



**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:	Carysfort Nursing Home
Name of provider:	Ardancare Limited
Address of centre:	7 Arkendale Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 March 2021
Centre ID:	OSV-0000022
Fieldwork ID:	MON-0032532

About the designated centre

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

This designated centre provides 24 hour nursing care to 49 residents, male and female who require long-term and short-term care. Residents assessed as having dementia are also accommodated. The centre is a period house with three floors and a bungalow. The ground floor contains the main communal rooms (two sitting rooms one of which is a combined sitting and dining room), and household facilities including the kitchen, laundry and sluice room. The first floor has a small sitting/dining room at one end of the corridor and a nurse's station on the opposite end. Bedroom accommodation located on all floors consists of a mixture of single, twin and multi-occupied bedrooms. In accordance with the conditions of registration four bedrooms have been identified which can only be occupied by independently mobile residents who have undergone a professional assessment in relation to their safe use of steps/stairs. This condition is subject to ongoing professional assessment as part of the care planning process as required by the residents changing needs or circumstances, and no less frequently than at four monthly intervals. There are sanitary facilities on all floors. The philosophy of care is to meet residents' individual needs in a homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 31 March 2021	05:30hrs to 11:00hrs	Michael Dunne	Lead
Friday 9 April 2021	09:15hrs to 19:20hrs	Michael Dunne	Lead
Friday 9 April 2021	09:15hrs to 19:20hrs	Deirdre O'Hara	Support
Wednesday 31 March 2021	05:30hrs to 11:00hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Overall residents were positive about the care and services they received. Inspectors observed staff and residents interactions over the two days of the inspection and found staff to be respectful of resident needs. Residents were seen to be well presented and well cared for. On the second day of the inspection there were 32 residents living in the centre on the ground, first and second floors.

Residents said that staff were lovely and kind to them and that they enjoyed activities provided, such as drawing, card playing, music and knitting. Music was heard playing in the communal rooms throughout the day. Both residents and staff were seen to enjoy each others company. Where residents had behaviours that were responsive staff were seen to redirect them in a respectful manner and residents responded well to this.

On the first day of the two day inspection inspectors observed breakfast being served early in the designated centre and brought to some residents rooms while they were still asleep. There was a hurried atmosphere in the centre while trays were being delivered and collected from residents. A number of residents said that they enjoyed having an early breakfast, but others were asleep and not ready to eat when trays were being delivered.

One resident said that they would prefer to have their breakfast at a later time but said that the night staff had to have breakfasts finished before they finished work each morning. Another resident said that they have breakfast at 7.30am, as it is the time its offered, and that they thought that if they wanted breakfast at a different time they were not sure they could have it. Residents who required assistance with their breakfast received help from staff in a kind and caring manner, with staff chatting to residents as they enjoyed their meal.

On the first day of inspection residents and staff were unclear about when residents would resume their pre Covid-19 routine of leaving their rooms during the day to use the sitting rooms and dining room downstairs. On day two of the inspections residents were being brought down to the communal rooms to engage in the planned activity sessions. Residents living on the first floor were seen to receive support and supervision from staff to use the chair lift to descend from the first to the ground floors. Residents told inspectors that they were happy to be able to start engaging in normal routine activities again.

Residents told inspectors that staff assisted them to keep in contact with their families during the lock down period and were appreciative of this support. Other residents shared their experiences at having to move rooms to comply with cohorting arrangements, one mentioned that they had lost personal items during the move however the provider confirmed that the resident had all items in their room.

Over the two days of the inspection inspectors observed inappropriate storage of

equipment in various locations throughout the centre. Although some improvements has been observed this was a persistent issue also observed on an inspection in February 2021.

Inspectors observed that there were still improvements needed regarding infection, prevention and control interventions with more robust measures to ensure that adequate checks had taken place before visitors enter the designated centre such as the recording of symptoms and the timings of visits.

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

Capacity and capability

The governance and oversight arrangements in the designated centre did not ensure that there were effective systems in place to monitor the quality and safety of care and services provided for the residents and to ensure that the service was delivered in line with the centre's statement of purpose.

