



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

## Issued by the Chief Inspector

Name of designated centre:	Thomond Lodge Nursing Home
Name of provider:	Thomond Care Services Limited
Address of centre:	Thomond Hall, Ballymahon, Longford
Type of inspection:	Unannounced
Date of inspection:	07 September 2023
Centre ID:	OSV-0000109
Fieldwork ID:	MON-0041063

## 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 48 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is purpose-built providing single ensuite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and well-being.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	47
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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
Thursday 7 September 2023	10:15hrs to 18:15hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents were content with living in the designated centre. Residents feedback was positive regarding their clinical care and the supports given to them by staff. Staff were observed to be kind and attentive to residents' needs and they chatted with the residents as they cared for them throughout the day. There was an activities programme which was largely focused on activities provided in the sitting room and residents were seen enjoying activities in this area throughout the day of the inspection. However, the inspector observed that a number of residents who did not attend the sitting room had limited opportunities to participate in meaningful activities in line with their interests and capacity.

This inspection was carried out over one day and the inspector met with residents and staff including members of the centre's management. A clinical nurse manager was deputising on the day for the person in charge who returned to the centre to attend the feedback meeting at the end of this inspection.

A number of residents told the inspector that they previously lived in the locality and were pleased that they could continue to live in an area they knew well and close to their families still living in or around Ballymahon. Two other residents said they particularly liked living in the centre because it was close to the local town and they went to the shops there.

The inspector observed that residents were well groomed and appropriately dressed. Many of the female residents wore items of jewellery and liked to carry their handbags. A hair salon was available in the centre and a hairdresser attended the centre regularly.

Most of the residents spent most of their day outside of mealtimes in the sitting room. The inspectors observed that the sitting room was a lively and upbeat place and residents were observed by the inspector to be clearly enjoying the social activities facilitated by the activities coordinator. A live music session took place for the residents after lunch and residents told the inspector that these music sessions happened regularly in the centre. The inspector observed that some residents stayed in their bedrooms throughout the day and others spent their day sitting in a lobby area in the centre of the premises. Staff were observed to check on residents who stayed in their bedrooms and to greet residents who sat in the lobby area each time they passed by. While, these residents said they liked to watch the 'comings and goings' in the centre, these residents were not observed to have opportunities to participate in other meaningful social activities that met their interests and capacities.

The centre was bright, homely and well furnished throughout. There were a number of communal rooms available including a sitting room, a dining room and a library room. Additional seating was also available adjacent to the nurses station and in a

central lobby area where the corridors to the residents' bedrooms converged. Some residents liked watching the birds feeding in the feeders hanging outside the sitting room window. A designated visitors' room was available if residents wished to meet their visitors in private outside of their bedrooms.

Residents bedroom accommodation was located on the ground floor throughout and each resident was accommodated in a single bedroom with full en-suite facilities. The inspector observed that residents' bedrooms were bright and had sufficient circulation space and storage to meet residents' needs. Each resident's bedroom was decorated differently and many of the residents had personalised their bedrooms with their photographs and other personal items. The inspector also observed that one resident who enjoyed playing the piano had a keyboard in her room. However, the inspector observed that residents did not have shelf space to display their many family photographs and other items and were using the metal surface of the radiator covers for this purpose. Although, most of the bedrooms were well laid out to meet residents' needs, the lockers were not in close proximity to the beds in some bedrooms. This meant that these residents' couldn't access their possessions in their lockers when they were in bed.

The inspector observed that there was hand hygiene sinks available in the clinical room, the sluice, laundry and in the cleaner's room but they did not meet recommended clinical hand washing sink standards. This finding did not support effective hand hygiene procedures.

Some residents enjoyed outings with their families and others went on outings into the local community that were organised as part of the social activity programme in the centre. The inspector observed that the code to open the door to the secure outdoor garden was displayed by the door. However, as inputting the code required a level of dexterity, residents with cognitive decline or reduced dexterity could not access the garden as they wished without the assistance of staff to open the door for them. The inspector did not observe any residents out in the garden on the day of the inspection.

Residents told the inspector that they felt safe in Thomand Lodge nursing home, were well cared for and that their meals always met their satisfaction.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the provider had progressed the majority of the actions in their compliance plan from the last inspection. However, some improvements continued to be necessary to ensure that the management and oversight systems in

place ensured the service provided for residents was consistently safe and effectively monitored.

