



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Breffni Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Cavan
Type of inspection:	Unannounced
Date of inspection:	14 January 2022
Centre ID:	OSV-0000489
Fieldwork ID:	MON-0034002

About the designated centre

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

The designated centre provides 24-hour nursing care to 18 residents over 65 years of age, male and female who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre is a single story building opened in 2001. Accommodation consists of four three bedded rooms, one twin bedroom and four single bedrooms. An additional bedroom is designated for the provision of end of life care. Communal facilities include Dining/day room, an oratory, visitors' room, hairdressing salon, smoking room and a safe internal courtyard. Residents have access to three assisted showers and a bathroom. A separate day care facility is also available during weekdays for maximum ten residents. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Friday 14 January 2022	09:15hrs to 16:25hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 18 January 2022	09:00hrs to 16:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over two days. The inspector communicated with a number of residents throughout the inspection and their overall feedback was that Breffni Care Centre was a good centre to live in. Residents told the inspector that they felt safe in the centre, were well cared for and that their meals were of a good standard. The inspector observed that residents and staff knew each other well and residents were comfortable in the company of staff. Staff interactions with residents were observed throughout the inspection to be caring, gentle and respectful.

On arrival to the centre, the person in charge guided the inspector through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering residents' accommodation. The centre was warm and bright. The inspector noted that there was a calm and unrushed atmosphere as some residents ate their breakfast and staff assisted others with getting up and preparing for their day.

On advice of public health, visiting into residents' accommodation was restricted but compassionate visiting for residents who were missing their families was being facilitated in the visitor's room off the reception area. Window visits, video and telephone calls to maintain regular contact between residents and their families also continued. Visiting restrictions were eased by the second day of inspection. Residents told the inspector that they understood that restrictions were in place to keep them safe, but they missed their families. Many of the residents had lived in the local community prior to moving to live in the centre and they expressed their satisfaction with being given opportunity to continue living close to their families and their community.

On the first day of the inspection, seven residents were observed to spend most of their day in one of the two communal sitting rooms. Staff explained that due to social distancing arrangements, access to this sitting room was restricted to seven residents at any one time. The inspector observed that during the morning these residents, some of whom had high dependency needs were left for long periods without a member of staff to supervise their safety and ensure their needs were responded to promptly. The inspector found that the current staffing levels did not ensure there was adequate staff available to provide appropriate supervision to vulnerable residents in this communal sitting room at all times. The second sitting room was located towards the rear of the building and had previously been part of the day care services in the centre. The inspector observed that the second communal sitting room was not used by any residents on the first day of the inspection. However most residents spent their day in their bedrooms and it was not clear that they had been provided with the opportunity to sit in the second lounge if they wished to do so. Residents were able to listen to the radio, watch television or read the newspapers whilst they were in their bedrooms. The person in charge was asked to review the arrangements that were in place for residents to spend time in

the communal areas if they wished to do so. The person in charge worked with the staff team and the inspector found that those residents who wished to sit in the communal lounges were able to use one or other of the two lounges on the second day of the inspection. The inspector also noted that there were staff in the two communal areas throughout the second day of the inspection. Residents talked to the inspector about the opportunities they had to participate in the social activity programme facilitated by the activity coordinator and staff in the centre. Some residents told the inspector that they enjoyed the bingo and word game activities best. Another resident reminisced on their visit to a local military museum. A staff member was observed working with residents to complete a table-top jigsaw. There was a daily activities programme in place, however the inspector found that for long periods of the day there was limited activities and interactions available for the residents. For example, there was limited coordinated activities after 15:00hrs and while, there was a television on in one of the sitting rooms, most residents in the room were not watching the television and slept for periods in their chairs.

Many residents' bedrooms were personalised with their personal items such as their personal photographs, their artwork, soft fabric blankets, books and ornaments. Book shelves were fitted for one resident who liked reading books. Spacious wardrobe and storage units were used to define a personal bed space area for each resident in the bedrooms with three beds. However, approximately 30cms of wardrobe hanging space in the single bedrooms and one twin bedroom was insufficient to meet residents' needs. Efforts made to provide residents with additional storage space in the form of a chest of drawers and a large locker did not provide suitable storage to meet their needs. As a result some residents also stored their clothes in suitcases and in bags resting on their bedroom floors. The additional furniture and storage on floors resulted in some bedrooms appearing cluttered and residents not being able to easily access their clothing.