Carysfort Nursing Home is operated by Ardancare Limited which is a limited company. The centre is family owned and the management structure consisted of the registered provider which has three directors who were responsible for the running of the centre. There was a person in charge who is responsible for the day to day operations of the centre, and who was supported by an assistant director of nursing and a recently recruited clinical nurse manager. Other staff members included nurses, healthcare assistants, a kitchen assistant, domestic staff, activity staff and an office administrator.

This inspection comprised of two unannounced visits to the designated centre. The first occurred on the 31st of March 2021 with inspectors following up on the receipt of unsolicited information which highlighted concerns relating to a safeguarding issue, residents rights and the delivery of care to residents. The second unannounced visit took place on the 9th of April 2021 and focused on statutory non compliance's highlighted in a February 2021 inspection and also followed up on issues identified in the 31st of March 2021 inspection regarding premises, infection prevention and control, fire safety issues, resident rights, and the delivery of care to residents with a focus on incontinence care.

On the 31st of March 2021, inspectors carried out an unannounced inspection and found that there were arrangements in place to promote safeguarding in the centre and did not find any evidence to substantiate the concern raised in the unsolicited receipt of information. On the second day of the inspection the provider was conducting an investigation regarding the safeguarding concern received by the Chief Inspector. A review of staff training at a previous inspection showed that staff

were up to date with safeguarding training.

An outbreak of COVID-19 in the centre which ran from 18 January 2021 until its closure by Public Health on 13 March 2021 saw 40 residents and 24 staff affected. Sadly 13 residents passed away during this period. Inspectors saw improvements in the centres approach to managing infection prevention and control risks, however there were areas that still required attention and are described in more detail under regulation 27.

The registered provider had audit and monitoring systems in place across a range of clinical and non clinical interventions. However, a lack of robust oversight meant that the audit information was not always used in a manner that promoted a quality service for residents.

The centres statement of purpose did not accurately reflect the staffing structure in the designated centre and did not provide an accurate description of the number of hours worked by the chef, the physiotherapist and both administrators, their respective roles and the whole time equivalents for staff in each role.

Overall inspectors found that the supervision of staff had improved since the previous inspection. The person in charge, the assistant director of nursing and the clinical nurse manager had supernumerary hours rostered on the staff rota and were available to provide guidance and supervision to staff across clinical and non clinical areas.

Regulation 14: Persons in charge

There was a person in charge of the designated centre who worked in the centre on a full time basis and were included on the roster. Inspectors found that the person in charge had responsibility for the day to day running of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff resources to meet the assessed needs of residents having regard to the size and layout of the centre. There was at least one registered nurse available in the centre at all times. The registered provider had reduced its health care assistant complement in line with decreasing numbers of residents however there was no evidence that this had impacted on the quality and safety of care and services provided for the residents.

Judgment: Compliant

Regulation 23: Governance and management

While the management structure of the designated centre was clear, the roles and responsibilities of some members of the management team were not clear. For example, one member of the management who was a director of the company was also the designated centre's chef and was involved in preparing and cooking meals for residents seven days a week. They were also involved in coordinating family visits to the centre. This person's management role was not well defined and it was not clear how much of their working time was dedicated to their role as a senior manager in the centre. The responsibilities of the office administrator were also poorly defined as in addition to their administrative duties, there were also responsible for completing fire safety checks, carrying out general maintenance tasks of the premises and also providing catering assistance in the designated centre's kitchen.

The oversight of key areas such as fire safety was not robust. Actions to improve fire safety arrangements as identified in a fire safety risk assessment did not have a time frame or a responsible person allocated to complete this task. Inspectors noted that oversight of fire safety checks was not effective as fire safety checks carried out by the provider and records in the fire safety checks indicated that all fire doors were functioning properly however inspectors noted that on two occasions a number of doors did not close fully and provide adequate protection for residents and staff.

