



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

Issued by the Chief Inspector

Name of designated centre:	Alzheimer's Care Centre
Name of provider:	J & M Eustace T/A Highfield Healthcare Partnership
Address of centre:	Highfield Healthcare, Swords Road, Whitehall, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	05 April 2022
Centre ID:	OSV-0000113
Fieldwork ID:	MON-0036640

About the designated centre

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

Alzheimer Care Centre is a 154 bed centre providing residential and respite services to males and females with a formal diagnosis of dementia over the age of 18 years. The centre also contains a unit specific to meeting the needs of people with a diagnosis of enduring mental illness. The centre is located on the Swords Road at Whitehall in Dublin within easy reach of local amenities including shopping centres, restaurants, libraries and coffee shops. The original single storey building consisted of two units with capacity for 64 residents. A large extension containing a further 90 beds over three floors was opened in 2012. Accommodation for residents is across seven units. With the exception of the Ryall and Grattan units, the remaining five consist of single bedrooms with fully accessible shower and toilet en suites, dining and sitting rooms and access to safe outdoor garden areas. The centre also contains, a large oratory for prayers and religious services, activity rooms, hairdressing salons, coffee dock, several private visitors rooms and designated smoking areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	131
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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
Tuesday 5 April 2022	08:00hrs to 18:15hrs	Niamh Moore	Lead
Tuesday 5 April 2022	08:00hrs to 18:15hrs	Margo O'Neill	Support
Tuesday 5 April 2022	08:00hrs to 18:15hrs	Helen Lindsey	Support
Tuesday 5 April 2022	08:00hrs to 17:40hrs	Susan Cliffe	Support
Tuesday 5 April 2022	08:40hrs to 17:50hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

The general feedback from residents was that they were happy living within the designated centre. Residents told inspectors that the staff were very good to them. Residents in the Grattan unit were particularly complimentary about the improvements to the premises. Inspectors observed that staff tried to do their best for residents while working in a busy environment. Feedback from a visitor also had praise for the staff team and highlighted that they were particularly busy.

The designated centre consists of 154 registered beds which were set out over three floors with lifts and stairs to facilitate movement between these areas. The centre was warm, bright and well-ventilated. The centre was divided into seven units; Addison, Coghill/Daneswell, Clonturk, Delville/Lindsay, Drishogue, Ryall and Grattan units. Each unit had lounge and dining areas.

Residents' accommodation was mostly in single en-suite bedrooms. Residents of the Ryall and Grattan units had access to shared bathrooms. Some bedroom doors had bright pictorial notices displayed wishing them a Happy Easter. Residents reported that they were happy with their bedrooms. Inspectors observed that bedrooms were a good size with sufficient space for residents' belongings.

Most residents reported that the food on offer in the centre was "very good" and inspectors observed that food looked nutritious and was presented attractively to residents. Inspectors noted that action was required to ensure that residents were not waiting prolonged periods before receiving breakfast. Although food was delivered and available on all the units after 8am, inspectors observed that many residents on most units waited significant periods of time before receiving their breakfast; for example residents were observed to be waiting for breakfast until after 09:50 hours. Care staff working on the units were noted to be busy supporting residents with personal care and so were unavailable to provide food until later in the morning. No catering staff were available on the units and inspectors were told care staff were responsible for plating and assisting residents with meals.

The Ryall unit was in the process of being closed. The layout of the unit limited residents' right to privacy and choice within their environment due to the open layout of the multi-occupancy bedrooms. Inspectors saw that one of the units was closed off and used for storage. However, this unit was a nominated fire exit route and the registered provider was requested to review these measures. In addition, there were storage and maintenance issues seen within the sluice room on this unit.

Inspectors observed improvements to the environment in the Grattan unit. The dining room and the corridor space had been redecorated and plans had been developed with residents to redecorate the sitting and activities rooms. The garden had been cleared and a new outdoor smoking area with garden seating had been created. There was a process in place for replacing old chairs.

The kitchen within the Drishogue unit was in poor repair and the units and sink were badly stained. Inspectors observed that the outside seating area for residents was unsafe and dirty due to two overturned sun umbrellas lying on the ground, dirty seating and moss on the ground covering. Inspectors were informed that nobody was allocated to clean this area.