Traditional memorabilia familiar to residents in the centre was displayed in the two communal sitting rooms. One of the room was reminiscent of an old-style kitchen with a welsh dresser, cooking facilities and a kitchen table in the middle of the room.

The dining room was adjacent to the second sitting room. The room was furnished with a modified table to facilitate residents in assistive chairs to sit at comfortably. This was used by a resident who was able to sit in a good position to eat their meal independently. However, this dining room did not provide a comfortable and homely environment for the residents and there was opportunity to improve the decor in the dining room for residents to make this room comfortable and familiar to them. The room also required painting and refurbishment. This room was open to the adjoining corridor. Staff told the inspector that in the absence of a door, a large floor to ceiling curtain could be drawn to make the dining room cosy. However, the inspector found that this was not adequate because there was a draft entering from the corridor which the curtain could not prevent. As a result residents' comfort was compromised and would be improved with fitting a door and partition wall between the corridor and this room.

The inspector observed that there was an attractively landscaped outdoor area with

a water feature and outdoor seating for residents' use. Residents could access this outdoor area from a number of doors as they wished.

The centre premises was designed in a square design, one corridor was dedicated to primary care services and two general practitioner (GP) surgeries. At the time of the inspection the primary care receptionist was located in an office at the back of the designated centre and members of the public used the rear entrance of the designated centre to access the primary care reception. This arrangement did not ensure that the rear entrance to the designated centre was secure as members of the public could access the designated centre and the residents' accommodation.

In addition the resident's hairdressing room was being used as a staff room for staff working in primary care and was not available to residents. The inspector was told that this arrangement had occurred to facilitate staff during the COVID-19 pandemic. A hairdresser was no longer available to residents and the activity coordinator met their hairdressing needs. The inspector observed that residents were well groomed and residents confirmed that they were satisfied with this arrangement.

Residents told the inspectors that the food was very good and they had a choice of hot meals on the menu each day. The inspector saw that the menu was displayed and there was two hot meal choices available. Residents' mealtimes were observed to be a social occasion for some residents who chatted together while eating. There was adequate staff available in the dining room to assist residents during mealtimes.

Residents knew the person in charge and told the inspectors that they would not hesitate to talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of the service. Residents were confident that they would be listened to and any issues they raised would be addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced risk-based inspection completed by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the compliance plan from the last inspection completed in October 2020. Non compliance was found with seven regulations on the last inspection and the inspector found that actions had been taken to bring the centre into compliance with all of these regulations. Although some actions were progressed to an advanced stage, none of these regulations were found to be fully

compliant on this inspection.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent the provider. As a national provider involved in operating residential services for older people, Breffni Care Centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge and person representing the provider were aware of their regulatory responsibilities. The person in charge commenced in the role in October 2016 and worked full-time in the designated centre. The person in charge had senior clinical support from an older persons manager and local support in her role from a clinical nurse manager who assisted her with auditing, staff supervision and staff training. The clinical nurse manager deputises during leave by the person in charge.

While there was an established governance and management structure in place the inspector found that the, oversight and management of the service was not robust and did not ensure that the service was safe and appropriate, and that adequate resources were provided to ensure residents' needs were met. The systems in place to monitor the quality and safety of the service were not identifying and effectively mitigating risks to residents' safety as outlined in this report. In addition the provider had failed to ensure that fire safety and premises improvement works were completed in a timely manner and that adequate staffing resources were available. These findings are discussed under Regulations 15, Staffing, 28, Fire precautions and 23, Governance and Management.

The provider had changed the purpose of rooms in the designated centre with negative outcomes for residents in terms of a safe and secure building, storage facilities and hairdressing facilities. For example, A room registered for storage of hoists and commodes had being reconfigured as an office. Although reconfiguration of a another smaller room registered as an office was underway, the inspector observed that these items of residents' assistive equipment were inappropriately stored at the end of a circulating corridor and in a communal shower/toilet used by residents

The inspector acknowledged that no residents had contracted COVID-19 infection during a recent outbreak in the centre. However the , the provider had failed to ensure that there were adequate isolation facilities available in the event of a resident presenting with signs and symptoms or a confirmed case of COVID-19 in any of the four three bedded bedrooms.

