



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

Issued by the Chief Inspector

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| Name of designated centre: | Patterson's Nursing Home |
| Name of provider: | Ormond Healthcare Ltd |
| Address of centre: | Lismackin, Roscrea, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 01 June 2022 |
| Centre ID: | OSV-0005573 |
| Fieldwork ID: | MON-0035419 |

About the designated centre

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

Patterson's Nursing Home is situated in a rural setting approximately four miles from Roscrea town. The centre is a one-storey building that was established in 1991 and can accommodate 24 residents. There are grounds to the front with parking and a small enclosed garden area to the rear of the building, which provides a secure outdoor space with tables and chairs for residents use. The main entrance leads to a hallway with a visitors' room for residents and visitors to meet privately. Communal accommodation includes a large living room and a separate dining/multipurpose room and some seating areas on the corridors. The centre also provides a nurses' office, kitchen, sluice room and a staff changing room. Residents' accommodation comprises four single bedrooms with en-suite toilet facilities; nine twin-bedded rooms, four of which have en-suite toilets, and one three-bedded bedroom with a wash hand sink. There are three communal shower rooms two of which have toilets and wash-hand basins, one assisted bathroom with bath, on toilet, and an additional assisted toilet; there is a visitors toilet available near the nurses' office. The centre offers 24 hour nursing care and caters for male and female residents generally over the age of 65 years, including residents with dementia. Care was provided to residents under the age of 65, as required. The following categories of care are provided in the centre, which includes both long and short stays and caters for all dependency levels: General Care, Physical Disability, Dementia Care, Respite Care and Convalescence Care.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 22 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|------------|------|
| Wednesday 1 June 2022 | 09:00hrs to 17:00hrs | Mary Veale | Lead |

What residents told us and what inspectors observed

This was a pleasant centre where residents enjoyed a good quality of life and were supported to be independent. Residents' rights and dignity were maintained and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. The overall feedback from residents' was of satisfaction with the care and service provided. Residents' were very positive about their experience of living in Patterson's Nursing Home. The inspector greeted all the residents on the day of inspection and spoke at length with seven residents. The inspector spent time observing residents' daily lives and care practices in order to gain insight into the experience of those living there.

On arrival the inspector was met by a member of the nursing team. Following a brief introductory meeting with the nurse in charge, the inspector was accompanied on a tour of the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms. The residents' bedroom accommodation was single, twin and one multi-occupancy triple room. Some bedrooms had en suite toilet and wash hand basin facilities. Bedrooms were personalised and decorated in accordance with the resident's wishes. Lockable locker storage space was available for all residents and personal storage space comprised of single or double wardrobes. Pressure relieving specialist mattresses, low to floor beds and other supportive equipment was seen in residents' bedrooms. A number of bedrooms were noted to have small corridor type entrances to the bedrooms and some corridors were narrow.

The centre was homely and clean and the atmosphere was calm and relaxed. The centre had a visitors room decorated with art work, comfortable seating and a coffee table. A hand wash sink was available in this room. The lounge area was open plan, bright and there were comfortable chairs for residents to relax in. On the morning of inspection the dining room was used to facilitate staff training. The centre had a large outdoor area at the back of the centre. This area was covered with a perspex canopy, had artificial grass on the floor, garden tables and chairs, an outdoor heater, and attractive potted plants on the external wall. This area was seen to be used throughout the day by residents and staff.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person-centred interventions throughout the day. The inspector observed that staff knocked on residents bedroom doors before entering. Residents very complimentary of the staff and services they received. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care.

Residents' spoken to said they were happy with the activities programme in the centre. The weekly activities programme was displayed in the lounge area. Group activities were observed taking place in the lounge area throughout the day.

Residents were observed playing the card game 25 and a baking session in the morning and a musical session in the afternoon. The inspector observed staff and residents having good humoured banter during the activities. The inspector observed the staff chatting with residents about their personal interests and family members. Residents had access to newspapers, radios, televisions and games such as draughts, rings and connect four.

Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. Some residents' told the inspector that they had a choice of having their breakfast in bed and that a choice of a full hot breakfast was available to them. The inspector observed the dining experience for residents in the dining room and lounge area. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The centre had contracted its laundry service for residents clothing to a private provider. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspector observed that visiting was facilitated. The inspector spoke with two family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complimentary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff for keeping their family member safe during the pandemic.

