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:	Sonas Nursing Home Cloverhill
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lisagallan, Cloverhill, Roscommon
Type of inspection:	Unannounced
Date of inspection:	02 June 2020
Centre ID:	OSV-0000384
Fieldwork ID:	MON-0029533

About the designated centre

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

Sonas Nursing Home Cloverhill is a 53-bed, purpose-built facility combining care and a home environment for those no longer able to live alone. A full spectrum of individualised care is available for residents. Residents can avail of gardens, sitting rooms, TV lounge and activity room. It is situated in a rural area approximately two miles from Roscommon town. The centre's statement of purpose states that Sonas Nursing Home offers long-term care for residents with chronic illness, mental health illness including dementia type illness and end of life care in conjunction with the local palliative care team. The centre comprises three different care areas, each with its own sitting and dining areas. The reception area has tea and coffee making facilities for people visiting the centre. There are enclosed accessible gardens available and ample parking is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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
Tuesday 2 June 2020	09:30hrs to 19:00hrs	Catherine Sweeney	Lead
Tuesday 2 June 2020	09:30hrs to 19:00hrs	Brid McGoldrick	Support
Tuesday 2 June 2020	09:30hrs to 19:00hrs	Geraldine Jolley	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors observed that residents were relaxed and at ease in the company of staff. The normal routine and schedules of the centre had been disrupted by the restrictions in place due to the outbreak of COVID-19. This resulted in residents spending extended periods of time in their bedrooms. Two, of three, day rooms were in use, however, due to social distancing arrangements, few residents could avail of the communal areas and most of the residents observed spent their day in their bedrooms. The dining room was also restricted resulting in residents having all their meals delivered to their rooms.

A number of residents described their concern in relation to the information they were receiving about the outbreak and the lack of communication with family members. One resident told inspectors 'Nobody tells us anything, I don't know why I am stuck in this room.' Another resident expressed a wish to see her family and for visiting to recommence as she found the 'day very long'. Staff assisted residents to make video calls to their loved ones and window visits were facilitated when possible.

Staff were cognisant of residents feeling of isolation due to having to spend time alone in their bedrooms and an effort was made to enable four residents to watch television together. Inspectors observed these residents sitting together in a bedroom. The beds had been pushed to the corner of the room. This was discussed with management as there were viable options available to enable social distancing, and while at the same time, enabling these residents to watch television together in more comfortable surroundings. Management agreed to review this arrangement following the inspection.

Inspectors observed that staff knocked on bedrooms doors before entering. Staff spoke kindly and respectfully of residents and were observed to deliver care in a person-centred and kind manner. Inspectors observed staff chatting to residents about their personal interests and family members. Residents responded positively to this interaction.

Four residents receiving care in the cohorted 'COVID-19 negative' area of the centre were observed to be receiving a high standard of care from the two members of staff, a nurse and a care assistant, allocated to this area. Staff were observed to be attentive, respectful and kind. Residents from this area were facilitated to spend time outdoors.

Capacity and capability

Prior to the recent COVID-19 pandemic, Sonas Nursing Home, Cloverhill, operated by Sonas Nursing Home Management Company Ltd, had a good history of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The management structure in place for this centre consisted of the provider, a limited company with five directors. Two directors are described as executive directors with day-to-day responsibility for running the Sonas nursing homes. The provider had put in place a management structure which included a Human Resources (HR) department, an IT department, an education and standards department, and a quality and governance coordinator to support the person in charge in the centre. None of these structures are located within the designated centre but operate remotely. Following the declaration of the outbreak the quality coordinator spent up to five days per week in the centre.

A person in charge, responsible for the day-to-day operations of the designated centre, was supported by two clinical nurse managers and other staff members including nurses, carers, a physiotherapist, an activities coordinator, housekeeping, catering and maintenance staff.

Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time. They acknowledged that staff and management had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. However, a number of significant concerns were identified on review of the management of the outbreak of COVID-19 in the centre.

