



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

Issued by the Chief Inspector

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare Road, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	01 February 2021
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0031206

About the designated centre

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

Lourdesville Nursing home is located in the vicinity of Kildare town and close to many areas of interest including the Curragh, Curragh race course, Japanese Gardens, the National Stud and accessible shopping. The centre was originally operated as a private maternity unit and has been developed and extended over the years.

The centre now operates from the ground floor only. Bedroom accommodation consists of single, twin and three bedded rooms. Communal accommodation includes a large dining/day room, conservatory, quiet room, small dining room and smoking room. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front, with ample parking to the front of the centre. The centre can accommodate maximum 42 residents, male and female, over the age of 18 of varying dependencies, for long and short term stays. Twenty four hour nursing care is provided to cater for various needs including, dementia and people with chronic mental health needs, rehabilitation, palliative care, respite, convalescence and post operative care. The registered provider is a sole trader and employs approximately 31 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

38

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
Monday 1 February 2021	10:30hrs to 16:30hrs	Manuela Cristea	Lead
Monday 1 February 2021	10:30hrs to 16:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

The inspectors spoke with more than 12 residents as part of this unannounced inspection. Every single resident confirmed that they were happy living in the centre and were looked after very well by a dedicated team of staff who were kind and caring. Residents said that they felt safe in the centre and that they were satisfied with the level of care and support they received. While residents' feedback was overwhelmingly positive, the inspectors observed that enhanced leadership and supervision was needed to ensure staff followed correct infection prevention and control procedures at all times. In addition, further improvements were required to ensure the premises and lived environment supported appropriate infection prevention and control practices.

The inspectors also spent time observing the residents and staff interacting throughout the day. Residents appeared very well-cared for and staff were respectful and kind at every opportunity. Staff were seen knocking on residents' doors and respecting their privacy and dignity.

The atmosphere in the centre was warm, comfortable and relaxed. Residents were satisfied with their bedroom accommodation confirming that they had sufficient space for their personal items. The environment was welcoming and recent refurbishments of the premises had a positive impact on resident's lived experience. However a proactive maintenance programme was still required as some areas were not well-maintained and were in need of further upgrading as detailed in the report below.

Residents had access to a range of communal areas where residents were observed spending time together and engaging in various activities. In one room, the inspectors observed five residents watching a quiz show on the television, while two other residents were doing word searches and cross words. They told the inspectors that this was their favourite way to spend their time and said that they enjoyed the mental stimulation. They went on to say that their days were busy and that they did not have time to get bored. In another sitting area two gentlemen were watching the news and said they were looking forward to watching a soccer match later on. They said that living in the centre was 'good' and they were happy that they could see their families at the windows during the current visiting restrictions.

Residents lives and liberties had been significantly impacted by the COVID-19 but they were accepting of the sacrifices they needed to continue to make to ensure 'it was all over with COVID for once and for all'. Residents were grateful that they did not get the virus in the centre and that they did not become unwell. They said they were kept informed of the pandemic and that staff were doing their best to keep them safe. Some of the staff who spoke with the inspectors also shared their anxieties and experience of living with COVID-19 in the community. Staff said that they were very conscious of the need to limit their contacts and they were only going out to shop in the local grocery shop, from fear of becoming infected and

bringing it into the nursing home. However while the centre had been successful in remaining COVID-19 free the inspectors found that some improvements were required to ensure that the current guidance was followed (*Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*). For example, the inspectors observed that not all staff were wearing the facemasks correctly at all times. In addition some staff were wearing watches, stone rings and long-sleeved cardigans which was not in line with best practice in infection prevention and control.

In another communal space there was a group of more than 10 ladies watching a cookery show and casually chatting with the activity coordinator. The atmosphere was lively and there were plenty of giggles and reminiscing about various types of food they would have cooked or enjoyed. The ladies appeared well-groomed with the hair nicely set, their nails varnished and several ladies were wearing beads and pearls. The inspectors spoke with three of these ladies who said that staff were 'wonderful', 'smashing' and that they always took time in putting rollers in their hair and ensuring they looked beautiful. The food was lovely and of high quality. One lady said that she had admitted herself in the nursing home at the beginning of the pandemic and that she was feeling very safe in the centre. She said that her room was cleaned every day and that she did not feel like being in a nursing home as there were plenty of things to do. Another resident referring to staff said that 'they are all very caring, with a smile on their face and listen to any worries' they might have.