The provider had made e-learning resources available to facilitate mandatory and professional development staff training during the pandemic. All staff had completed fire safety training and safeguarding training. However, the inspector found that not all staff were knowledgeable about the fire emergency evacuation procedures. In addition some staff who spoke with the inspector did not demonstrate awareness of safeguarding risks to residents. While policies and procedures informing practice were available, this information was not being implemented in practice and this was not being identified and addressed through the current staff supervision processes.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for some residents, and procedures were in place to ensure this process was managed according to the legislation and best practice.

Records that must be maintained and available in the centre were held securely including residents' records which were password protected. However, not all records were complete as discussed under Regulation 21, Records.

There was a low number of complaints received and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Residents were consulted about and facilitated to feedback on the service they received. A review of the quality and safety of the service was available for 2020 and the report for 2021 was being prepared.

Regulation 15: Staffing

The provider had failed to ensure that the number of staff was appropriate to meet the needs of residents and the size and layout of the centre. The rosters reviewed on the days of this inspection and the inspector's observations showed that there were three care staff and two staff nurses on duty from 08:00 to 17:00hrs and two care staff and one staff nurse from 17:00 to 20:00hrs each day. There was one staff nurse and one carer on duty each night in the centre. These staffing resources were not adequate due to the following findings;

- Twelve out of 18 residents had high care and support needs and were assessed as needing two staff to meet these needs including their emergency evacuation needs at night. There was only one carer and one nurse on duty at night. This was a repeat finding from the previous inspection.
- There was not enough staff to supervise residents with high care needs at all times in the two sitting rooms and there was no staff with residents in the sitting room for prolonged periods during the morning time.
- The person with responsibility for facilitating residents' activities was not available until 11.15 each day as they were working as a care assistant prior to this time
Staff with responsibility for facilitating residents' social activities were not rostered at weekends or on bank holidays.
- A hairdresser position was not replaced. The arrangement in place where the person with responsibility for facilitating residents' social activities provided hairdressing for residents was impacting on their availability to ensure residents' social activity needs were met.

Judgment: Not compliant

Regulation 16: Training and staff development

There was insufficient supervision to ensure that staff had read and understood the policies and procedures related to their mandatory training and that learning was implemented in practice. For example,

- Some cleaning procedures were not completed to a high standard,
- The importance of a full compartment evacuation was not recognised and understood by some staff who spoke with the inspector.
- Some staff were not able to articulate the processes that were in place for ensuring residents safeguarding concerns were escalated.

Judgment: Substantially compliant

Regulation 21: Records

Improvements in record keeping in the centre was found on this inspection and records as required by schedules 3, 4 and 5 were maintained with the exception of gaps in the completion and recording of the cleaning schedules by housekeeping staff. This finding is repeated from the last inspection in November 2020.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance and oversight processes did not ensure that care and services were safe and appropriate.. For example;

- Following the completion of significant fire safety improvement works in the centre, the provider had not ensured that staff were able to carry out a timely and effective emergency evacuation of residents. This issue was discussed with management at the feedback meeting and following the inspection, further assurance from the provider was submitted by the provider.
- Audits completed by staff in the centre had not identified a number of non-compliances found on this inspection. For example, premises issues, infection prevention and control processes and care planning processes. In addition environmental and other audits of key areas of the service were not

consistently followed up with clear time-bound action plans and follow-up reviews to ensure that the required improvement actions were completed.

- A number of improvements needed in relation to the premises and infection control detailed in the compliance plan from the previous inspection in October 2020 were found not to be completed on this inspection and are discussed under regulations 17 and 27 in this report.
- The provider had not ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the centre's statement of purpose. This is discussed further under Regulations 15, 9 and 17.

All risks were not identified and appropriately mitigated. For example,

- The risk of allowing the general public to enter the designated centre to access primary had not been identified as a risk and appropriate steps had not been taken to ensure the safety and security of the residents in their home.
- The risk of insufficient isolation facilities for residents who developed symptoms of, or contracted COVID-19 was not identified and appropriate contingency arrangements put in place.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the entrance reception of the centre. The local policy included the designated complaints officer, the independent appeals process and the nominated person to oversee the process in line with regulatory requirements.