On the Clonturk unit there was wear and tear visible throughout the unit. For example, the bedroom doors had the appearance of front doors, however this decorative work was peeling and torn on many doors.

Inspectors found some improvements in that the kitchen in the Grattan unit which had been decorated and reorganised however, the cleanliness of the room and the fixtures and fitting required further improvements. A resident informed inspectors that the Grattan unit was much cleaner in the mornings, due to an increase in cleaning hours during the evening. However, kitchens throughout the other six units were found to be unclean with staining on sinks, crumbs on surfaces and dirty floors. Inspectors saw there was no hand hygiene sink in the kitchen on the Drishogue unit, and the hand hygiene sink in the Clonturk unit was blocked by the bain-marie.

There was an outbreak of COVID-19 in one of the units of the designated centre, and appropriate personal protective equipment was seen to be available and in use by staff.

There was a dedicated occupational therapist assistant (OTA) within the Ryall unit who was assigned to complete activities with the residents of this unit. Inspectors saw that residents were spending time in the clean and nicely decorated day room, where the OTA was seen to read news stories to residents.

On the Delville/Lindsay unit, the activity coordinator was shared with the Addison unit. Inspectors saw that there were notice boards on each of these units which were updated daily to advertise the daily activity schedule, which included quizzes, bowling and sing-along groups. The schedule was available in pictorial form to meet the capabilities of all residents living in the unit.

On the Coghill/ Daneswell unit, an activities co-ordinator spent time in the two sitting rooms during the day, but there were times where residents were not supervised and there was no social engagement.

Residents of the Clonturk unit were observed to spend long periods of time alone in communal spaces with limited meaningful engagement. There was no activity schedule in place and no activities occurring in the morning of the inspection. Inspectors were told residents would be brought to the activity room on another unit in the afternoon.

Most residents could move around their units freely and had access to outdoor sitting areas, however inspectors noted that all units were locked and required swipe access to enter and exit. In addition, on some units such as Clonturk, the door to the garden was locked. This impacted on all residents' right to freedom of

movement.

Inspectors observed that residents of the Grattan unit now had free access to the dining room at all times and for some residents' they also now had free access to their cigarettes and lighters.

Residents' right to privacy to undertake personal activities also required further action by management to ensure that these rights were upheld. Inspectors observed on the Grattan unit that some shared bathrooms did not have a lock.

Inspectors observed that staff interactions with residents were kind and respectful. Residents appeared relaxed and comfortable with staff and inspectors observed residents and staff having light hearted fun during activities and at other times throughout the day. Staff were observed to gently explain what they were doing and comfort residents while they were delivering care. Residents who were becoming anxious were patiently redirected and reassured by staff. Staff used their knowledge and understanding of residents needs to deliver safe care. Residents reported very positively about staff saying they were "kind and approachable" and that "you could ask them for anything". This was reflected in records of residents' meetings also.

Inspectors observed that there was insufficient staff in four units, this resulted in staff trying to support residents to get up, provide breakfast and provide support for those residents up and in the two sitting areas. At lunch time, three staff were supporting 11 residents, five of whom needed one to one support to eat their meals. This resulted in residents receiving their meals at different times. In addition, inspectors observed that on some units, there were periods when the communal areas were unsupervised.

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

Capacity and capability

In February 2022, J & M Eustace T/A Highfield Healthcare Partnership as the registered provider for Alzheimer's Care Centre was issued with a notice of proposal to

- Attach a condition to ensure that no new resident is admitted to the designated centre until the residents on the Ryall Unit are transferred to alternative accommodation within the designated centre that is compliant with Regulation 17.
- Vary conditions 1 and 3 to exclude the Ryall unit and the Grattan Unit from the current registration.

The registered provider was required to submit representation to the Chief Inspector

outlining the action they intended to take to ensure residents of these units were safe and that the service delivered was appropriate, consistent and effectively monitored. This inspection was conducted following receipt of the representation submitted in March 2022.