This was an unannounced inspection to monitor the provider's 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 provider's progress with completion of the actions detailed in their compliance plan from the last inspection in February 2023. The inspector found that the provider had completed actions to bring two of the nine regulations that were not compliant on the last inspection into compliance. The provider had completed a number of actions under the remaining seven regulations, however this inspection found that more focus and effort was now required by the centre's management team to complete the necessary actions to bring the service into compliance and to sustain compliance with the regulations.

Thomond Care Services Limited is the registered provider for Thomond Lodge Nursing Home. The company's chairperson represents the provider entity. There was a well-established and clearly defined management structure, which included the centre's person in charge, the financial administrator and a clinical nurse manager (CNM), all of whom worked in the centre on a full-time basis. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff.

There were systems in place to monitor the quality and safety of the service, however, these systems were not effectively identifying all areas that required improvement actions. As found on the last inspection, the inspector found again on this inspection that management meetings that discussed key areas of the service such as staffing, catering, were taking place on a regular basis, however, the meeting records confirmed that risk management to include fire safety and action plans developed from the audits of the service were not routinely discussed at this forum. Furthermore, the management meeting records confirmed that the provider representative did not regularly attend these meetings. As a result, the inspector could not be assured that there was sufficient oversight by the provider of the quality and safety of the service.

The inspector reviewed the staff rosters and spoke with residents and staff in relation to staffing in the centre and found that the provider had failed to ensure that there were adequate numbers of staff with appropriate skills in place to ensure that residents with significant cognitive impairment and those residents who did not attend the sitting room during the day had equal access to meaningful activities to meet their interests and capacities. This was validated by the inspector's observations on the day and their review of residents' records.

The provider had a staff training programme in place but a small number of staff had not attended up-to-date mandatory training in safe moving and handling procedures and safeguarding resident from abuse training. Since the last inspection, the provider had ensured that professional development training was available to staff to ensure they the necessary up-to-date skills and knowledge to meet residents' needs. However, staff training committed to by the provider following the

last inspection in wound management, pressure ulcer and medication management had not been completed by a large number of staff. Furthermore, a number of staff has also not attended cardio pulmonary resuscitation (CPR) training and therefore the provider could not be assured that staff could competently meet residents needs including in the event of a resident experiencing a medical emergency.

Policies and procedures, as required by Schedule 5 of the regulations were up-to-date and available to staff.

All records that must be maintained and available in the centre were complete and were held securely.

### Regulation 15: Staffing

There was one activity coordinator on duty each day to provide activities for 47 residents who had a range of needs and preferences for social engagement and meaningful occupation. The activities programme was carried out in the sitting room and there was no schedule of activities for those residents who spent their time in their bedroom or in the smaller seating areas the centre. A number of these residents had significant cognitive impairment. The inspector was not assured that these residents had equal access to meaningful activities and social engagement.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

While there was a training programme in place and the records confirmed that staff were being facilitated to attend mandatory training, two new staff had not completed their mandatory training in safe moving and handling procedures and safeguarding residents from abuse training. This is a repeating finding from the last inspection.

Following the last inspection in February 2023, the provider had committed to facilitating staff training in wound management, pressure ulcer prevention training and medication management training, however on this inspection the staff training records reviewed and the inspector's conversations with staff confirmed that this training had not been completed by a large number of staff. Furthermore, only 50% of nursing and care staff had completed cardiopulmonary resuscitation (CPR) training which meant that all staff did not have up-to-date knowledge and skills to respond to a medical emergency occurring with a resident.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The Directory of residents was up to date and was made available to the inspector for review. Arrangements were in place for keeping the directory of residents up to date and it contained all information as required under Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had not ensured there was adequate staff resources available to ensure residents who did not attend the sitting room had equal access to the social activities provided.

The management systems in place to ensure oversight of the quality and safety of the service provided to residents were not effective in a number of areas. This was evidenced by the following findings;

- prolonged emergency evacuation timelines and incomplete fire safety equipment checks had not been identified on the provider's own in house fire safety checks and had not been addressed by the provider. This posed a risk to residents' safety in the event of a fire in the centre
- although environmental hygiene audits were being completed, they were not identifying and ensuring that all infection risks were effectively addressed.
- the oversight of clinical care for residents had not ensured that one resident had been referred for specialist support and as a result the resident did not have timely access to occupational therapy expertise.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Not all restrictive equipment in use for residents were notified as required by the regulations in the quarterly reports submitted to the Chief Inspector. For example, four residents had bed bumpers placed over split bedrails which meant that their independent access in and out of their beds was restricted without the assistance of staff to remove this equipment for them.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

The centre's policies and procedures had been updated since the last inspection and were accessible to all staff working in the centre.