The inspectors observed a resident in bed at 3 o'clock in the afternoon. She was alert and comfortable. She told the inspectors that she gets up every day, and that if she gets tired the staff will assist her back to bed. She confirmed that she was always encouraged to take part in activities, that her choices were always respected and that the staff were quick to respond to her needs.

In another conservatory, another five residents were enjoying reading books while having a cup of tea and biscuits. One resident said to the inspectors that it was her favourite spot in the centre, and she could spend the day watching the beautiful views from the window and the manicured lawns. She went on to say that her family could come and see her and they would speak on the telephone with each other behind the glass. This was the hardest thing about living in the designated centre she said, that they could not touch their loved ones. Another resident said that she really missed going out, as she used to go out twice a week before the lockdown and she missed shopping and meeting friends in a café. Residents who communicated with the inspectors said that they understood the reason for the restrictions, and that they were eagerly awaiting their second vaccine against COVID-19 in a hope to bring back some normality to their lives.

Residents were consulted with in the running of the centre and minutes from residents meetings showed that their feedback and suggestions was acted on. The programme of activities was varied and included bingo sessions, hand massages, crafts, religious service, imagination gym, music and games. A monthly calendar was in place and displayed throughout the centre with planned activities and events to

look forward to. For example in the month of January residents enjoyed themed days to celebrate Elvis Presley's birthday, Little Christmas, the inauguration of the American president, the International Hug Day and International flower day. For Christmas residents had sent to their loved ones personalised cards with photographs of themselves. Residents had made St Brigid's crosses for themselves as part of the celebrations and at the time of inspection they were preparing for Valentine's day. Each residents' participation or refusal in activities was appropriately recorded and the activity coordinator had recently introduced a new system which allowed to track resident's meaningful engagement in the activities that were offered. This allowed the staff to identify if a resident was not engaging with any activities and gave them the opportunity to review what activities might suit that individual.

Residents continued to be a part of the local community and were actively engaged in a Pen Pal programme, exchanging letters with children from four local schools.

As a result of national restrictions on visiting the inspectors did not meet with any visitors during the course of this inspection. The number of complaints in the centre was very low and residents said that they would not hesitate to complain if they needed to.

Capacity and capability

This was an unannounced risk inspection to monitor the centre's compliance with an additional condition placed on their registration in respect of compliance improvements required in relation to; the governance and management of the centre, the premises, fire safety processes and infection prevention and control processes. In December 2020 the provider had submitted written comprehensive assurances to the inspectorate that all the action plans required to comply with their condition of registration had been completed. The inspectors also followed up on two pieces of unsolicited information received by the Chief Inspector since the last inspection and found that the issues had been mostly addressed by the provider.

This inspection found that the provider had made significant and consistent effort to bring the centre into compliance and had addressed most of the findings from the last inspection. As a result the inspectors found that fire safety arrangements in the centre were compliant. However, further improvements were still required in respect of the premises, infection prevention and control practices, staff training and supervision and governance and management arrangements in order to bring the centre into full compliance.

The centre had not had an outbreak of COVID-19 to date. Residents and staff had recently received their first COVID-19 vaccination with the second scheduled for the coming weeks. Serial staff testing for COVID-19 was ongoing and four staff members had been trained in swabbing. All staff had their temperature measured twice daily in line with the current Health Protection and Surveillance Centre (HPSC)

guidance.

Discussions with staff and a review of documentation showed that COVID-19 outbreak management plans had been developed to assist in the management of outbreaks of infection at the centre. The centre had a suite of infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. Staff who communicated with the inspectors said that they were well-supported by the management and that there were ongoing training and regular refresher and huddles sessions going on with a particular focus on infection prevention and control. All registered nurses had completed medication management courses and had their registration with Nursing and Midwifery Board of Ireland (NMBI) up to date.

Although it was evident that the oversight and supervision of housekeeping and infection prevention and control practices had improved since the last inspection, this inspection identified the need for further improvements and enhanced leadership to ensure full adherence to Health Protection and Surveillance Centre (HPSC) guidance.