Through meeting with residents, spending time observing staff interactions and reviewing documents, inspectors found that improvements had been made since the last inspections in November 2021 and February 2022.

The registered provider was decommissioning the Ryall unit and was in the progress of closing this unit. On the day of the inspection, there were six residents present with plans to transfer two residents into the existing two vacancies within the designated centre in the coming days following the inspection.

Inspectors acknowledged that there was work in progress to enable all residents of the designated centre have a good quality of life. However, inspectors found gaps in the registered provider's oversight of all units within the designated centre. Inspectors were told that the registered provider had recognised that there were areas for development in all units, however initial efforts focused on the Grattan unit and there was no set timelines or evidence of progression for these improvements within five out of the seven units. Repeat findings relating to staffing levels, restrictive practices, residents' rights, the premises, infection control and fire safety were found in all of these units.

Following the last inspection, inspectors were told the registered provider had reviewed management structures, with a new allocation of a clinical nurse manager (CNM) 3, an additional CNM 2 and an additional CNM 1. However, recruitment had not been progressed for all roles. Inspectors found that there were still insufficient management oversight within the designated centre. The registered provider had told inspectors that they intended to share learning from the Grattan unit with all other units, however this had not yet occurred.

Inspectors found that the centre was not appropriately resourced. Inspectors saw evidence where there were insufficient staffing levels to provide supervision to all communal areas of the building and that there were gaps in sourcing cover for six care vacancies on the day of the inspection. In addition, the rostering of cleaning and catering staff was inadequate to provide sufficient infection control measures. For example, inspectors were told there was an allocation of between 10 and 20 minutes for catering staff to clean the kitchen area during the day and remove dishes to the servery area for cleaning. This was insufficient as inspectors saw that dirty dishes from breakfast remained on some counters at lunch time before lunch was served.

Inspectors reviewed an updated contract for the provision of services which included the number and occupancy level of the room allocated to residents. This updated version required rolling out to all residents. Further action was also required to ensure that all additional fees were clearly outlined in all contracts with residents.

Regulation 15: Staffing

On the day of the inspection, inspectors found that there was an insufficient number and skill mix of staff for the assessed needs of residents and the size and layout of the designated centre. For example:

- The communal area within the Coghill unit was unsupervised where six residents were present. Inspectors had to request staff intervention due to one resident walking with purpose and moving a resident within their mobility chair.
- There was six vacant day shifts on the day of the inspection. Inspectors observed that residents had to wait for staff assistance including access to meals. Feedback from residents and staff was that there were insufficient staffing levels.
- Cleaning and catering staffing were not effectively planned, organised or managed to meet the service's infection prevention and control needs. This was evidenced by catering areas unclean and one large unit had no dedicated cleaning staff allocated from 1445 to 0645 resulting in areas remaining unclean throughout the evening.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that the registered provider had failed to have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was repeat findings in relating to cleaning, maintenance of the premises, staffing levels and fire precautions within Coghill/ Daneswell, Clonturk, Delville/Lindsay, Addison and Drishogue units.

The registered provider had insufficient oversight of all units within the designated centre.

- While the registered provider had identified some areas which required improvement across all units, inspectors found there was insufficient action to address these required improvements apart from for the Grattan unit.
- Inspectors were told that there had been no recent audits within five of the seven units due to absences within the management team.
- While improvements had been made in the Grattan unit, these improvements had not been reflected across the wider designated centre. For example, repeated regulatory non-compliances were found in five or the seven units, particularly relating to residents' rights, care planning, restrictive practices and infection control.
- There was insufficient management oversight of the outbreak and cleaning processes within the Grattan unit.