Judgment: Compliant

## Quality and safety

Overall residents enjoyed a good quality of life in the centre however some actions were required to ensure that all residents had access to meaningful activities in line with their capacity and preferences. Furthermore this inspection found the provider had not taken the actions required to ensure compliance with Regulations 27: Infection Control and 28: Fire Precautions.

Residents were for the most part encouraged and supported by staff to make choices about their daily routines in the centre. Residents' clinical care needs were mostly met on this inspection and care of residents' wound was significantly improved. However, residents' timely access to occupational therapy services was not assured on this inspection.

This inspection found deficits in the fire safety management equipment checking procedures to ensure that all fire equipment was operational at all times. While the provider carried out simulated emergency evacuation drills, the records of the drill procedures completed did not give assurances that the provider could be assured that all residents in the centre's largest fire compartments could be evacuated to a place of safety in a timely manner when the least staffing resources were available in the centre. This is a repeated finding from the last inspection and had not been effectively addressed by the provider.

While, measures were in place to protect residents from risk of infection and implementation of infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff, some parts of the centre's environment and a small number of staff practices did not support effective infection prevention and control standards. These findings posed a risk to residents' safety from cross infection. The provider had installed a number of clinical grade hand hygiene sinks convenient to where care was being delivered to residents since the last inspection. However, the sinks in the clinical room and a number of utility areas did not meet recommended hand hygiene sink standards.

The standard of nursing care, including wound care procedures was improved since the last inspection, albeit was not underpinned with up-to-date training as committed to by the provider following the last inspection. This training continues to be necessary to ensure these good standards of wound care are maintained by staff for residents.

Residents had timely access to their general practitioner (GP) and appropriate healthcare expertise including a tissue viability nurse specialist (TVN). However, assurances were not available that residents had timely access to occupational therapy specialist as necessary.

Residents' needs were comprehensively assessed and their care plan documentation contained sufficient person-centred detail to guide staff on the care and supports they required in line with their preferences and usual routines. Residents' care plans were regularly updated in consultation with them and/or their families, as appropriate.

Residents who attended the sitting enjoyed opportunities to participate in a variety of social activities scheduled to meet their interests and capacities. Residents confirmed their high satisfaction with the social activities they had opportunity to participate in. While social activity care plans were developed to meet the interests and capacities of residents who did not join the other residents in the sitting room, these care plans were not being implemented and these residents access to meaningful social activities was limited. The provider had rostered a member of staff for one hour each day to support these residents with one-to-one activities but this staffing resource was clearly not sufficient to meet each of these residents' one-to-one needs.

The layout of residents' communal and bedroom accommodation met their needs to a good standard. The centre premises was for the most part well maintained. There was a pleasant outdoor garden for residents which was secure however, access was controlled by a coded key pad. It was not clear why this secure outdoor area was not accessible for all residents and there were no risk assessments to support this arrangement. As a result residents' rights to make independent choices regarding accessing the enclosed outdoor garden was negatively impacted by locked doors which residents had to ask staff to open for them.

Residents were protected by safe medicines management practices and procedures. The provider had ensured that actions to bring this regulation into compliance from the last inspection were completed.

Residents were supported to meet with their visitors as they wished. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had access to local and national newspapers, televisions and radios.

Residents' meetings were regularly convened and their views on the service were welcomed. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed. For example, residents wanted homemade brown bread, cheese and tomato as an option for their teatime meal. The inspector observed that this option was available to residents on the evening tea menu available to residents on the day of the inspection.

Residents had access to an independent advocacy service. Information about this service was displayed in the reception area of the centre and the record of the residents' committee meeting confirmed that the purpose and availability of this service was discussed at this forum.

Measures were in place to protect residents from risk of abuse and there was a positive approach to care of residents predisposed to experiencing 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). Some restrictive equipment in use was not recognised as placing restriction on residents and as such use was not in line with the national restraint policy the procedures in place were in line with the national restraint policy.