The inspectors found that the registered provider was actively involved in the running of the service and was visiting the centre on a daily basis. There was evidence of regular management and governance meetings and records showed that infection prevention and control and risk management were recurrent items on the meeting agendas. Clinical effectiveness was measured and reviewed using a monthly audit calendar and reports of key performance indicators were monitored and communicated to the provider and the wider team. However, some improvements were required to ensure the audits effectively and consistently identified areas for improvement and proactively inform the quality assurance and quality improvement processes in the centre.

The person in charge was supported in her operational role by an assistant director of nursing and two clinical nurse managers. There were effective arrangements in place to ensure senior management cover was available at all times, including the weekend.

The number and skill-mix of staff was appropriate to meet the holistic needs of the residents living in the centre. There was a stable and dedicated team of staff working in the centre which ensured that residents benefited from good continuity of care. Each member of staff were aware of their roles and responsibilities regarding the provision of person-centred care and timely assistance to the residents. Regular staff performance reviews were carried out.

There were no staffing vacancies at the time of inspection. The provider limited the use of agency staff as part of the centre's contingency plan in the event of staff shortages caused by a potential COVID-19 outbreak.

Complaints were found to be appropriately managed. Residents were empowered to express any concerns they had and it was evident that their views were taken into account when planning and delivering the service. There had been only one written complaint received in 2020, and the record included information about the nature of

the complaint, investigation and the action plan in place to address the complaint.

Regulation 15: Staffing

There were sufficient staff and appropriate skill-mix to care for the needs of residents.

There was a minimum of one registered nurse on duty at all times, in line with regulatory requirements.

Judgment: Compliant

Regulation 16: Training and staff development

There were some improvements implemented since the last inspection and a training matrix was in place showing all the mandatory and relevant courses completed by staff. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and regular 'huddles' for refresher updates.

As a follow up from the last inspection the activity coordinator, together with five other staff had attended specialist courses in the provision of meaningful activities for the residents.

Improved supervision and assurance systems were required to ensure that the cleaning was done correctly, in accordance with the required standard and that staff with responsibility for cleaning had the right level of training and knowledge to use the appropriate equipment, product and processes.

In addition, stricter and improved oversight of staff adherence to uniform policy, 'bare below elbow' initiative and correct wearing of Personal Protective Equipment (PPE) was required.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with explicit lines of authority and accountability.

There was a comprehensive contingency plan in place for COVID-19 and the

provider had established links with support organisations, including the local Public Health team. Managers and staff had access to the current Health Protection and Surveillance Centre (HPSC) guidelines.

Management oversight systems did not ensure the service provided was appropriate, safe consistent and effectively monitored. An auditing programme was in place, however the inspectors found that it was not sufficiently robust as it had not identified some of the findings of this inspection. The provider had completed a self-assessment questionnaire in infection prevention and control and judged themselves as compliant. However, this high level of compliance was not reflected on the day of inspection. This is discussed further under Regulation 27.

In addition the provider did not have robust systems in place to ensure that the physical environment and facilities were managed effectively to minimise the risk to residents, staff and visitors acquiring a Healthcare Associated Infection.

An annual review for 2020 was in a draft format at the time of inspection. An annual review for 2019 had been completed. The review included feedback from the residents.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place, which was displayed in the centre.

The number of complaints was very low, and a suggestion box was available in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. However, further improvements were required in respect of the premises and infection prevention and control. This was particularly important as the infrastructural limitations associated with the premises significantly impacted on achieving compliance in infection prevention and control. This is further discussed under the individual Regulations 17 and 27.

The inspectors acknowledged the significant improvements that had been made by the provider in respect of the fire safety management arrangements in the designated centre and the ongoing commitment to work towards maximising residents' safety. A new fully addressable fire system panel had been installed and the servicing of equipment and the regular fire safety checks were carried out. Two fire drills were carried out on a monthly basis to ensure staff had the appropriate skills and knowledge to safely evacuate the residents in the event of fire. The drills records showed improved evacuation times and identified the learning and any improvements that were needed.