This inspection was triggered by:

- notification of an outbreak of COVID-19 with a large number of residents and staff testing positive
- solicited information received from the management team of Sonas Nursing Home, Cloverhill
- the receipt of unsolicited information raising concerns about:
    - communication with residents and families
    - infection control procedures and a reported failure to adhere to Health Protection Surveillance Centre (HPSC) guidelines in the prevention and management of of COVID-19 outbreak
    - staffing.

In response to these concerns, the provider was required to complete an assurance report and provide staff rosters to HIQA Inspectors. These were reviewed but did not provide the necessary assurances that safe, quality care was being delivered to the residents. As a result, an inspection took place on 2 June 2020.

There were 41 residents accommodated in the centre on the day of inspection. The centre was divided to facilitate separation of residents who were COVID-19 positive from those residents who were not. One resident was in hospital and two residents were on leave to stay with their families. There were 34 residents who had tested

positive for COVID-19 in the centre on the day of inspection.

To assess the assurance arrangements in place, the senior management team was requested to provide a number of documents on the morning of inspection. This included, for example, the allocation of staff, residents notes, the centres risk register and the complaints log. There was significant delay in providing this information to inspectors.

The findings on the day of the inspection validated much of the information received prior to the inspection. Inspectors found that the management structure in place, which had provided a good service in advance of the COVID-19 pandemic, did not have sufficient capacity and capability to enable the early identification of and timely response to an outbreak of COVID-19. Notably, the inspectors found that the provider did not :

- have effective arrangements in place to control the COVID-19 outbreak.
- effectively implement the public health and infection control advice or guidance from the HSE outbreak control team. As a result, the provider failed to limit the spread of COVID-19 in the centre.
- recognise and respond to issues arising during the course of the outbreak, up to and including on the day of the inspection.
- take definitive action to manage the outbreak in the centre.
- adequately identify the resources required to manage the spread of COVID-19 infection with particular reference to nursing and cleaning staff.
- communicate effectively and in a timely manner with residents and their families.
- ensure effective and efficient management systems were in place to monitor the delivery of safe care.

An urgent action plan was issued following the inspection. The registered provider submitted a response which included:

- A nurse-based consultancy service was now contracted to provide clinical oversight and clinical supervision.
- An immediate deep clean of the centre was undertaken
- Completion of an audit on nutrition.
- Completion of an audit on records in respect of medical reviews.
- Further training on infection prevention and control for staff was planned.

Regulation 15: Staffing

The Chief Inspector was notified that a total of 29 staff had tested positive for COVID-19 in this centre. This led to a sudden shortage in the availability of staff. A review of the staffing systems in place found that the registered provider, while having a system in place to replace staff numbers, failed to manage and deploy nursing, cleaning and care staff in a manner appropriate to meet the needs

of residents at the onset and throughout the outbreak.

The importance of allocating designated nursing, cleaning and care assistant staff to designated (COVID-19 positive and COVID-19 negative) areas of the centre was not recognised or operational in a timely and effective manner. On the day of inspection there was no evidence of a list of staff members to include allocated areas of work, date of identification of symptoms, date of testing, date of recovery and date of return to work. The management team could not demonstrate how they managed the allocation and deployment of staff in the centre during the outbreak. This concern was further compounded by a review of staff testing, which was found not to include the testing of agency staff, who had been allocated to work with the residents with a positive COVID-19 diagnosis and continued to work regularly in the centre.

In addition, a review of the roster found that on five occasions, between the start of the outbreak on 10 May and the 15 May 2020, the registered provider failed to ensure that there were two nurses rostered on night duty for the positive and negative areas of the centre to avoid nurses having to cross over from one area to another, contrary to the guidelines set out by HPSC.

The provider had sourced agency staff, staff from other designated centres in the company and local volunteers to provide care during the outbreak.

On five occasions from the 15 May 2020, the only nursing staff on duty were agency staff. The person in charge remained on duty until 10pm and was available to the nurses in the event of an emergency. However, the agency nurses would not have been adequately familiar with the residents enough to recognise and respond to any change from normal that might indicate the onset of a COVID-19 infection.