## Regulation 11: Visits

Residents' families and friends were facilitated to visit and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and suitable facilities were available to ensure residents could meet their visitors in private outside of their bedrooms if they wished.

Judgment: Compliant

## Regulation 12: Personal possessions

While residents could maintain control of their personal possessions, some residents did not have a suitable shelf surface to display their photographs and other items

on. The inspector observed that a number of residents were using surface of the radiator covers in their bedrooms to display their photographs and greeting cards.

Residents' bedside lockers were placed along an opposite wall in a number of residents' bedrooms viewed by the inspector. This meant that the residents residing in these bedrooms could not access their personal belongings in their lockers when they were in bed or resting in their chairs by their bedside.

Judgment: Substantially compliant

### Regulation 17: Premises

The centre premises was appropriate to the number and needs of the residents and was in accordance with schedule 6 of the regulations and in line the centre's of purpose.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- The sluice room was only accessible by passing through the centre's laundry. This meant that potentially hazardous body fluids were being transported through the laundry for disposal and this practice posed a risk of cross infection to residents.
- A hazardous waste disposal bin was not available in the sluice room. The surface of the sluice hopper and equipment sink in the sluice room was unclean.
- A lockable cupboard was not available in the cleaners room or on the cleaning trolleys to ensure potentially hazardous cleaning chemicals were stored securely and the inspector observed that the cleaning trolley was unattended while a staff member was working on cleaning residents' bedrooms.
- The floor covering in the laundry and sluice rooms was damaged and in need of repair. The floor covering in the sluice was also stained. These findings are repeated from the last inspection and did not provide adequate assurances that these floor surfaces could be effectively cleaned.
- The procedure for cleaning the floor in the laundry was not in line with best practice and the centre's infection prevention and control policy. For example, the bucket used for floor cleaning in the laundry was stored in the sluice

room and there was white staining on the interior surface of this cleaning bucket. The inspector was told that this staining was due to high levels of limescale in the water supply to the centre. However, this finding did not provide adequate assurances that this cleaning equipment was effectively cleaned after each use and posed a risk of cross contamination.

- Bottles of cleaning solutions prepared by cleaning staff were not dated. Therefore, the provider could not be assured that unused cleaning solutions were discarded after each 24hour period.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The Provider had not made adequate arrangements for maintaining and testing all fire equipment and reviewing fire precautions. This was evidenced by;

- Weekly checks completed on the operation and condition of fire doors were not effective. For example, there were gaps in three cross corridor fire doors examined by the inspector. Therefore, effective containment of fire and smoke in the event of a fire in the centre could not be assured.
- Although, fire alarm system over-ride units were visible, draped curtains in place over four final fire exit doors at the end of corridors used by residents to access their bedrooms posed a risk of delay in the event that emergency exit of the premises was necessary.

While regular evacuation drills were being carried out, the inspector was not assured that the largest compartment providing sleeping accommodation for up to eight residents, could be evacuated in a timely, safe and effective manner when staffing levels were at lowest level. For example, the records of simulated emergency evacuation drill available including an evacuation drill record from May 2023 did not reflect a simulated evacuation of the largest compartment. Furthermore the records available referencing simulated evacuation of compartments with six and seven residents were not timely did not clearly address supervision of residents to ensure their safety. In addition, the evacuation drill records available did not reference completion of drills at times when the lowest number of staff were on duty. Therefore, the provider could not be assured that residents could be safely evacuated at times when the least number of staff are available in the centre. This is a repeated finding from the last inspection.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Measures were in place to ensure residents were protected by safe medicines management procedures and practices. Residents had access to a local pharmacist who supplied residents' medicines. Medicines including medicines controlled by misuse of drugs legislation were stored securely. Balances of controlled medicines were checked by two staff nurses at changeover of work shifts and those checked by an inspector were accurate. All residents' medicines were signed by their general practitioner and were administered as prescribed. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy. All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The social activity care plans developed for four residents who remained in their bedrooms and five residents who spent their day in the lobby area were not being implemented. This finding was evidenced by the records of the social activities these residents participated in and the inspector's observations on the day.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents did not have timely access to occupational therapy expertise to meet their seating needs. For example, one resident who was uncomfortable whilst sitting in their chair was waiting since 20 February 2023 for a seating assessment by an occupational therapist. A reply was received on 02 March 2023 that the resident had been placed on a waiting list however at the time of this inspection the resident was still waiting to be seen and remained uncomfortable in their chair.