The person in charge confirmed there were no open complaints and the records confirmed that there was a very low number of complaints received. Complaints were investigated and managed without delay and in line with the centre's policy. The outcome each complaint was documented, included the complainant's level of satisfaction with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were available. While, review was referenced within the last three years, there was a large amount of supplementary relevant best practice procedures and information that needed to be integrated in the policy document statement. This was necessary to ensure the policy documents described up-to-date procedures and practices as approved by the provider. For example, two risk management policies were available to staff and did not ensure ease of access to up-to-date procedures and did not contain the same information or inform consistency in practices. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Substantially compliant

Quality and safety

Overall, residents were provided with a high standard of nursing and medical care. Several examples of good practices were found on this inspection and there was a person-centred culture promoted in the centre.

While the inspector acknowledged that planned work to ensure the premises was kept in a good state of repair was delayed by the pandemic, the premises was not in a good state of repair at the time of the inspection and prompt action was required to ensure that the residents had a safe and comfortable living environment.

Significant improvements were made to protect residents from risk of fire since the last inspection in October 2020 and the significant fire safety works was at an advanced stage at the time of this inspection. However, the inspector found that evacuation procedures had not been adequately reviewed following the fire safety works. The records of the emergency evacuation drills reviewed on this inspection did not provide assurance that staff could carry out a timely evacuation of the eight residents from the largest compartment with night time staffing levels of one nurse and one carer. The provider was required to carry out a simulated night time fire drill and to ensure that there were enough staff on duty at all times to safely evacuate the residents in the event of a fire emergency. Both of the required actions were completed by the provider following the inspection. This procedure was completed.

There was an up to date infection prevention and control policy that provided

guidance to staff about the standards of practice required to ensure that residents were adequately protected from infection including, COVID-19 infection. Close monitoring of residents and staff for symptoms of infection was completed. Screening procedures in line with public health guidance for visitors were in place to protect residents from risk of infection. While improvements were made since the last inspection, this inspection identified additional opportunities for improvement, which are discussed further under Regulation 27, Infection control.

Visiting restrictions were reviewed at the time of the inspection and the inspector was assured that visiting was now being facilitated safely and in line with public health guidelines. There was good efforts made to support residents to keep in contact with their families with compassionate visiting, by telephone and other social media during any periods of restriction.

Residents had access to religious services and were supported to practice their religious faiths in the centre.

Staff were familiar with the residents' needs and residents received good standards of clinical care and support. Residents' care plan documentation was comprehensive and for the most part, guided staff with providing person-centred care in line with residents' individual preferences and wishes. The provider ensured that residents had timely access to their general practitioner (GP), specialist medical and allied health professional services currently located in the the same premises. Residents were supported to attend out-patient appointments as scheduled.

There was no incidents of residents developing pressure related skin wounds in the centre over the past 12 months. The inspector reviewed the management of a complex wound and found that evidence of comprehensive evidence based practice. There was a very low incidence of residents falling in the centre.

While, residents had opportunities to participate in meaningful activities, this area of their care and support needed review to ensure they had opportunities to participate in social activities and engagement into the evenings and during the weekends. .

Residents' accommodation was provided at ground floor level in four single bedrooms, one twin bedroom and four bedrooms with three beds in each. The twin bedroom and the four bedrooms with three beds had en-suite toilet and wash basin facilities available. There were not sufficient shower facilities to meet the needs of the residents. Adequate storage facilities was not provided in a number of residents' single and twin bedrooms. Provision of appropriate storage for residents' assistive equipment in the centre also required improvement. As found on the last inspection, maintenance services based at the local general hospital serviced the centre and although they were available on call, there was limited evidence of proactive maintenance and refurbishment plans. The findings are discussed under Regulation 9, Residents' rights and Regulation 17, Premises.

While there were measures in place to ensure residents were safeguarded from abuse, risk of unauthorised access by members of the public was not adequately mitigated. A restraint-free environment was promoted in line with local and national policies. A restraint register was maintained and reviewed on a regular basis.

Records showed that restraints were only used following a comprehensive risk assessment and there was evidence of alternatives trialled prior to their use.

Residents' meetings were regularly convened and issues raised for areas needing improvement were addressed. Residents had access to local and national newspapers and radios.