There were inadequate numbers of cleaning staff available to ensure that the centre was cleaned to the standard required during an outbreak of COVID-19. Care assistants had been tasked to clean the centre and the equipment without appropriate, up-to-date training on the required level of cleaning. The centre and some of the equipment in use for residents was not visibly clean on the day of inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors reviewed training records in the centre and found that all staff had received training in infection prevention and control. All staff had attended training in the management of a COVID-19 outbreak and had watched a training video in relation to donning and doffing (putting on and taking off) personal protective equipment (PPE).

The provider stated that staff had also received further training from the

HSE Infection Control Nurse specialist in relation to PPE use, but no record of this training was available for review.

During the inspection, inspectors reviewed five residents records which did not demonstrate appropriate clinical supervision and staff training in:

- the recognition and management of COVID-19 symptoms- In the weeks prior to testing positive, a number of residents were identified as having symptoms including shortness of breath, low oxygen saturation, confusion and continuous cough; however, there was no documentary evidence to suggest that COVID-19 infection was suspected. Furthermore, nurses documented that there was 'no sign of COVID-19 infection' in the residents progress notes.
- the recognition and management of residents who were losing weight. As previously stated, the provider agreed to conduct an audit of all residents at risk of weight loss and to make appropriate referrals where required.

All staff had received up-to-date training in safeguarding vulnerable adults and had an An Garda Síochána (police) Vetting certificate on file.

Judgment: Not compliant

Regulation 21: Records

Significant gaps were found in the clinical and management records reviewed in the centre. This is evidenced by:

- a review of the incident records found that a resident fall and the subsequent treatment provided to the resident had not been documented.
- residents' on-going medical assessments, treatment and care provided by a person's medical practitioner, including the certification of death, were not documented in some of the files reviewed.
- a record of residents' and relatives' complaints and the action taken were not recorded.
- a record of residents' weights was not recorded in line with the residents' care needs.

Judgment: Not compliant

Regulation 23: Governance and management

The level of oversight and the assurance arrangements the registered provider had

of this designated centre was not sufficient to ensure adequate care was provided in the context of an outbreak of COVID-19. Notwithstanding the expertise and experience of the management team, on-site support from the management team was not in place until the peak of the outbreak, when the quality and governance manager was available for five days per week. In speaking with management, priority was given to trying to secure adequate staffing in the centre due to the need to replace a large number of staff who had tested positive.

Staff were sourced from staffing agencies and from other centres within the company; however, the provider failed to ensure that the staffing skill-mix and numbers of staff available in the centre could provide effective care, in accordance with their statement of purpose, in the context of the current public health emergency. The provider had committed to inspectors on 15 May 2020 to increase the baseline staffing levels of the centre by 16 May 2020. On the day of inspection, it was observed that staffing was increased through an undue reliance on staff from the provider's other designated centres and agency staff.

In addition, the management systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by the failure to implement the HPSC *"Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 cases and Outbreaks in Residential Care Facilities and Similar Units"* including:

- implementing appropriate infection prevention and control measures,
- initial cohorting of residents into designated zones in a timely manner,
- ensuring all staff and residents are tracked and tested in a timely manner,
- instituting active daily surveillance for fever or respiratory symptoms, including cough, in residents and staff for 28 days after the date of onset of symptoms of the last resident COVID-19 case,
- ensuring that all staff (including agency) and residents were identified and tracked for symptoms and subsequent testing,
- ensuring residents were facilitated to access medical care, as a review of records evidenced that a small number of reviews had not been carried out in line with the assessed needs of residents,
- ensuring that complaints were managed in compliance with Regulation 34(1).

At the feedback meeting following this inspection, the registered provider gave assurances that all matters raised would be dealt with in a timely manner.

Judgment: Not compliant

Regulation 34: Complaints procedure

An action from the last inspection on 4 November 2019 had not been addressed. A review of the complaints log found that no complaints had been logged since 31

December 2019. The management team stated that no complaints had been received since then, however, a review of progress reports found that a relative had made a complaint about the communication in the centre. This complaint had not been recorded in the complaints log and no action had been taken to address the issue.