- The oversight of risk management within the designated centre failed to address findings of inspectors. For example:
 - On several units, glass cooking hobs were located in the lounge areas of the unit behind a roller shutter. Inspectors noted that these areas were being used for storage and contained several boxes stacked on top of these hobs. Inspectors noted that these hobs were connected to power and functional potentially posing a fire safety risk. Management were asked to address this during the inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Action was required to bring residents' contracts for the provision of service into compliance with the requirements of the regulations. An updated sample contract was provided to inspectors which included details of room number and occupancy; the sample of older contracts reviewed required updating to ensure this information was also stipulated. Further review and detail was also required to ensure clarity around the additional fees outlined in contracts that were charged to residents for services not covered by the general medical services scheme or by the nursing home support scheme.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The designated centres statement of purpose required review to ensure it accurately detailed the occupancy, description of all rooms and staffing in the designated centre. For example, a twin bedroom was recorded within the Drishogue unit, however this was seen to be single. In addition, a smoking room in the Clonturk unit and a sensory room within the Drishogue unit were seen to be used as a staff break area and a CNM office.

Judgment: Substantially compliant

Quality and safety

The registered provider was delivering good clinical care to residents. Inspectors observed the noted improvements to the quality of life for the residents within the

Grattan unit. However, this inspection identified that action was required to respond to issues with care planning, restrictive practices, residents' rights, the premises, infection control and fire precautions arrangements within the designated centre.

Following the findings of the recent inspection, the registered provider had taken steps to ensure care plans were correct and reflect residents' needs, and a program was being rolled out in the centre to address the improvements required. Staff in the Grattan unit were provided with training in relation to assessing needs, and developing person centred care plans. Some improvements were seen in care plans in the Grattan unit, with evidence that residents were included in developing them to ensure their rights' preferences and wishes were included. Inspectors were told the plan was to ensure all units received this training to improve resident records and care plans.

While there had been no recent admissions, records showed that assessments were carried out prior to residents being offered a place in the centre. There were care plans in place for residents, reflecting their healthcare needs, and the documents were reviewed at least every four months. However, inspectors found that while they were reviewed, they were not consistently updated to reflect the current needs of the resident. For example, inspectors saw that where a nutritional assessment had changed, and advice from a speech and language therapists had been updated, or when a residents mobility had changed, the care plans reviewed did not reflect this. This led to contradictory information being in place, which would make it difficult for staff to clearly understand residents current care and support needs. Where residents had responsive behaviours (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment), there was no consistent recording of what may cause them anxiety or stress, and how to respond and to support them to become calm in their environment.

Residents had good access to medical and health care services. General practitioners (GP) attended the centre seven days a week to review residents. An out of hour medical service was also available. Residents had timely access to specialist services such as psychiatry of later life, psychology and geriatrician services through GP referral. The sample of care records reviewed by inspectors showed that when the need was identified, residents had timely access to and intervention from speech and language therapists, dietitians, tissue viability experts and chiropody services. The provider had arrangements in place so that an occupational therapist and physiotherapist was available and worked on-site Monday to Friday in the centre.

The registered provider had responded to the findings of the previous inspections and was taking steps to improve the practice in the centre in relation to managing responsive behaviours, and restrictive practices. On the day of this inspection, there were a number of different restrictions in place for residents in the designated centre. Inspectors found that practice was not in line with national policy of the Department of Health *Towards a Restraint Free Environment in Nursing Homes* last updated on 26 October 2020. For example, there were very few records to evidence that each restriction in place had been risk assessed for safety and no records that

deemed the approach as the least restrictive solution to manage the risk. Care records did not provide information in relation to other methods trialled prior to restrictions being put in place, and the process for review across all of the units was not clear. It was also not clear how the registered provider ensured any restrictions in place were person centred, and reflected residents' needs, wishes and also their rights. Following the last inspection, a review of the process being implemented was in progress, commencing in the Grattan unit. A register of the full extent of restrictions in place in the unit had been updated, and each of those restrictions was in the process of being reviewed. Improved practice was seen in that blanket arrangements in place, affecting all residents in the unit, in relation to accessing cigarettes and lighters had been replaced with a risk assessment per resident.

There was a safeguarding policy available in the centre. The registered provider had set up a safeguarding committee to oversee any safeguarding incidents that had occurred within the designated centre. Inspectors were told that there was one open safeguarding investigation where the registered provider was reviewing their response to.