As highlighted in a previous inspection improvements with regard to the recording of management meetings was needed to give more clarity and rationale around actions and decision making. Inspectors reviewed minutes of management meetings and found they did not provide sufficient detail regarding the topics for discussion or indicate clearly actions that required follow up. Records of a quality & safety committee meeting held on the 07/03/2021 made no mention of the regulatory non compliance's found in an inspection carried out in February 2021. In most cases meeting records were hand written and difficult to read.

The monitoring and oversight of resident monies paid to the centre in respect of resident contributions towards additional costs were not adequate. The inspectors reviewed two records of payments made on behalf of two residents to the company's bank account. The registered provider was unable to provide any financial records to indicate that these payments were subject to appropriate audit or reconciliation. In addition, the registered provider was not able to confirm to the inspectors whether or not they were a pension agent for these two residents.

There was an annual review of quality and safety for 2019 however residents views were not included in this report.

While there were sufficient staffing resources available to provide care to residents there were numerous maintenance improvements needed, these are listed under

regulation 17.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose dated July 2020 which described the facilities and services available in the designated centre did not accurately reflect the service. A breakdown of the staffing complement described in the statement of purpose required amendment as the description of staff whole time equivalents numbers were found to be inaccurate during the inspection. A more accurate account of staffing numbers and their roles in the designated centre was required in relation to office administrators, the chef and the physiotherapist.

Judgment: Substantially compliant

Quality and safety

There were a number of improvements required to ensure that residents' care and welfare needs were consistently met across the service. The registered provider had taken some steps in addressing areas of concern highlighted in the inspection visit on the 31/03/2021 however inspectors were not assured that the measures taken were sustainable or that they would form part of regular practice.

Residents appeared well cared for and many gave positive feedback on their experiences of living in the centre. Residents were very positive regarding the staff and were aware of the difficulties that the COVID-19 outbreak posed not only for them but also for staff looking after them. Inspectors observed many positive interactions between staff and residents over the course of the two days of the inspection.

Despite these positive observations the inspectors observed a number of institutional practices which did not ensure that residents received care in line with their preferences for support and daily routines. For example the practice of prepreparing breakfast meals in advance did not allow residents the opportunity to have a choice. The provider stated that residents could change their mind if they wanted something different to eat however inspectors did not see this in practice and residents who spoke with the inspectors were not aware that they could have a choice or change their minds. In addition residents were under the impression that they had to complete their breakfasts before the day staff commenced work at 8.30am. While it was acknowledged that many residents were up early and wanted their breakfasts early this was not the case for all residents. In some cases residents

were awoken to be offered breakfast but did not want it at that time.

Inspectors saw evidence of resident committee meetings between staff and residents. The records seen for the meeting held on the 21/03/2021 recorded feedback from the residents in attendance. The feedback comments were without exception all positive, however inspectors were not assured that residents suggestions or concerns were recorded in meaningful detail.

Overall, the centre appeared clean and generally well maintained with some exceptions regarding flooring, floor levels and the replacement of wall tiles. A number of call bells were seen to be missing from toilets. The absence of call bells had a negative impact on the safety of residents should they require assistance whilst using the toilet.

There were insufficient storage facilities in the designated centre which was observed on both inspection days. There was inappropriate storage of equipment in resident rooms, bathrooms and a staff changing room. This had an adverse impact on the effectiveness of infection, prevention and control measures but also on residents ability to access communal bathrooms safely. Inspectors noted that there had been improvements regarding the sluice area but there were still issues regarding the standard of equipment and bad odours in this area.

As discussed under the capacity and capability section the inspectors were not assured that fire safety processes and practices were sufficiently robust. For example; there was insufficient detail recorded in the fire drills records with some not indicating the duration of the planned fire drill. Inspectors asked for records regarding the last three in house evacuation simulations but were informed that the last one occurred in 2019. Inspectors were unable to conclude that the provider was in a position to assure themselves that they could evacuate a compartment safely in 2021. In addition the fire safety checks had not identified that a number of fire doors were not closing fully. Fire doors were found to still not close properly despite this issue being highlighted on the first day of this inspection. The provider informed the inspectors that they did engage fire engineers to rectify this issue and would address this without delay.