Judgment: Not compliant

Quality and safety

Inspectors found that the quality and safety of resident care during the COVID-19 outbreak, up to and including on the day of the inspection, was compromised by inadequate management of infection control, inadequate staffing deployment, lack of clinical oversight to support the early detection of symptoms of COVID-19 infection and poor regard to residents' rights during the outbreak. For example, some residents has not been informed of their COVID-19 test results.

The provider had failed to ensure that infection control procedures and protocols were implemented in line with the guidelines set out by the HSE's Health Protection Surveillance Centre. Basic cleanliness was not evident on the day on inspection. The centre was cluttered with boxes of PPE and some of the residents supportive equipment was visibly unclean. Inspectors requested a deep clean of the centre which was carried out following the inspection.

Oversight of resident care issues required review. A sample of residents files reviewed found that symptom identification was poor and requests for referrals for COVID-19 testing were delayed. Prior to all residents being tested for COVID-19 on the 7 May 2020, a number of residents were receiving treatment for urinary and respiratory infections. The nursing notes of these residents documented symptoms such as shortness of breath, coughing and low oxygen saturation levels. For these residents, the possibility of a COVID-19 diagnosis was overlooked with nursing notes reading 'no sign of COVID-19'. These residents subsequently tested positive for COVID-19.

Residents had access to their general practitioners (GPs) through telephone conferencing and centre visits since the onset of the pandemic. However, this service was restricted and inspectors noted that a small number of residents had not been reviewed quarterly by their GP, in line with with the assessed needs of the residents.

Due to the restricted access to GP reviews, and the use of agency nurses and nurses from different centres, a high level of clinical oversight and supervision was required from the senior management team. This oversight was not evident on the day of inspection.

The rights of some residents to receive information relating to their own test results

and their subsequent care plans was not respected**.** The management team informed inspectors that some residents, including residents who had the capacity to understand, had not been informed of their diagnosis. For residents with capacity and those who may have lacked capacity, no documentary evidence was available in relation to communication regarding test results. These residents were therefore not involved in the development of their care plans or changes to their care that was required following a positive diagnosis of COVID-19.

Regulation 27: Infection control

The registered provider failed to support staff in consistently adhering to the HPSC guideline *"Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 cases and Outbreaks in Residential Care Facilities and Similar Units*" in ensuring appropriate:

1. standards of infection prevention and control, for example,

- environmental hygiene- an immediate de-cluttering and a deep clean of the environment was requested on the day of the inspection
- decontamination and cleaning of resident supportive equipment
- management of waste- yellow clinical waste bags were tied to door handles on the day of the inspection
- cleaning of crockery and cutlery
- bedroom doors of residents who had tested positive for COVID-19 were left open
- there was no bedpan washer in the sluice room used in designated COVID-19 positive area of the centre.

2. measures for the management of possible and confirmed cases of COVID-19. For example:

- initial cohorting of residents into designated zones in a timely manner
- ensuring all staff and residents are tracked and tested in a timely manner
- instituting active daily surveillance for fever or respiratory symptoms, including cough, in residents and staff for 28 days after the date of onset of symptoms of the last resident COVID-19 case
- ensuring that all staff (including agency) and residents were identified and tracked for symptoms and subsequent testing
- ensuring residents were facilitated to access medical care- a review of records evidenced that a small number of medical reviews had not been carried out in line with the assessed needs of the residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

All residents had individual assessments and care plans in place. Inspectors noted that the quality of the content of care plans was poor and required review. For example, a resident with a pressure wound did not have an up-to-date care plan describing the wound. No recent photograph was available for review which meant that tracking any changes to the wound was not possible. A COVID-19 care plan had been developed for each resident, however, as described further under Regulation 9, some residents were not consulted in relation to the development of this care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Access to residents' general practitioners (GPs) was restricted in the centre due to the COVID-19 outbreak. That said, a number of GPs continued to attend the centre during the outbreak and others were available by telephone. A review of residents' records found that telephone consultations were used to report on the residents progress and for the prescription of treatment required. A small number of residents had not been seen by their GP by phone or on-site since January 2020. Inspectors concluded that the system and provision of medical care required review. Following the inspection, the registered provider representative was requested to conduct a review of all resident records to ascertain that all residents had an up-to-date medical review and to engage with the HSE crisis management outbreak team to assist for those who had not. This review was submitted on the 17 June 2020 and provided assurance that appropriate referral for medical review had been completed.