Although residents' wound care procedures and practices was effective on this inspection, the pressure relieving mattresses in place for two residents who were assessed as being at high risk of sustaining pressure related skin damage were not effective as they were not set at the recommended pressure for these residents' body weights. Information to direct staff on these residents' recommended mattress pressures was not detailed in their care plans. This finding did not reflect a high standard of care procedures to prevent pressure related injury occurring to residents' skin.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

A number of restrictive practices were in place that were not in line with the national restraint policy and were not recognised as placing restrictions on residents. For example, four residents had split bedrails in place but had bed bumpers placed over them and as such could this equipment could not be removed by these residents. Furthermore as staff did not recognise the equipment as a potential restraint appropriate assessments had not been completed to ensure the equipment was appropriate and to ensure the residents' safety while in use.

In addition one resident spent prolonged periods in a reclining chair which was not been appropriately acknowledged and managed by staff as being a restrictive procedure on this resident's mobility.

Judgment: Substantially compliant

### Regulation 8: Protection

Measures to ensure residents were safeguarded from risk of abuse were in place and the procedures to be followed by staff were set out in the centre's policies. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times.

All staff were facilitated to complete safeguarding training on safeguarding residents from abuse. Staff who spoke with the inspector clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

Judgment: Compliant

### Regulation 9: Residents' rights

The arrangements in place to provide meaningful activities and recreation for residents did not ensure that all residents had access to meaningful occupation and social engagement in line with their needs and preferences. Residents who did not attend the sitting room on a daily basis did not have equal opportunity to participate in meaningful social activities that met their interests and capacities.

The doors from the centre to the enclosed outdoor garden was secured by a key-code which meant that residents could not choose to access this outdoor space as they wished without a member of staff being available to open the key coded exit door for them.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

Inspection ID: MON-0041063

Date of inspection: 07/09/2023

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The hours for the second person allocated to activities in the afternoon has been increased for those residents who do not wish to attend activities in the sitting room. This person is now named on the daily activities board and also their planned activities for the afternoon.</p>	
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>All staff have now completed their manual handling and safeguarding training. All mandatory training is now to be covered as part of the induction process.</p> <p>All nursing staff have now completed CPR training and medication management training. 4 nursing staff have completed wound management and pressure ulcer prevention training with a further 2 nurses booked in for training on the 8th November. All new nursing staff shall attend wound management and CPR training within a timely period of commencing employment.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

The quality assurance systems including results of audits will be reviewed by the provider in the fortnightly Governance and Management meetings

The hours for activities for those who do not attend the sitting room activities has been increased. The person allocated for activities is now posted on the daily allocation sheet which guides staff to the area they are working in. The activities and therapies program is guided by residents care plans to reflect their interests and capabilities. Residents are reminded daily of the activities program available to them in the day room and also of all occasions when live music is being performed and encouraged to attend same. Activities carried out will be documented in Epicare and will be reviewed by the Person in Charge. Feedback shall be sought from resident on their satisfaction with activities provided to ensure access to a variety of meaningful activities and to provide an overview to the PIC. Spot checks and audits shall be carried out to ensure the provision of meaningful activities is actually being carried out in line with residents' interests and capabilities.

. Emergency evacuation drills are carried out with our fire training company and in-house and continue to be improved upon with regular practice. These drills are carried out in a timely manner within required timelines and include supervision of all residents to ensure their safety during the evacuation procedure. These drills are carried out on our largest compartments containing eight rooms with our lowest staffing compliment of four people. These are carried out on a monthly basis.

. All fire and external doors are now included in our safety checks.

. We shall ensure that all environmental audits are more thoroughly carried out to include greater attention to areas such as the cleaner's room and laundry and any structural items which need to be addressed.

. We endeavor at all times to ensure timely access to services for our residents, we shall going forward ensure that all residents are given details of private services which they can avail of where there are lengthy delays in the HSE services. A referral will be sent to both public and private services as required

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The use of bed bumpers, recliner chairs and all equipment which may hinder independent movement by a resident is now included in our quarterly returns.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:  
 Shelving has been ordered for rooms which do not currently have same and shall be put in place on its arrival to facilitate extra personal possessions such as framed photographs etc. Bedside lockers shall be relocated next to beds to enable residents to access their personal possessions.