Regulation 11: Visits

Although, visits inside the centre by residents' families had been restricted for a short period in consultation with public health specialists, compassionate and window visiting was continued. These restrictions were lifted by the end of the inspection and visiting inside the centre had resumed. A visitor's room was provided off the centre's reception area to facilitate visitors to meet with their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Although residents in single and twin bedrooms were provided with a chest of drawers in addition to very narrow wardrobes for storage of their clothes, a number of these residents did not have adequate space for storage of their clothing and as a result stored their excess clothes in suitcases and bags on the floor. This resulted in their bedrooms being cluttered and hindered their access to their personal clothing.

Judgment: Substantially compliant

Regulation 17: Premises

Ongoing preventative maintenance required improvement to ensure the premises was maintained to a high standard. For example,

- Some parts of the centre walls were marked and scraped, the paint on door frame surfaces on corridors and in some residents' bedrooms was chipped and missing in a number of areas and some corners of the vinyl-type skirting along the circulating corridors was lifting away from walls. These surfaces could not be effectively cleaned.
- One resident's television in a twin bedroom was awaiting repair since July 2021.
- There was a persistent malodour evident in the visitor's toilet that required

investigation.

- Floor covering in several circulation areas was damaged. A raised floor area in one communal shower were not highlighted to alert need for caution to mitigate risk of fall to residents. The floor surface was uneven in an area of a corridor opposite the nurse's station that was frequently used by residents.

At the time of inspection one shower facility was used as a storage area. This meant that 10 residents had access to one shower and one bath. While communal shower facilities were in close proximity to most residents' bedrooms, six residents in two bedrooms with three beds had to travel to another corridor to access shower facilities.

A room registered for the purpose of storage of equipment including hoists and commodes was in use as an office facility and as a result there was inadequate storage available for equipment used to assist residents. For example,

- three hoists were stored in an area immediately inside an emergency fire exit and,
- six commodes were stored in a communal shower/toilet used by residents.
- An upright hair dryer was stored in a communal bathroom used by residents and unused beds were stored in a bedroom accommodating three residents and in the mortuary room. This was a finding from the previous inspection.

Judgment: Not compliant

Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented since the last inspection in October 2020, further improvements, including improvements identified on the last inspection but not completed, were required to ensure residents were protected from risk of infection and in line with national standards. For example;

- As part of the centre's COVID-19 contingency plan, a single bedroom was available for isolation of residents who developed symptoms of, or contracted COVID-19 in the bedrooms accommodating three residents. However, due to the acuity and dependency needs of residents and the full occupancy levels maintained in the centre, isolation facilities were not available without increasing risk of cross infection to other residents.
- Available sinks designated for hand hygiene did not comply with current recommended specifications.
- As found on the last inspection and again on this inspection, environmental cleaning procedures continued to require improvement. For example, a communal shower was not thoroughly cleaned after use and talc was observed on the floor and a shower soap tray was not clean. The fittings in water outlets in sinks in communal showers/toilets and bedrooms were rusted

and the surrounding surfaces were stained. The inside and seat surfaces of some toilet bowls were dusty and stained. There were gaps in the sign-off records confirming completion of environmental cleaning schedules.

- Disposable hand towels were not available in the visitor's toilet and hand wash soap was not available in the laundry.
- A foot pedal operated waste bin was not available in the laundry for disposal of paper towels used to dry hands.
- Cleaning frequency of frequently touched surfaces was not completed at least twice daily as recommended
- The surfaces on one cleaning trolley in use was observed to be unclean. This posed a risk of infection transmission as the cleaning trolley was transported to all areas of the centre each day.
- Although the laundry services continued to be outsourced to an external company, the catering and housekeeping laundry was still managed on site. As found on the last inspection and again on this inspection, appropriate signage in the laundry room to clearly support the processes in place were not available.

Judgment: Not compliant

Regulation 28: Fire precautions

Assurances regarding residents' safe evacuation in the event of a fire or other emergency in the centre at night were not available.

Fire safety training was provided by the provider in an elearning course format. Although all staff had completed this training, it was generic in content and not specific to Breffni Care centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The information in residents' care plans to direct staff on the care interventions that must be completed to meet each resident's care and support needs was generally person-centred. However, improvement was needed to ensure this information was fully reflective of each resident's usual routines and individual care preferences and wishes.