A review of medication management found that action was required to ensure compliance with Regulation 29. For example inspectors found medication stored in a wardrobe in an unoccupied resident bedroom. Inspectors were told that this was a temporary measure however this practice was not in line with safe medication processes and was a potential risk for residents.

All residents had a care plan in place however the quality of the care plans was inconsistent. For example inspectors found some care plans were written without having an appropriate assessment in place while others did not give sufficient detail as to how a residents need was to be met. This had a negative impact for residents as their identified need could not be monitored appropriately to see if current interventions were sufficient.

Records relating to the management of residents finances were not open and transparent and required improving. Inspectors were not provided with records to

show that payments made by residents for contributions towards the cost of their care were monitored or reconciled.

Residents were not provided with records of all payments received and made on their behalf. This meant that residents were not informed or kept up to date regarding their finances. There were no records with regard to how residents were able to access monies for day to day expenditure as inspectors were informed that there was no petty cash held in safekeeping by the provider for residents. This impacted on resident's rights to have access or retain control over their finances.

Regulation 12: Personal possessions

Residents were seen to have access to secure storage in their rooms. Resident clothes were laundered regularly and residents were seen throughout the inspection to be wearing clean and well fitting clothes appropriate to the environment. A four bedded room which was unoccupied on both days of the inspection did not contain sufficient storage facilities to cater for four residents to store and maintain their clothes and other personal possessions.

Inspectors were unable to establish if the registered provider was acting as a pension agent for any residents living in the centre. The provider confirmed that financial contributions made by residents and seen on the financial statements provided, represented resident's fairdeal and pension payments however the provider indicated that they were not acting as pension agents for any residents living in the designated centre. The provider presented inspectors with conflicting information as to who had overall responsibility for the management of records relating to resident's accounts and property.

Inspectors were shown financial records which indicated that two residents had monies paid into the providers account but the provider was unable to provide records to show how these resident payments were monitored or reconciled. This did not align with the centres policy on management of resident's accounts and property. The policy outlined that the provider will set up a separate account so that arrangements can be made for the receipt of resident's pensions and other monies. The provider confirmed that residents did not receive acknowledgements or receipts for these payments received in accordance with the centres policy for the management of resident's accounts and property.

Judgment: Not compliant

Regulation 17: Premises

On the first day of inspection the sluice room was inaccessible due to the storage of three wheelchairs, a commode and a trolley. This had been identified in a previous inspection and the provider was found to have not made any improvements regarding the storage of this equipment. On the second day of inspection most of these items had been removed however the seal around the sink in the sluice was not intact and there were broken tiles in the sluice room which could lead to ineffective cleaning. There was a foul odour on the corridor outside the sluice room for the duration of the inspection.

Inspectors observed inappropriate storage throughout other areas of the designated centre where

- One bathroom was seen to contain two commodes, a wheelchair and the communal storage of resident's toiletries.
- An assisted bathroom contained a wheelchair and a commode
- A linen hamper was stored in a resident bedroom which was also observed on the first day of the inspection.
- Staff on the first floor were unable to describe the storage or re-stocking arrangements for incontinence wear although a supply of incontinence wear was located in a wardrobe in an empty bedroom.
- Inspectors found medication stored in a wardrobe located in an empty residents room which was unlocked.

While the premises was of sound construction improvements were required in the following areas which impacted on cleanliness of the designated centre and safety of residents.

- The shower tray located in an assisted bathroom on the first floor was damaged with broken tiles observed on the walls in this facility.
- One resident's room contained furniture which was frayed and broken, access to their storage facilities were hindered due to the arrangement of seating in the room.
- There was an uneven ledge on the flooring leading to the laundry corridor which posed a trip hazard.
- Flooring in a bathroom, a four bedded room and another resident bedroom was damaged, the provider assured inspectors that a flooring specialist was to attend the week after the inspection to rectify this.
- There were no call bells in two bathrooms and a broken bell in one toilet. One bell in an en-suite room was suspended and out of reach for the resident should they need to call for assistance.
- Fire doors were found to still not close properly despite this issue being highlighted on the first day of this inspection. The provider informed the inspectors that they did engage fire engineers to rectify this issue and would address this without delay.
- Residents privacy and dignity was not assured when using 2 toilets on the ground floor as the doors could not be closed when residents were using mobility aids.