Residents continued to have access to a physiotherapist who was part of the permanent member of staff in the centre. The person in charge informed the inspectors that residents were facilitated to take short walks daily to maintain their physical strength.

Judgment: Not compliant

Regulation 9: Residents' rights

From a review of records and discussion with senior management, it was evident

that some residents who had tested positive for COVID-19 had not been informed of their diagnosis. This decision had been discussed and made by the residents family or family member and the nursing staff. No record of this decision-making process was available for review. For residents who were informed, no entry had been made to the resident's nursing record to indicate that this information and changes to their care and daily routines had been discussed with them.

Notwithstanding the challenges brought by the required infection control restrictions, residents in the COVID-19 positive area of the centre had a minimal schedule of activities in place to reduce the risk of social isolation during the outbreak. Residents were observed, for the most part, to be in their rooms. The last residents' meeting was recorded as taking place on the 2 March 2020. The management team had not scheduled a meeting to update the residents on developments in relation to COVID-19. While inspectors acknowledged that communal resident meetings were not possible during the outbreak due to infection control restrictions, there was a concern that communication with the residents in relation to the COVID-19 outbreak was poor. A number of residents told the inspectors that they did not know what was going on.

Residents who were in the COVID-19 negative area of the centre were observed to have regular positive interactions from the two staff members working there. There was plenty of conversation and engagement about mealtimes, local news and the garden.

The environment where some residents were spending their day was cluttered and untidy. There were no measures in place to recognise and allay residents' anxieties as a result of the pandemic or the impact of having their preferred routines disrupted.

The provider provided a monthly update to residents families through email.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Cloverhill OSV-0000384

Inspection ID: MON-0029533

Date of inspection: 02/06/2020

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Sonas Nursing Homes Management Co. Limited (the "Provider") assures the Chief Inspector of its compliance with Regulation 15(1) of the Care & Welfare Regulations having regard to each constituent element of the regulation's statutory requirement:

"The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned".

The Provider continues to ensure that the number and skill mix is appropriate having regard to the care needs for each resident of the Centre
The Provider ensures within the Centre on a continuous basis the completion of the Modified Barthel index which is a validated staffing tool which helps to determine care hours required based on the assessed needs of our Centre;

The Provider ensures that our Centre's staffing levels which have always compared favorably with national norms, are kept constantly under review by the Centre's Person-in-Charge, with oversight from the recently appointed Quality Manager and Quality and Governance Coordinator. Indeed, we emphasize that during the Review period, our Centre successfully managed to retain our usual nursing and care staff complement;

Our Centre's low turnover rate of professional and dedicated staff, plus the additional staff we have recruited, permit us and will continue to permit us to meet the enhanced needs of residents Centre, and will provide for further staffing contingency as we enter into the Winter period.

Following on from the foregoing, the Provider has recruited excess staff over and above our Centre's current requirements and this is overseen on a daily basis by the Provider's management team and our HR departments.

Further, the Provider has arranged for the increase of the Centre's nursing hours across

all shifts to cater for any unforeseen circumstances and we regularly survey the residents, relatives and staff to seek to elicit, at an early stage, if there is any deficit in care.

In addition to the requisite staff numbers, the Provider is continuing to invest heavily in staff education and training including infection control particularly the management of infectious diseases such as COVID 19 and influenza and nutrition management. An infectious control lead is appointed with specific skills in infection prevention and control.