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

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in May 2021. Improvements were found in relation to Regulation 5: individual assessment and care planning, Regulation 7: managing behaviours that is challenging, Regulation 9: residents rights, Regulation 12: personal possessions, and Regulation 23: governance and management. On this inspection, actions were required by the registered provider to address areas of Regulation 16: training and staff development, Regulation 17: premises, Regulation 21: records, and Regulation 27: infection prevention and

control.

The registered provider is Ormond Healthcare Limited. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by an assistant director of nursing, a clinical nurse manager, a team of registered nurses and health care assistants, activities staff, catering, housekeeping, administration and maintenance staff. Out of hours on call for emergencies was provided on a rotational basis by the person in charge, assistant director of nursing and clinical nurse manager.

Staff were supported in their work and had good access to training and development. Staff training records identified mandatory training requirements for each member of staff. On the day of inspection safe guarding training was provided in the centre for staff. However, training records identified gaps in refresher training for safe guarding and annual fire safety training.

The directory of residents provided to the inspector on the day contained all the information as set out in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector noted that details of admission to the centre and discharges were consistently recorded.

Records and documentation, both manual and electronic were well presented, organised, and supported effective care and management systems in the centre. A review of a sample of personnel records indicated that not all the requirements of schedule 2 of the regulations were met, two staff files reviewed did not have Gardaí Síochána (police) vetting disclosures in place. Current registration with regulatory professional bodies was in place for all nurses.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate, and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; restrictive practice, infection prevention and control, falls prevention and medication management. Audits were objective and identified improvements. For example; medication management audits completed identified actions were required to improve medication prescription, and administration documentation. The centre had made improvements to their medication management structures through the introduction of a new medication kardex and a control system for monitoring the use of psychotropic medication use. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly management meeting set agenda items included corrective measures from audits, accidents and incidents, complaints, and feedback from residents. A daily mid-day safety pause report led by a health care assistant was in place. This report discussed care provided and the nurse updated staff on items such as GP visits. The annual review for 2021 was reviewed. The review was undertaken against the National Standards. It set out an action plan with time-lines and responsibilities to ensure actions would be completed.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

There was a complaints procedure displayed in the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of a complaint was viewed. There was evident that the complaint was effectively managed and the outcome of the complaint and complainants satisfaction was recorded.

Policies and procedures as required in Schedule 5 were updated, and were in date, and were reviewed in accordance with the regulations. Policies had been signed by staff to show that they had read and understood them.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff had access to appropriate training to support them to perform their respective roles. For example, eight staff required annual fire safety training and three staff were outstanding safeguarding training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This directory contained all of the information specified in paragraph (3) of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Improvements were required with staff records. In a sample of four staff files viewed, two of the files did not have Gardaí Síochána (police) vetting disclosures in line with schedule 2 requirements.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, medication management and quality of care and these audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which outlined details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The rights of the residents' was at the forefront of care in this centre. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Improvements were required in relation to the premises, and infection prevention and control.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example, temperature checks and visitors signature log. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting.

Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident/representative and a staff member. There was adequate storage in bedrooms for residents' personal clothing and belongings. Laundry was provided for residents in the centre by a private provider.

Improvements had been made to the premises since the previous inspection. Room 4 have been reduced to single occupancy, rooms 7 and 12 had been reconfigured to comply with the Regulation SI 293. The overall design and layout of the centre met the needs of the residents on the day of inspection. A number of bedrooms were noted to have small corridor type entrance to the bedroom and some corridors were narrow. As a result of the design of the building it may not be suitable for residents with maximum dependency needs, such as residents requiring large speciality chairs and full hoist transfers. Some areas of the premises required redecorating and upgrading, in particular bedrooms 3A, 4, 5 and 5A. Due to the layout of the centre it was difficult for natural light to enter these rooms.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents particularly breakfast times. The dining experience was relaxed and there were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The

centre's risk register contained information about active risks and control measures to mitigate these risks. There were up to date COVID -19 risk assessments in place including the centres contingency plans for a COVID- 19 outbreak. The risk register contained site specific risks such as staffing and infection prevention and control risks. The risk register also contained individual residents' risks such as restrictive devices and smoking risk assessments.

