24(1)	The registered provider shall	Not Compliant	Orange	05/02/2024

	agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	07/02/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	18/01/2024
Regulation 28(1)(c)(ii)	The registered provider shall	Not Compliant	Orange	18/01/2024

	make adequate arrangements for reviewing fire precautions.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	10/01/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	05/02/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	05/02/2024
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	09/02/2024

	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.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	09/02/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	31/03/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	12/01/2024

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	12/01/2024