The Provider arranged for external clinical specialists to audit our clinical and care planning practices and completed a training programmes with the Centre's nursing team. This ensures that we continually achieve a high standard of evidence-based care of all residents in our Centre;
To augment the senior management team, the Provider has recruited an experienced Quality Manager who is now charged with overseeing all the activities of the Centre to ensure the quality of care and the quality of life of all our residents compares favourably with best standards. This will be accomplished by conducting regular audits, mentoring, coaching and training all staff members and ensuring that any quality initiatives are completed to the satisfaction of all our residents and their families;

The Provider has contingency plans in place for all ancillary services in the event of reasonably unforeseen circumstances. An arrangement has been made with the contract cleaners for supply of services to address any future contingency risk. We also have recruited additional staff in our HR department to assist with any future requirements. In addition, we have formed strategic relationships with a number of recruitment agencies who will guarantee that we meet all our staffing requirements in the event of unforeseen circumstances and if we have difficulty managing with our own resources.

Our procurement officer has gained valuable experience during the pandemic and has established a relationship with all key stakeholders (both statutory and non-statutory) in sourcing all the requisite PPE; and

Following improvements for regular testing, all temporary or new staff can be added with effect from 04/08/2020 by the Person-in-Charge.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
In an effort to address this non-compliance as levied against the Provider, the Provider confirms that, as a first necessary step to ensure compliance with Regulation 16, the Provider carried out a review, including a legal review, of compliance obligation under Regulation 16 of the Care & Welfare Regulations The review confirms that:

the Centre engaged at material times with the Outbreak Control Team's infection control specialists and had availed of education sessions for donning and doffing PPE .The Provider is satisfied that it has this public health team's continued support on all aspects of infection control management and training records are available upon regulatory request, for all aspects of this compliance with these public health requirements.

The Provider assures as COVID-19 is a new virus, guidance on management is added to HCA and Nurse inductions and, of course, it will be included to annual refresher training for our existing staff.

Further, to assist us in our training and education on all aspects around COVID-19 symptom identification (particularly the atypical presentation) and prior to the Inspection, we had employed an external consultancy company to provide this specialised education project. These sessions occurred on the 13/07/2020, 20/07/2020 and the 27/07/2020. We confirm that all nursing staff have attended these training and education event and the project was completed today.

Audit of all residents at risk of weight loss was completed on 05/06/2020 and all follow ups are complete. We have the support of a specialist team compromising of a Speech and language Therapist, a Dietician a nursing and Catering team who have competed specialised Nutrition training. This highly skilled team help us achieve the best standards in this area.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The Provider has reviewed its systems and confirms that a more robust system is now in place for maintaining records in particular training files and staff folders. All documentation has now been updated and uploaded onto the computerised system and as previously advised to the Inspectors, the Centre has recently completed its move from a paper-based recording system to computer-based recording system which was made challenging by the recent outbreak of COVID-19 outbreak in our Centre.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The Provider has robust Governance and Management structures in place which

includes, the Nursing home management team comprising of Person in Charge, an Assistant Person in Charge and a Clinical Nurse Manage. This team is supported by a regional Quality Manager and a Quality and Governance Coordinator.
• A schedule of the senior governance team audits is in place to monitor the quality and safety of care.
• A schedule of internal audits is in place to monitor the quality and safety of care. Compliance is overseen by the Quality manager and the Quality and Governance coordinator. This includes a schedule of regular visits by the Provider.
• We continue to work collaboratively and take direction from the State's competent public health authority's regional outbreak control team and infection control specialists who have made a number of site visits and all their recommendations have been implemented.
• Weekly COVID-19 audits are undertaken and corrective actions implemented where required on an ongoing basis in line with best practice.
• Recruitment of all grades of additional staff is ongoing in line with effective contingency planning.
• Daily ongoing surveillance of residents is ongoing and documented.
• Weekly key performance indicator reports are forwarded to the Quality and Governance coordinator on an ongoing basis;
• A regular schedule of 1-on-1 accountability meetings is in place.
• all residents have been reviewed by their GPs and conversations have taken place to ensure continued support.
• A robust contingency plan is in place to cater for all future eventualities to ensure the quality and safety of care is provided at all times.The pandemic posed unprecedented challenges in relation to our staffing requirments but we ensured that staffing levels were maintaned at all times thanks to our dedicated staff, highly efficient and effective HR, Finance and ICT departments, These teams working in conjunction with the Centre's teams will continue to work tirelessly to ensure that that the requisite staffing levels are in place.
• All complaints are managed in compliance with Regulation 34(1).
• As part of our Centre's COVID-19 preparedness training plan, the plan to include cohorting of residents in the event of outbreak is completed.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• Our Centre recognises that feedback from residents, relatives and indeed all stakeholders is our greatest source of learning. To ensure that we respond effectively to any resident's concerns as expeditiously as possible, we have in place of a revised robust complaints procedure. The transition from a paper-based system to a computer-based system will involve training on complaints management and reporting with all staff to be completed by 1 November 2020. All complaints, concerns and compliments are and will be recorded electronically. Our primary objective is at all times is to deal with any