Overall, the centre was clean and decorated in a homely way. The accommodation and facilities included 26 single rooms, five twin bedrooms and two three-bedded rooms. Communal areas included two sitting rooms, two dining rooms and three conservatories. Some parts of the building had been recently refurbished including the dirty sluice facility and a communal bathroom. In addition a number of windows and areas of flooring had been replaced. The provider had acted on the findings from previous inspection and installed additional bathrooms and handwashing facilities. However, this inspection found that further improvements were required as detailed under Regulation 17.

The service ensured that residents' assessed needs were met in a timely and appropriate manner and that the care was person-centred. There was a good standard of evidence-based nursing care and as a result the care provided to the residents was of high quality. At the time of inspection, none of the residents accommodated in the centre had any wounds or pressure sore; there were no residents actively losing weight, and no infections. The use of restrictive practices was very low, with one resident using bedrails in line with a completed risk assessment.

Residents had good access to a medical practitioner of choice as well as a variety of relevant healthcare professionals to meet their assessed needs. There was good evidence of antibiotic stewardship in place, which was weekly monitored. Residents' temperature was checked twice daily and a clear protocol was in place to ensure prompt action would be taken in the event of a resident showing COVID-19 symptoms.

On the day of inspection visiting restrictions were in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection. Residents were encouraged and supported by staff to maintain their personal relationships with family and friends and scheduled window visits, telephone and video calls were facilitated.

Residents' rights were upheld by the service and staff. There was a rich programme of group activities on a daily basis that residents could choose to participate in. For residents with higher dependency needs, one to one activities were provided. Together with residents' feedback, there was good documentary evidence available on the day to demonstrate that residents had access to a range of activities to suit their preferences and ability to participate. Staff were conscious of the need to support residents through this challenging time and had come up with new ideas such as a Bored Board which were in place in several locations around the centre. These activity boards provided stimulating activities, quizzes and exercises for residents to avail of at any time they wished to.

Regulation 17: Premises

The inspectors found that the provider had addressed most issues identified on the last inspection including providing additional bathroom facilities for residents.

However the premises required further improvements. The inspectors identified a number of maintenance and infrastructural non-compliances which had the potential to impact on infection prevention and control measures. For example;

- Not all surfaces and finishings were kept in a good state of repair in order to facilitate effective cleaning. For example some window frames were rusty. In a number of areas the flooring was damaged or lifting which made cleaning difficult.
- The floor in the staff toilet was carpeted. Carpeting should not be used in toilets. Flooring in toilets should be seamless, smooth and easily cleaned.
- There was a lack of storage space in the centre resulting in the inappropriate storage of equipment and supplies. This included;
 - no designated area for the storage of cleaning trolleys. This equipment was being stored in a residents' bedroom at the time of the inspection. When questioned about this practice, the inspectors were informed that the trollies would be moved and stored on the first floor of the building, when not in use. However the first floor was not a part of the designated centre.
 - Activity supplies for the residents were stored on open shelves in the staff changing room. This posed a risk of cross-contamination.
 - There was no clean utility or treatment room with suitable handwashing facilities for the storage and preparation of medications, clean and sterile supplies and dressing trolleys.
 - Large quantities of PPE were inappropriately stored in an open shed adjacent to the centre. The design and finish of this area did not facilitate effective cleaning and did not prevent exposure to rodents or birds.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy in place which met the regulatory requirements. A COVID-19 contingency plan had been prepared, which was comprehensive and included details on how to isolate any residents who become COVID-19 positive in single rooms within a designated cohort area. Inspectors were also informed that processes were in place to ensure residents were appropriately managed on return from acute hospitals in line with HSE/ HPSC COVID-19 guidelines.

A general risk register was in place which included hazard identification and control measures. It was reviewed on a regular basis at the governance and management meetings. Incidents were appropriately recorded and followed up. However a number of environmental risks in relation to the maintenance of the premises and the lack of storage space had not been identified by the management team.

There was an up to date safety statement and a major incident emergency plan which included the names of key personnel to be contacted in the event of emergency. More than 80% of staff had completed Hazard Analysis and Critical Control Point (HACCP) training in food safety.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. The centre had purchased a fogging-type disinfectant machine. Inspectors were informed that this was intended to supplement deep cleaning procedures but did not replace the need for manual cleaning procedures.