While residents or their families on their behalf were consulted with regarding changes to and review of care plans, there was limited documentation supporting these consultations.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to a general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. An on-call medical service was accessible to residents out-of-hours as needed. Recommendations made by allied health professionals were detailed in residents' care plans and were implemented in residents' care and support interventions by staff with positive outcomes for residents' ongoing health. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Staff were monitoring residents for symptoms of COVID-19 on an ongoing basis including twice daily temperature checks.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a very low number of residents who experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A person-centred behaviour support care plan was in place that directed staff with taking a positive and supportive approach to managing these behaviours. Records of episodes of responsive behaviours were maintained and analysed to assist with identifying triggers to the behaviours and effective de-escalation strategies. These records were also available to inform treatment plans. Staff spoken with had a good knowledge of residents' individual needs and were trained in the management of responsive behaviours.

The inspector found that there was a commitment to a minimal restraint environment in the centre and the national restraint policy guidelines were implemented.

Judgment: Compliant

Regulation 8: Protection

While there were measures in place to ensure residents were protected from risk of

abuse, the provider had failed to put appropriate measures in place to ensure that residents' safety was not compromised by the primary care service users having access to the designated centre via the rear entrance. This posed a risk of unauthorised persons accessing residents' accommodation and did not ensure they were adequately safeguarded.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents rights were generally respected, however improvements were necessary to ensure they had access to opportunities for social engagement when the person responsible for residents social activities was not available.

The inspector observed that there was a high reliance on television viewing for residents from 15:00hrs on both days of the inspection and while some residents enjoyed watching television, others either spent the afternoons sleeping or sitting quietly in their chairs. Although residents confirmed they had access to social activities and particularly enjoyed bingo and outings to local amenities, the records of the activities residents participated in and their levels of engagement were limited and did not provide assurances that residents participated in the social activities available. No records were available referencing residents participation in any social activities after 15:00hrs or during weekends.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Breffni Care Centre OSV-0000489

Inspection ID: MON-0034002

Date of inspection: 18/01/2022

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: From 16.01.2022 and additional HCA is rostered to work on night duty (20 00hrs to 08 00 hrs) x 7 nights per week to ensure residents needs are being met including safe evacuation of residents in the event of fire or at time of emergencies.</p> <p>Rosters have been reviewed and supervision is being provided in the sitting areas from 9.00am. This is being provided by the Diversional Activities Coordinator and this allows the facilitation of social activities up until 16.30pm each day Monday to Friday. Rosters clearly reflect the supervision and are available for review.</p> <p>In the absence of the Diversional Activity Coordinator, activities are provided by a member of the healthcare team allocated at weekends or on bank holidays. Health Care Assistant's roster has been reviewed and the new roster was implemented on the 31/01/2022 with an additional 8-5 shift to provide more supervision and safer delivery of care.</p> <p>The following arrangements are in place in the Centre to ensure hair care / hairdressing service is provided to our residents. Residents have the option of inviting a professional hairdresser of their choice to attend the Centre or they may choose to book an appointment in the Local Hairdressing Salon. This will be facilitated by the Care Team in Breffni Care Centre. The Activities Coordinator is a qualified hairdresser and provides a service to the residents also if required</p>	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Environmental Decontamination booklet has been provided and explained to the housekeeping staff to give them a clear and accessible guide on cleaning and disinfection procedures for the Centre. Further specific training will be carried out by Infection Prevention Control Nurse Specialists for the housekeeping staff 2nd March 2022.

Weekly Fire Evacuation Drills are carried out in the Centre utilizing night time staffing levels.

Objective and Fire Scenario are identified prior to commencement of Drills. The management Team facilitate the evacuation with the Staff Nurse on duty leading the team through the evacuation. The team identify what went well during the Evacuation Drill and identify areas for improvement. An Action Plan is drawn up and agreed. A written record of the Fire Evacuation Drill is maintained in the Centre and a copy is also forwarded to the Director of Nursing.

The weekly Fire Evacuation Drills have helped to support staff and increase their confidence in evacuating residents safely in a timely manner and has increased their knowledge and skills in relation to fire evacuation procedures.