complaints and concerns to the satisfaction of the complainant. A related objective is that any learning from the complaint is shared with all staff of the Centre. This forms a fundamental part of our strategy to improve constantly the quality and safety of care we offer to all our residents.
• Our Centre is constantly searching for ways to improve the quality and safety of care to our residents. We conduct regular surveys with questions focusing on the quality of life residents are experiencing and how well we are providing the service them. A resident's survey for instance was completed on 31/07/2020 and a survey has been distributed to families 05/08/2020. Feedback from same will be reviewed and will inform an action plan which will be complete by the 30/09/2020.

• To elicit feedback from residents of our Centre, we hold regular resident meetings on an ongoing basis. This is an invaluable forum and it helps us to identify areas for improvement or recommendation for service development. Any complaint, concerns and indeed if residents compliment any part of our service offering are documented. These meeting have recommenced after the COVID-19 outbreak and form a fundamental part of our Centre's drive to improve continually the quality of care and the quality of life of all the residents of our Centre.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• All HPSC guidelines are fully adopted and extensive training has been completed by all nursing staff in our Centre to comply with the NPHET guidelines. Cohorting is an established practice and has been in place in our Centre since prior to the Inspection and continues to work well.
• Routine environmental and COVID-19 management audits continue within our Centre as appropriate in line with our established practices.
• Additional infection control and hygiene training has taken place and 2 internal infection control link nurses have been identified.
• Additionally, an Infection Prevention and Control nurse has been appointed for the group on a project basis.
• The Provider continually invests heavily in staff education and training including infection control particularly the management of infectious diseases such as COVID 19 and influenza and nutrition management. Specific bespoke training programmes are in place in all of these areas and this operates within the Centre on an ongoing basis.
• A second bedpan washer has been installed.
• All residents of our Centre continue to be assessed quarterly by their GP.

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 residents care plans have been reviewed in consultation with residents and updates are in progress as they occur;
• All nurses in our Centre are registered by the competent State registration authority (the NMBI) and are trained in care planning and complete annual updates, and the Provider relies on the NMBI registration;
• A comprehensive review of all clinical KPIs and care plans and assessments was conducted by external nurse specialists in conjunction with the home nursing team and completed today; and
• Electronic care planning system is now in place which has exponentially enabled and assisted our Registered Nurses' ability to care-plan effectively.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• All residents have been comprehensively reviewed by GP, dietician, physiotherapist and pharmacist. These reviews are were completed by 12/06/2020 as acknowledged by the Inspectors within the Report; and.
• All residents continue to be assessed quarterly by their GPs.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents meetings within our Centre are now taking place again and schedule has been updated and residents informed. The first one occurred on the 22/06/2020. All decision making and discussions are now recorded. A comprehensive flow chart has been developed so that all staff are clear about the importance of informing and documenting discussions with residents. Resident surveys have been conducted, with analysis thereof and action thereon to be completed by 30/09/2020.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	04/08/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	27/07/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	07/09/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and	Not Compliant	Orange	12/06/2020

	4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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	Red	05/06/2020
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	Red	05/06/2020
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.	Not Compliant	Red	05/06/2020
Regulation 34(1)(d)	The registered provider shall provide an accessible and	Not Compliant	Orange	05/06/2020

	effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	05/06/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care	Not Compliant	Orange	31/08/2020

	plan.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	12/06/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	07/09/2020
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/09/2020