However, there were insufficient local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance. For example:

- Cloths were not routinely changed after cleaning residents rooms.
- Spray bottles containing a detergent concentrate and tap water were unclean and insufficiently labelled. Clear processes and protocols for refilling spray bottles were required in order to reduce the risk of environmental contamination.
- Cleaning trolleys were visibly unclean which could compromise the effectiveness of cleaning and decontamination processes.
- A shower drain and the outlets of a number of hand hygiene sinks appeared unclean.
- Several items of residents' equipment observed during the inspection were

unclean; others were rusty and required replacement such as some bedtables, commodes and raised toilet seats.

- The underside of a number of wall mounted alcohol hand gel dispensers were stained and difficult to clean. Inspectors were informed that individual bottles of alcohol hand gel were made available for staff use.
- The carpet used to line the corridors appeared unclean in some areas, including reception. The use of carpet throughout the centre required review to ensure it supported appropriate cleaning processes and there was a comprehensive maintenance and replacement programme in place.

A number of issues were identified which had the potential to impact on the effective implementation of *standard precautions*. For example;

- Staff had been trained on the use of standard precautions, including the use of and steps to properly put on and remove personal protective equipment (PPE). However inspectors observed that PPE such as gloves and masks were used inappropriately by staff during the course of the inspection.
- Linen trolleys were dual purpose and transported both clean and used linen. This posed a risk of contamination of clean linen.
- There were no clinical waste bins available in the centre. A number of the foot pedals on the general waste bins were broken.
- Hand dryers were available (in addition to paper towels) in some toilets; their use could pose a risk of cross contamination.
- All persons entering the centre were required to dip their footwear into the disinfectant basin on entry to the centre. National guidelines do not recommend the use of footbaths to control the spread of COVID-19.

As an action plan from the last inspection the provider had installed three additional handwashing facilities for staff, which were located in various areas of the centre. However the design of these sinks was not optimal from an infection prevention and control perspective as they did not comply with current recommended specifications for hand hygiene sinks.

Judgment: Not compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed at the entrance of the centre. However, given the convoluted and complex layout of the building the inspectors recommended additional evacuation plans to be displayed in each zone to support staff and residents in the event of evacuation. Escape routes were unobstructed and emergency lighting was in place.

Staff who communicated with the inspectors were knowledgeable and confident in what to do in the event of emergency. Personal emergency evacuation plans were in

place for each resident and updated on a regular basis. Staff had completed their annual fire safety training and had participated in regular fire evacuation drills, which included simulations with night time staffing levels.

The fire safety certificates, including the daily, weekly, quarterly and annual checks were all up to date. Residents' bedrooms were fitted with self-closing devices.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of five residents' care plans, and found them person-centred and of high quality. The care plans were sufficiently detailed to meaningfully guide staff in the care delivery, and were informed by comprehensive risk assessments completed at regular intervals. Care plans were generally updated on a four monthly basis, or sooner if residents' needs changed.

The plans of care were holistic, and in addition to identified risks, they included residents' expressed wishes in respect of their end of life in a care plan entitled 'planning for the future and beyond'.

Staff were familiar with residents and were seen to appropriately implement the care plan. There was evidence that residents and their families where appropriate, were consulted with in the development of the plan of care.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a general practitioner (GP) of choice and a variety of other professionals to support them in meeting their needs. These included access to physiotherapy, occupational therapy, dietetics, chiropody, dental services, tissue viability nurse etc.

In addition, there was good access to specialist consultant in gerontology, palliative care and psychiatry of old age.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge was proactive in ensuring a restraint-free environment was promoted in as much as possible at a time of national restrictions. There was one resident using bedrails at the time of inspection. Appropriate consultation, assessment and review had been carried out and alternatives considered prior to its use.

The main entrance to the designated centre was locked for residents' protection and to ensure appropriate protocol was followed by the visitors. However, the door to the internal courtyard was unlocked, which meant that residents were free to use the outside space if they wished to.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to exercise their civil, political and religious rights. They had access to television, radio and daily newspapers and said that they were maintained informed of any changes. An independent advocate was available for residents if required.