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors found that residents were not provided with breakfast at a suitable time to meet their preferred morning routine. Residents were not offered a choice when breakfast was being served.

Judgment: Not compliant

Regulation 27: Infection control

On the first day inspectors reviewed cleaning records over a two week period prior to the inspection visit and found them to be incomplete. There were gaps in the oversight of cleaning records to show that they were signed off by supervisors.

Infection prevention and control strategies had been implemented to effectively manage and control a potential outbreak in the centre. These included but were not limited to:

- Implementation of transmission based precautions for residents where required.
- Ample supplies of personal protective equipment (PPE) available. Staff were observed to use PPE in line with national guidelines.
- There was increased cleaning and disinfection of the centre.
- A seasonal influenza and COVID-19 vaccination program had taken place with vaccines available to both residents and staff. Inspectors noted there had been a high uptake of the vaccines among residents and staff.

While there was evidence of good infection prevention and control practice in the centre the following areas for improvement that are fundamental to good infection control practice were identified:

- There were no clinical hand hygiene sinks available to staff which did not support effective hand hygiene.
- Access to the hand hygiene sink was obstructed in the sluice room by commodes, and there was no alcohol based hand rub or hands free bin available in this room.
- There was no hand towels available to staff in the cleaners room and no hand soap in an assisted bathroom on the first floor.
- While hand hygiene practice was good, it could not be performed effectively due to three staff wearing watches, one staff wore rings and another had nail

varnish.

- The stairs lifts were not seen to be cleaned between resident uses.
- Residents personal hygiene products were stored with other residents possessions such as tooth brushes, shampoos, shower gels which could lead to cross infection.
- The monitoring of visitors and staff for signs of COVID-19 infection were not in compliance with Public Health guidelines.
- Inappropriate storage of clean and sterile supplies on a trolley on the corridor which could lead to cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Observations noted by inspectors on the first day of the inspection confirmed that a section of an upstairs fire escape corridor was being used as a storage space. It contained two linen cupboards and four pieces of equipment including a hoist and a seated weighing scales, the wheel of which protruded onto the exit route from the building, thus obstructing the path of escape.

Also on the first day a corridor leading to a fire escape exit in the laundry area was blocked by an ironing board. It was located beside two fire extinguishers, impeding access to the equipment in the event of a fire. On the second day of inspection the ironing board had been removed.

Inspectors noted that oversight of fire safety checks was not effective as weekly fire safety records indicated that all fire doors were functioning properly but inspectors found that this was not the case on both the 31/03/2021 and 09/04/2021 inspections.

Fire drill records were available in the designated centre however they did not all contain information regarding the duration of fire drills or any learning derived from the drill that could enhance future evacuations. Inspectors asked the provider to provide records of the last three simulated evacuations carried out by the provider but these were not available. Staff confirmed the last simulated evacuation carried out by the provider outside of regular fire drill training was completed in 2019.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

A review of the medication management systems in the centre showed that they did not meet the requirements under regulation 29. Inspectors were told that two boxes

of resident medicines had been delivered by the dispensing pharmacist the previous day. Further checks carried out by inspectors found that these medicines were stored temporarily in an unlocked wardrobe in an unoccupied resident room for almost four hours on the second day of the inspection. Inspectors were told that they were being stored there until they were checked by staff.

Other medicines seen were not stored in line with good practice such as two medications were not labelled, another two medicines did not show the date they were opened. Staff told inspectors that these medicines belonged to three residents. Medicines stored in this way may lead to cross infection.