Inspectors noted improvements within the Grattan unit in relation to residents' right to move around their environment. Inspectors observed that residents now had open access to the dining room. Residents of this unit who spoke with inspectors used words such as "calmer" and "safer" when talking about the changes that have been made to their environment. However these improvements had not been rolled out to the wider designated centre. When discussed with management during the inspection, inspectors were told that plans were in place to trial a new system that would allow residents greater ease of access to and from their designated units while also protecting the safety of other residents who may require assistance to leave the unit.

When residents were admitted to the designated centre, their clothes were tagged and they were allocated a bar code which was used to track residents' clothing through the laundry system. This ensured that clothing was returned to individual residents. Resident valuables were listed and stored in a secure manner within the designated centre to ensure that they were safe and restored to residents on request.

While improvements had been noted in the premises of the Grattan unit, both internally and externally, ongoing improvements were required to ensure the premises conformed with Schedule 6 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013. For example, inappropriate storage was observed, wear and tear was visible on paintwork throughout the designated centre and some items of furniture required repair or replacement to ensure it could be effectively cleaned. In addition, the kitchen within the dining area of the Drishogue unit was designed for use as a craft kitchen where residents could participate in baking. It had not been updated to cater for its current use as a servery kitchen providing meals for residents throughout the day. As a result it did not comply with infection control or premises regulations.

Action was required in respect of the oversight of the premises and infection

prevention and control, which were interdependent. Inspectors found that the maintenance of equipment required review, for example no bedpan washers within the designated centre had been serviced appropriately. Further, fundamental gaps in infection control within the centre will be discussed under Regulation 27: Infection Control.

Inspectors were provided evidence that the registered provider was in the process of reviewing fire precautions to address fire safety concerns within the designated centre. Some units did not have fire automatic door closures on bedroom doors. Assurances were provided that there was sufficient procedures in place to ensure staff were aware that in the event of a fire in a bedroom the door shall be closed after evacuation of the occupants. This procedure was due to be reviewed as part of an upcoming fire safety risk assessment of the premises. However, inspectors found that in order to comply with Regulation 28: Fire precautions, further assurances relating to the oversight of fire safety was required.

Regulation 17: Premises

A number of areas of the premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

Inappropriate storage was observed:

- Resident equipment such as chairs were stored in dirty utility rooms which blocked access to the sink and bedpan washers in this rooms.
- Inspectors noted in several units that cleaning products and other chemical solutions were not always locked away securely thus posing a potential risk to residents with cognitive impairment living on the units. For example; inspectors observed an open cabinet where iodine solution was accessible.
- Packets of toilet rolls were stored on the floor of the cleaner's room within the Drishogue unit preventing this area from being cleaned.

Improvements were required in the oversight of maintenance within the designated centre. Equipment and areas of poor repair were observed. For example:

- External areas such as the internal gardens in Clonturk and Drishogue required maintenance. There was weeds seen in paving and raised flower beds.
- Wear and tear was visible on paintwork including holes in walls.
- The floors in the dining room in the Clonturk and Drishogue units and two sitting rooms within the Drishogue unit were badly scratched and required repair.
- Bedroom doors in the Coghill unit had the decorative panel peeling and ripped on many.
- A door to the exterior in the sluice room within the Ryall unit was warped and did not close properly.
- On entering the sluice room within the Drishogue unit, there was a strong

smell which managers identified as coming from the drains. Inspectors were informed that this was an ongoing problem which had not been rectified.

- There was a strong smell of urine in the small sitting room, which staff identified as coming from resident chairs which could not be adequately cleaned.
- The kitchen attached to the dining room within the Drishogue unit was in poor repair. For example:
 - The wall behind the sink was chipped, stained, and could not be cleaned properly.
 - There was no seal behind the sink between the wall and worktop which allowed water to seep under the unit. This unit was badly stained.
 - Three cupboard doors did not close properly, thus items stored in the cupboards were not protected.