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

- . The door to the sluice room has now been relocated and has its own separate entrance. The entry point from the laundry has now been sealed off.
- . A hazardous waste disposal bin is now located within the sluice room.
- . A deep clean of the sluice room to include the surface of the sluice hopper and sink has been carried out. The taps on both sinks have been replaced as they were stained with limescale. There is a cleaning schedule in place to be signed daily. The sluice room is also included in our environmental audits now to ensure oversight of infection prevention and control and that improvements are sustained to ensure compliance with Regulation 27.
- . A lockable cupboard will be provided in the cleaner's room and a lockable unit for the trolley shall be provide. The door to the cleaner's room is locked at all times when not in use.
- . The floor covering in the laundry is being replaced at the moment. It shall have a smooth nonslip surface which shall be easily cleaned.
- . A new bucket for cleaning the laundry has been purchased and is being stored in the laundry. Laundry buckets are being cleaned after each use and shall be replaced as required.
- . Bottles of cleaning solutions shall be dated and discarded after each 24 hours period.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 . Weekly checks which identified gaps in fire doors have been rectified through door adjustments by our maintenance person to ensure fire containment. Thorough weekly checks will be carried out to ensure good maintenance of doors is assured. 2 staff members have since attended a 2 day fire managers course which included

documentation and fire doors. Systems are in place to ensure that all documentation is completed in future.

. Curtains have been removed from all fire exit doors in corridors.

. Evacuation drills have been completed evacuating our largest compartment of 8 residents using our lowest compliment of staff which is 4. These evacuation drills are effective and carried out in a timely period within required timelines and shall continue to be carried out on a regular basis as part of our continuing training procedure. This also includes the supervision of residents by a staff member whilst the evacuation is being carried out to ensure resident safety. Resident safety during and post evaluation is now part of the evacuation process during all fire drills.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

. With the extra time allocated and the detailed activities program outlined, this will give greater guidance to staff in delivering a more meaningful activity experience to residents who do not wish to engage in the activities program being delivered. The care plan will be used to guide staff and will be reviewed against the activities recorded for the resident in the Epicare system to measure the quality of activities being delivered. This will be reviewed no later than 4 monthly by the PIC using an audit tool to compare the care plan against the activities provided and recorded.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

. We will continue to refer to other allied health care services such OT, Dietician, Speech and Language, Tissue viability. We will ensure that all referrals are chased up on a regular basis until a response has been received. We shall also offer residents information on access to private services where they have a prolonged waiting time where appropriate.

. A mattress checklist is in place which is carried out each night prior to the resident going to bed to ensure that mattresses are set at the right body weight for each resident. This will be included in our audits program.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>. Assessments have now been completed on the use of bed bumpers placed over split bedrails. The use of bed bumpers is now included in our quarterly returns and also documented in the restraint log.</li> <li>. The use of reclining chairs will also be assessed, documented in the restraint log and included in the quarterly returns.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>. Arrangements to provide meaningful activities and recreation for residents who do not attend the day room is being assured through an increase in hours provided and also a detailed activities program for these residents which gives guidance to staff providing the program and knowledge of the daily activities to the residents. The PIC shall have regular discussions with the staff carrying out activities regarding the importance to documenting all activities and therapies, similar activities are available for all residents with all degrees of cognitive functioning, however this was not evidenced on inspection. Regular spot checks will be carried out to ensure that the activities being recorded is in fact being provided and also in line with resident's care plan, interests and capabilities.</li> <li>. The doors to the garden area are left open during daytime hours, there is a fob handing beside the access panel at the door which allows the residents to open the door themselves if closed. We are currently waiting on a carpenter to fit a turn thumb lock on the door to the garden to allow residents greater independent access to the enclosed garden area without assistance of a staff member.</li> </ul>	

## 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	30/11/2023
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.	Substantially Compliant	Yellow	25/09/2023

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/12/2023
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	30/11/2023
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	30/12/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	30/10/2023
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 designated centre and safe	Not Compliant	Orange	30/10/2023

	placement of residents.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/10/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	25/09/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	25/09/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably	Substantially Compliant	Yellow	25/09/2023

	practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/10/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	25/09/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2023