Sterile dressings were seen to be opened with part of the dressing removed while the remaining opened dressing pack was stored among unopened dressing stocks, this could result in a risk to residents if these non-sterile dressings were used.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors found that the registered provider had arranged suitable nursing, medical and other health and social care services to meet the assessed needs of the residents. A number of care plans related to food and nutrition, continence management and responsive behaviours were reviewed with clinical staff. A selection of care plans related to continence management did not contain sufficient information or detail to ensure that residents received the care they needed;

- some care plans relating to residents' continence needs were not based on a detailed continence assessment.
- some care plans did not clearly identify the size and type of continence products that the resident used,

Judgment: Substantially compliant

Regulation 8: Protection

On day two of the inspection the provider was engaged in carrying out an internal investigation into the alleged safeguarding concern raised by the inspectors. The provider had engaged positively in this process and was acting in accordance with their own safeguarding policy.

Records seen indicated that the provider communicated with other agencies such as the Health Service Executive and remitted appropriate notification to the Chief Inspector.

Discussions with residents in the centre confirmed that they felt safe and mentioned that they could talk to any member of staff if they were worried about anything.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to engage in a range of activities and were observed attending arts, music and knitting sessions on the second inspection day.

Residents had access to TV and other media and residents confirmed that staff helped them use social media platforms to communicate with loved ones.

An advocacy service was available to residents and inspectors observed family members visit the centre to see their relatives. Resident meetings were held on a one to one basis with residents and recorded manually in a diary.

Residents had access to a communal garden area to the rear of the designated centre. Residents were seen sitting out in this area throughout the inspection. There was evidence of least restrictive options being offered to residents when a restrictive practice was used such as the provision of bed rails, the centre kept a restrictive practice register to record these interventions.

Residents were not able to exercise choice in their morning routine. For example residents thought they were required to get up before 08.30hrs. In addition residents were not offered a choice of breakfast foods and were not aware that they could ask for something different if they wanted to do so.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carysfort Nursing Home OSV-000022

Inspection ID: MON-0032532

Date of inspection: 09/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider has reviewed the governance and management structures for the Centre and welcomes the Inspectors’ confirmation that they are clear.</p> <p>In order to assuage the Inspectors’ concerns that the roles and responsibilities of some members of the management team were not clear, the Provider has taken steps to clarify those roles. The role of the person approved by the Chief Inspector to be the RPR of the Centre has been defined by the Provider to require that the RPR to work a minimum of 5 hours per day, 5 days per week in a role that is exclusively dedicated to the senior management of the Centre working closely with the Person-in-Charge of the Centre who maintains all her current duties and functions. The balance of the RPR’s contact hours in the Centre will be devoted to the management of food preparation in the Centre. The Provider has reviewed the roles and responsibilities of the office administrator. The Provider confirms that those duties do not include fire safety checks which are carried out by an appropriately qualified external consultant with ultimately responsibility for fire safety compliance resting as appropriate with the Board of Directors of the Provider. The Provider and the Office Administrator have agreed to revise his engagement to put in place a written contract for employment which specifies more clearly his defined responsibilities and we confirm that a new duty roster is in place, to assuage any concerns held by the Inspectors.</p> <p>The Provider has engaged external service provider to ensure delivery of services every three months in respect of fire alarms and emergency lighting. Fire training including evacuation procedures are conducted by an external provider every six months, and as the Inspectors will appreciate, these engagements must be done in a manner with is COVID-19 compliant.</p> <p>The minutes of the Company’s management meetings will ensure greater detail going forward and the Provider underlines the commercial sensitivity and confidentiality of</p>	

those minutes. Management meetings are held every month. The Provider will ensure that all minutes of Quality and Safety Committee meeting are more detailed and will include all the issues identified since the last meeting. Such minutes are now typed and printed. They are no longer hand written.

The Provider does not have any charges in respect of social programs, newspapers, hair dressing, chiropody, physiotherapy, or any other charges. The Provider's policy is that it will not act as a pension agent for any residents. The Provider financial records are audited by our accountant.

Audits are conducted on the resident feedback survey. The residents' views are included in the annual review of 2020. Ongoing maintenance is in hand and most items are finished.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
To assuage the concerns of the Inspectors, the statement of purpose has been updated since the inspection to include all the matters identified during the Inspection.

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The registered provider carried out a review of the person in charge's compliance with this regulation. This review confirmed that there were no residents occupying the bedroom in question on either day of the inspections. However, to assuage the concerns of the inspectors, a new extra wardrobe has been provided in the four bedded room.