Residents were supported to lead their lives as they wished and their choices, privacy and dignity were respected. Staff provided person-centred care and were found to be knowledgeable about residents' needs and preferences.

Residents' meetings occurred on a quarterly basis and since the pandemic they had been split into two sessions to ensure residents could adhere to social distancing guidelines. Any issues identified at these meetings were followed up by the provider. For example, at the request of the residents, a glass screen in the Conservatory had been purchased to allow safe visiting when the national restrictions eased.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not 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 9: Residents' rights	Compliant

Compliance Plan for Lourdesville Nursing Home OSV-0000060

Inspection ID: MON-0031206

Date of inspection: 01/02/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 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>Lourdesville Nursing Home aims to adopt a more proactive maintenance programme with respect to all its’ Healthcare Staff within their respective disciplines. Focus with respect to this maintenance programme will be on the Housekeeping Staff and their role and responsibilities in the various areas to which they have been assigned. The following proactive steps will provide improved assurance systems which aim to achieve all cleaning schedules being adhered to correctly.</p> <ol style="list-style-type: none"> 1. Enhanced leadership – improved supervision implemented on the 11.02.2021 with Head of Housekeeping in respect to stricter supervision on cleaning schedules being adhered to and inspection of bedrooms, bathrooms, communal areas, corridors, and high-risk rooms for e.g., Sluice Room. Monthly Housekeeping meetings with housekeeping staff on any updates, observations, updated Evidence based research from resources including HSE and HSPC guidelines. 2. Continuing with Daily ‘Huddle’ with Housekeeping team and management together with additional house-keeping ‘Huddles’ to report on the findings of any observations on the current day where improvements can be implemented there and then guided by the Head of House- Keeping. 3. Audit – Assurance system – development of a new itemised template which will focus housekeeper’s attention on pieces of equipment which are considered high risk for cross contamination/ infection for e.g., Commodes, Toilet Brushes, Shower Heads, Hoists will be implemented on a more rigorous schedule. Each housekeeper will have their own template for completion by them for their own designated area supervised by head of housekeeping. The involvement of head of housekeeping in the Annual Infection Control Audit aims to create a more collaborative approach and improve leadership skills with respect to documentation of the end of year progress and improvement where necessary. 4. Training re Housekeeping: Specifically designed formal training regarding IPC measures, Product use ,Housekeeping processes, appropriate equipment use, and all relevant training elements are currently being followed up. 	

5. Staff were informed on the evening of 01.02.2021 and all remaining staff thereafter of the importance of adhering to uniform policy with respect to the appropriate wearing of PPE with particular focus on Mask wearing and appropriate glove use also including keeping below the elbow bare.

6. L.N.H Staff Meeting to be held over the course of three days commencing the 16th. 18th. and 19.03.2021 to discuss staff adherence to uniform policy focusing on launching L.N.H. Bare Below Elbow Initiative for which signage and postage of information will be displayed within the centre to further solidify compliance re same (Resources: HSE, Lourdesville Nursing Home Policies and Procedures, HPSC).

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Management will address any oversights regarding appropriate, safe, consistent, and effective monitoring systems and as such will apply a more rigorous auditing programme. This will be discussed further under Regulation 27. The Self-Assessment questionnaire in Infection and Prevention Control has been completed as per schedule on the 09.03.2021 and a more critical thinking approach was adopted in the completion of same.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

1. Itinerary list of each room was carried out on the 04.03.2021 with a view to identifying the number of maintenance and infrastructural items/areas which may pose a potential impact on infection prevention and control measures. The areas and items identified are as follows:-

- The surfaces and finishing's which were in need of repair which will facilitate effective cleaning are currently in progress – 31.08.2021.
- Areas where rust was identified have been treated or replaced 05.02.2021.
- Where flooring has been damaged or raised up the floor covering has been replaced 18.03.2021
- Carpet in the staff changing area and toilet will be removed and replace with linoleum – completion date 18.03.2021.
- An area has been designated and renovated to facilitate the appropriate storage of all Housekeeping Trolleys including the facilitation for carrying out all the necessary processes and protocols required with respect to correct and best Housekeeping Practices 19.03.2021.