Safeguarding Vulnerable Adults at Risk of Abuse -- Interactive Tool Box Talks are carried out weekly in the Centre. This Tool Box Talk is facilitated by the Clinical Nurse Manager 2 or the PIC with active participation by all staff members to raise staff awareness of Safeguarding Procedures and action to be taken in the event of a Safeguarding concern in the Centre. Staff level of understanding of this policy and procedure is evaluated through a question and answer session which is held after morning report or alternatively at the Centre's Safety Pause which is held each afternoon

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
A New Cleaning Template has been introduced in the Centre for the recording and completion of cleaning schedules by housekeeping staff. This is monitored daily by CNM2 or PIC. In their absence, the Nurse in Charge is responsibility for monitoring the cleaning schedules.-

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>Fire drill carried out on 28/01/2022 showed a timely and effective emergency evacuation of residents from the Centre's largest compartment. This was submitted via email to the Inspectorate on the request of the inspector.</p> <p>Breffni Care Centre has been using the MEG audit tool to audit and monitor Environmental Hygiene in the Centre since October 2020. This is an electronic audit which is carried out by the Centre's Infection Prevention Control Link Nurses each month. Reports are generated automatically and the PIC receives email confirmation of the Audit and a copy of the audit result with corresponding Quality Improvement Plans.</p> <p>The Person in Charge ensures that Action Plans are achieved in a timely manner and are signed off with completion date. Outcomes are presented and displayed for all staff through visual aids, graphs etc.</p> <p>Areas requiring improvements which cannot be addressed within the Centre are escalated to the Director of Nursing and the Service Manager.</p> <p>Audits of resident's Care plans are undertaken by CNM2 each month through the Test Your Care-Quality Care Metrics. Areas requiring improvements are brought to the attention of the staff nurse responsible for the residents Care Plan and are addressed in a timely manner.</p> <p>The functions of rooms within the Centre were temporarily interchanged due to upgrade works in the building after our October 2020 inspection. The functions of these rooms have been restored and changed accordingly in consultation with the Infection Prevention Control Nurse Specialists.</p> <p>A Key-pad System has been fitted on the Fire door on the corridor between the Oratory and the Kitchen on the back corridor of the Centre to ensure the safety and security of our residents and to prevent any unauthorized access by members of the Public. The code for the Key-pad System is only known to residents and staff working in Breffni Care Centre</p>	
<p>Regulation 4: Written policies and procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All Schedule 5 policies and procedures have been reviewed and updated with the help and support of our Practice Development Team</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Wardrobes have been purchased and delivered 25/2/22 for the single bed-rooms to provide extra storage space for residents for their clothing and other personal possessions. Residents were involved in choosing the design and style of the furniture. –</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Painting of all marked and scraped door frames has been completed 28/02/2022.</p> <p>A new TV has been purchased and fitted in the twin-occupancy bed-room.</p> <p>Maintenance Department investigated the odour in the visitor’s toilet. This has now subsided and an Enhanced cleaning schedule is now in place for this area.</p> <p>Raised floor area in the shower room which was purposely installed to allow for water to drain has been risk assessed. All residents using this shower room are assisted in using this shower.</p> <p>Uneven floor surface in the corridor opposite the Nurse’s station has been assessed and covering will be replaced this March 2022.</p> <p>Mobile hoists are now stored in the designated equipment room.</p> <p>The area beside the emergency exit has been cleared to use as refuge in the event of fire evacuation.</p> <p>Hair dryer is now stored in a designated storage area.</p> <p>Beds that are not in use have been removed from the 3 bedded room and from the Mortuary.</p> <p>Covid-19 Contingency Plan in relation to isolation room has been reviewed in consultation</p>	

with IPC nurse specialists.

Fittings of splash backs in all toilets will be replaced including upgrades of sinks and toilet bowls and floor coverings if required.

Cleaning schedules are monitored daily by PIC and CNM2. In their absence the Staff Nurse in Charge is responsible for the monitoring. There is supporting documentation available for review.

Hand towels dispenser has been provided in the visitor's room.

Hand wash soap dispenser and foot pedal operated waste bin have been provided in the launderette.

Cleaning of frequently touched surfaces now carried out at least twice daily. Template was updated for accurate recording and monitoring of same.