The registered provider has engaged an independent person to review the financial arrangements for two residents. This will be completed by 31 July 2021. Following the completion of the review any changes required to financial arrangements will be put in place to ensure that systems are transparent.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: An extra storage area has been identified and will be in operation from 12 June 2021. The tiles have been replaced in the sluice room. We cannot identify any foul odour on the corridor outside the sluice room and the Provider will engage further with the Inspectors through submissions to address the matter.</p> <p>An extra storage area has been identified and will be in operation from 12 June 2021. The commodes and wheelchairs will be stored in this area. The communal storage of resident's toiletries is no longer practiced and is now stored in their individual lockers. All staff are advised not to store the linen hamper in the bedrooms. The incontinence wear is stored in the bottom drawers of resident's personal lockers. Medications are stored in a locked cabinet before it is transferred to the medicine trolley. The shower tray located in an assisted bathroom on the first floor and the broken tiles are repaired. The broken wardrobe is repaired. The uneven ledge on the flooring leading to the laundry corridor is fixed. Flooring in a bathroom, a four bedded room and another resident bedroom is fixed. All call bells are fixed. All the bathroom now has call bells. All fire doors are functioning properly. The two toilets on the ground floor are used by independent residents.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The staff discusses the breakfast menu with the residents the previous night and informs the chef.</p> <p>The chef now starts their duty at 8 am and prepares the cooked breakfast. The breakfast is offered as per the resident's choice. We have a few residents who have requested an early breakfast and a few who have requested a late breakfast. The resident's choices and preferences are respected.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Cleaning records are signed off by the cleaning staff and is signed off by the supervisor.</p>	

Transmission based precautions for residents where required are implemented.

An extra storage area has been identified and will be in operation from 12 June 2021.

The Provider will make available hand hygiene facilities for staff.

Alcohol based hand rub and hands free bin are available in the sluice room.

The paper hand towels are available to staff in the cleaners room. Liquid hand soap is available in the assisted bathroom on the first floor. A staff is assigned to fill in the paper hand towels and replace the liquid hand soaps.

All staff have been advised to follow the uniform policy of the nursing home. They have been instructed not to wear long sleeves, wrist watches, artificial nails, nail varnish and rings. The only exception is the wedding band. The stairs lifts are now being cleaned between resident uses using disposable disinfectant wipes. Each resident have individual tooth brushes, shampoos and shower gels which are stored in their personal lockers.

Visitors declare the following to the staff before entering the nursing home:

- temperature check and symptom declaration
- any previous known exposure to COVID19
- h/o COVID-19 or had close contact with a person with COVID-19 / suspected COVID-19
- h/o recent travel to Ireland

Visitors are required to sign in on entry to the facility. Any visitors with fever or respiratory symptoms will not be admitted. Visitors are required to perform hand hygiene and should wear a surgical mask during the visit.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
There is no obstruction to the upstairs fire escape and the pieces of equipment have been removed. All fire doors are functioning properly. The fire drills are conducted by an external provider every six months and the evacuations are now timed.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Our pharmacy delivers new venalinks once in four weeks. They will be stored in a locked cabinet upon arrival. They are delivered one day before hand so that the nurses can

cross check all the venalinks before transferring them to the medicine trolley. All medicines are stored in line with good practice and is labelled appropriately. Sterile and unopened dressings are stored in a locked cabinet.

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 care plans and assessments are reviewed every four months or sooner if needed. The care plans are person centered and are written based on the assessments.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents are always able to exercise choice in their morning routines like choice of breakfast foods and the time that get up. This is noted in their care plans.

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(a)	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 a resident uses and retains control over his or her clothes.	Not Compliant	Orange	30/07/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/07/2021
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at	Not Compliant	Orange	30/07/2021

	mealtimes.			
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Not Compliant	Orange	30/07/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	01/07/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	01/07/2021
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	01/07/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/07/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/07/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/07/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/07/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Substantially Compliant	Yellow	30/07/2021

	persons in the designated centre and safe placement of residents.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	30/07/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/07/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/07/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/07/2021