- A temporary storage room has been identified within the centre and will facilitate the storage of materials used for and by the Activities Co-ordinator 05.02.2021. A purpose - built cabin specifically designed in collaboration with Head of Maintenance and the Activities Co-ordinator is currently underway with an estimated completion date 31.08.2021.
- Storage of large quantities of PPE have been deployed to a purpose bought container 12.02.2021.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

The number of environmental risks in relation to the maintenance and lack of storage space have been identified by the Management team and proactive measurement to rectify any oversights is reflective in the answer portion under Regulation 17 – 31.08.2021, 18.03.2021, 19.03.2021, 05.02.2021, 12.02.2021 and Regulation 23- 09.03.2021, Regulation 16 – 01.01.2021, 19.02.2021, 11.02.2021, 16/18/19 March 2021 Regulation 27 respectively – 01.02.2021, 22.02.2021, 02.03.2021, 19.03.2021, 09.03.2021, 12.03.2021, 02.02.2021,02.04.2021.

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

Housekeeping meeting was held 02.03.2021 and the various areas of concern were addressed. As per Infection Prevention and Control policies Housekeeping staff were reminded to change cloths routinely in between resident’s rooms and adhere to the colour coded system already in place.

New Spray Bottles have been purchased and sufficiently labelled 22.02.2021. Clearer processes and protocols for refilling spray bottles will be in place and visible for Staff within the housekeeping storage room in order to reduce the risk of environmental contamination.

The newly renovated storage room for the Housekeeping Trolleys will also facilitate for clear best practice processes and protocols to be followed through where required in order to reduce the risk of environmental contamination 19.03.2021.

On the purchasing of the new Housekeeping Trolleys, each trolley will be labelled with the name of the person responsible for the trolley and its cleanliness, maintenance and functionality including the contents thereon.

The Shower drain in Bathroom 103 has been cleaned on the 01.02.2021 at 19.00 hours,

housekeeping staff have been reminded that they need to address any shower drains which may require effective cleaning/disinfecting. Hand hygiene sink outlets and the imperativeness of their cleanliness have been addressed with all housekeeping staff. Residents' equipment and the cleanliness of same has been reiterated with housekeeping staff.

The purchasing of the following items was placed on 09.03.2021 –

- Commodes
- Bed Tables
- Raised Toilet seats

Distributed throughout the Centre replacing any rusty residents' equipment.

Any persons which require either a full or standing hoist on a regular or intermittent basis when risk assessed have their designated sling either in their own room hygienically and safely stored labelled bags in the assigned Alcove in Zone 3.

Alcohol Gel Dispensers stained or otherwise in need of replacement have been replaced 12.03.2021.

Any Carpet Tiles which appeared unclean around the Reception and surrounding areas have been identified and as such have been ordered and will be replaced as soon as they are available 02.04.2021. The Reception is the only area within the centre which will have Carpet Tiles in place. Moving forward any tiles showing marks or stains will be reported in the Maintenance Book and replaced where necessary.

During the Staff Meeting the appropriate wearing of Gloves and Masks were again reiterated.

Linen Trolleys are single purpose use only which has been reiterated to staff and is included on the Agenda for the forthcoming Staff Meeting on the 16,18,19.03.2021 – stored in designated areas. 02.02.2021

The procurement and purchase of Bins with colour coded lids are at present being sourced and will be distributed accordingly to the appropriate rooms 02.04.2021. The distribution of Clinical Waste Bins will be made available throughout the centre in the relative rooms.

All hand dryers throughout the centre have been removed (02.02.2021). Paper towels are the only source available for hand drying within the centre.

Lourdesville Nursing Home have replaced the footbath with a purposely manufactured "A JFC Disinfecting Footbath". Continued compliance with same asserts a positive culture among staff within the centre. Regular checks and application of disinfectant solution is carried out daily.

It has proven that the design of the Hand Basins which were recently installed do require care and attention when being used as to avoid any unnecessary splashes/spills.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	19/03/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/03/2021
Regulation 26(1)(a)	The registered provider shall	Substantially Compliant	Yellow	31/08/2021

	ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/08/2021
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	02/04/2021