Further training for housekeeping staff has been arranged with IPC Nurse Specialists this March 2022.

Environmental Decontamination booklet has been provided and explained to the housekeeping staff to give them a clear and accessible guide on cleaning and disinfection procedures.

Cleaning of trolley schedule has been developed and monitored by PIC and CNM2 daily. In their absence the Nurse in charge will take the responsibility in the monitoring.

The two washing machines in the Laundry room are clearly labeled to identify which machine is for catering use and which one is for cleaning staff.

Consultation is ongoing in relation to a possible partition/door in the large open dining area to the rear the facility. This is taking place with colleagues from estates the fire officer and residents to ensure that the required work will be in adherence with Fire Regulations.

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Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Covid-19 Contingency Plan in relation to isolation room has been reviewed and agreed in consultation with IPC nurse specialists.

Fittings or splash backs on all toilets will be replaced including upgrades of sinks and toilet bowls.

Cleaning schedules are monitored daily by PIC and CNM2 In their absence, the Nurse in charge is responsible for the monitoring.

Hand towel dispenser has been provided in the visitor's room.

Hand wash soap dispenser and a foot pedal operated waste bin have been provided in the launderette.

Cleaning of frequently touched surfaces now carried out at least twice daily. Template has been updated for accurate recording and monitoring of same. Further training for housekeeping staff has been arranged this March 2022.

Environmental Decontamination booklet has been provided to the housekeeping staff to give them a clear and accessible guide on cleaning and disinfection procedures.

Cleaning of trolley schedule has been developed and monitored by PIC and CNM2 daily. In their absence, the Nurse in charge is responsible for checking same.

The two washing machines in the Laundry are clearly labeled to identify which machine is for catering use and which one is for cleaning staff use.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire evacuation drill of the largest compartment in the Centre is carried out weekly utilising night time staffing levels .scenario evaluation and learning is discussed immediately every after drill.

Weekly Fire Evacuation Drills are carried out in the Centre. Objectives and scenario are identified prior to drill. The Management Team facilitate the drill. The nurse in charge manages the fire evacuation scenario. The weekly drills have helped to support staff and increase in confidence in safe and timely evacuation of residents in the event of a Fire or any other emergency situation.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All nurses have been participating in the collaborative review of the care plans, facilitated and supported by our Practice Development Team, to give them a better understanding and support their commitment to providing person-centred care to our residents.</p> <p>A one to one session was conducted by Practice Development Coordinator. Sessions commenced on 08/02/2022 and is on-going.</p> <p>The involvement and consultation with residents and / or their nominated person when reviewing assessments and care plans has been reviewed and is now clearly documented in EpicCare's Residents and Family Communication. This now forms part of the care plan audit carried out by CNM2.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A key-pad system has been fitted on the Fire Door at the corridor between Oratory and kitchen on the back corridor to ensure the safety and security of our residents and to ensure no unauthorized access to the Centre by members of the public. The code for this key-pad system is only known to residents and staff working in the Centre</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Diversional Activity Coordinator has been supported in her role in fostering and delivering meaningful activities to residents. An eight week online course Certificate in Activities Coordination has been sourced and the diversional therapist has agreed to undertake this training. She is also currently participating in the FITS (Focused Intervention Training and Supervision) into Practice Programme.</p> <p>Supervision has been provided in the sitting room from 09 00hrs by the Diversional Activity Coordinator.</p> <p>Social activities are facilitated until 16 30hrs Monday to Friday. In the absence of the Diversional Activity Coordinator, activities are provided by care staff allocated at weekends or on bank holidays.</p>	

Health Care assistant roster has been reviewed and the new roster was implemented on the 31/01/2022 with an additional 8-5 shift to provide more supervision and safer care. Touch care audit has been carried out daily to ensure resident's participation in social activities is recorded in EpicCare.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	25/02/2022
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	31/01/2022

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	02/03/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	28/02/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2022
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	31/03/2022

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	Orange	31/03/2022
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	28/02/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the	Not Compliant	Orange	28/02/2022

	designated centre and safe placement of residents.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/01/2022
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	15/01/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/02/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	28/02/2022
Regulation 9(2)(b)	The registered	Substantially	Yellow	28/02/2022

	provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Compliant		
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