The centre had recently recovered from a COVID -19 outbreak. The centre had following the advice of Public Health specialists, and had put in place many infection control measures to help keep residents and staff safe. The centre was clean and tidy. Alcohol gel was available, and observed in convenient locations throughout the building. Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records had been reviewed since the last inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. There were carpets on corridors and in some bedrooms. There was a weekly carpet cleaning schedule in place.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. Fire training was completed annually by staff. There was evidence that fire drills took place monthly. There was evidence of simulated night time drills taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated , equipment used, how long the evacuation took and learning identified to inform future drills. There was a robust system of weekly checking , of means of escape, fire safety equipment, and fire doors. Weekly activation of the fire alarm system included staff response to the alarm. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents for day and night evacuations. Staff spoken to were familiar with the centres evacuation procedure. The centre had an employee trained as a fire marshal who had an established connection, and working relationship with the local fire service .

There was a good standard of care planning in the centre. The provider had transferred paper based nursing documentation and care plans to an electronic format since the previous inspection. In a sample of electronic care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric of later life team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, speech and language therapist, dietician and chiropodist. A physiotherapist and occupational therapist routinely attended the centre to provide individual

assessment. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. For resident's with identified responsive behaviours, nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent- behaviour- consequence (ABC) tool. There was a clear care plan for the management of resident's responsive behaviour. It was evident that the care plans were being implemented. There were seven residents who used bed rails as a restrictive device. The use of bed rails had significantly reduced since the previous inspection. Risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. The front door to the centre was locked. The intention was to provide a secure environment, and not to restrict residents movement . Residents' were seen assisted by staff to leave the centre through out the day and visitors were seen accessing the centre using a door bell.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. In addition the centre were using the national safeguarding policy to guide staff on the management of allegations of abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights and choices were respected and residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Privacy curtains were in all shared rooms and privacy locks were fitted to bathrooms to promote and support resident who wished to undertake activities in private. There was a varied and fun activities programmes. Residents were very complimentary about the centres activity programme. The activity staff member was involved in assessing resident's social needs and care planning which resulted in a more person-centred and specific care plan to meet individuals' needs.

Regulation 11: Visits

Visits had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked to ensure they were safely returned from the laundry.

Judgment: Compliant

Regulation 17: Premises

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

- Areas of the premises required decorating in particular rooms 3A, 4, 5 and 5A.
- Emergency call bell was not available in the centres outdoor smoking area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

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

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and

management of risks.

Judgment: Compliant

Regulation 27: Infection control

Some improvements were required to ensure the environment was as safe as possible for residents and staff, for example;

- Four commodes had rusty wheels/legs which could not be cleaned and therefore increased the risk of cross contamination to residents using them.
- Shower chairs required review has some had rusty legs.
- There was rust on the grab rail in shower room opposite office.
- Areas of the centre were difficult to clean due to wear and tear and posed a risk of cross contamination as staff could not effectively clean some surfaces.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported residents with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Patterson's Nursing Home OSV-0005573

Inspection ID: MON-0035419

Date of inspection: 01/06/2022

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>On the morning of the inspection onsite training was taking place for staff members to update their "Safeguard Training". All training for all staff is currently up to date. Patterson's Nursing Home has a robust training matrix in place and ensures that all staff receive appropriate training in line with current guidelines and best practice.</p> | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>On the day of inspection all staff had Garda vetting completed but they were not in line with schedule 2 requirements.</p> <p>Two long serving members of staff (15+ years) had the old Garda Vetting form on file which did not contain the current Gardaí Síochána (police) vetting disclosures. These two staff members now hold the correct vetting disclosures in their staff files.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Rooms 3A, 4, 5 and 5A as highlighted in our inspectors report have been repainted and</p> | |

decorated since the day of our inspection.

An emergency call bell is now in place in our outdoor smoking area.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The four commodes which had rusty wheels/legs have been removed and replaced.

A new shower chair has been purchased.

A new grab rail has been installed in the shower room opposite the nurses station.

An internal environmental audit was carried out of the nursing home and from this an action plan has been compiled of areas where wear and tear is evident. These areas will be prioritised in our works and maintenance schedule over the coming months. In the interim, these areas will be included in our live risk register.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|--------------------|---------------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 01/07/2022 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 01/07/2022 |
| Regulation 17(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Substantially Compliant | Yellow | 01/07/2022 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular | Substantially Compliant | Yellow | 01/07/2022 |

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|------------------|---|-------------------------|--------|------------|
| | designated centre, provide premises which conform to the matters set out in Schedule 6. | | | |
| 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 | 10/06/2022 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 31/10/2022 |