Judgment: Not compliant

Regulation 27: Infection control

Some practices seen during the inspection were not in line with the national standards, and guidance. This included:

- There was ineffective cleaning arrangements within the designated centre. For example:
 - There was no detergent being used in cleaning processes to manage the outbreak within one of the units.
 - Kitchenettes with unclean cupboards and handles across a number of units.
 - In the morning a bath in a shared bathroom within the Drishogue unit contained a brown residue which had not been cleaned from the previous evening. A bunch of used tissues were also left on top of the toilet cistern.
 - Dirt from a plant was observed on the floor in a hallway in the Drishogue unit in the morning. This had not been cleaned by 3pm in the afternoon.
 - The kitchen floor within the Drishogue unit was dirty and did not show evidence of being cleaned three times a day as specified by the manager overseeing the cleaning. The stainless steel sink in the kitchen was stained brown, and had not been properly cleaned.
- Inappropriate storage was observed in bathrooms, sluice rooms, store rooms and kitchenettes which created a risk of cross contamination. For example, inspectors identified unlabelled barrier cream being stored in a communal toilet posing a risk of cross contamination to residents.
- Inspectors observed examples of incorrect use of PPE, some staff were wearing surgical masks not FFP2 as set out in the guidance at the time of the inspection.

- There was insufficient HBN compliant clinical hand washing facilities as outlined in HBN 00-10 Part C Sanitary Assemblies.
- Bedpan washers had not been serviced since 2015 and access to them was blocked by storage of chairs.
- The clinical waste bins for the Grattan unit were insufficient to manage the use during the outbreak, which led to surplus bags of clinical waste being stored on top of the external bins.

Judgment: Not compliant

Regulation 28: Fire precautions

The arrangements in the centre did not support effective arrangements for evacuation of residents. For example:

- The provider did not have sufficiently robust arrangements in place to monitor fire doors and evacuation routes to ensure that they were kept clear of all obstructions. For example:
 - Gaps were seen to some fire doors in two units
 - Inappropriate storage were observed placed in the stairwells on the Clonturk unit and on evacuation paths of fire escape routes on the Drishogue unit.
 - A fire exit was blocked by storage on the Ryall unit.
- The floor plans were not located beside the fire panels on individual units, to guide staff in the event of a fire.
- Personal emergency evacuation plans (PEEPs) were insufficiently detailed to guide staff on evacuating residents in the event of a fire. For example, they did not contain details of the residents' mobility requirements or residents' understanding and compliance with their PEEP.
- A socket was poorly maintained and electric hobs seen on four units, had the potential to be fire hazards.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans did not consistently reflect residents current health and social care needs. Examples were seen where residents support needs in relation to mobility, nutrition, or safety had changed but the care plans in place did not consistently reflect those changes.

While there were examples of residents preferences being detailed, care plans did not consistently provide sufficient detail to direct care, for example in relation to

personal care.
Judgment: Not compliant
Regulation 6: Health care
The registered provider had arrangements in place for residents living in the centre to receive timely access to medical and health care services and specialists.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
<p>While there was a policy in place in the centre, that had been revised in 2019, it did not fully align with the national guidance 'Towards a restraint free environment', and practice in the centre was not in line with the policy. For example residents who were prescribed 'as required' medication (PRN) did not have care plans in place setting out the indications for giving or withholding the medication and, the monitoring requirements when medication had been given.</p> <p>Records for restrictions in place did not set out alternatives trialled, the capacity of the resident to make decisions, and clarification the restriction is the least restrictive option available. There were examples seen where there were restrictions in place that were not documented, and other restrictions had been removed, but the records showed them as still in use.</p>
Judgment: Not compliant
Regulation 8: Protection
<p>There were good systems in place to protect residents' money and property.</p> <p>There was an increased recognition of safeguarding issues within the designated centre. A sample of safeguarding incidents and investigations were reviewed and found that these had been investigated and responded to appropriately.</p>
Judgment: Compliant

Regulation 9: Residents' rights

Measures to ensure residents' right to privacy required action as not all toilets, shower and bathing areas on the Grattan unit had locks in place for residents to use when using these facilities.

Further work was also required to ensure that residents' right to exert their choice in all aspects of their life was upheld. Inspectors observed that all units throughout the centre remained securely locked with swipe card access to enter and exit the different units. This required all residents to seek support from staff in order to leave their unit. In addition, some units did not have free access into the internal garden.

Inspectors were not assured that all residents on every unit had opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Alzheimer's Care Centre OSV-0000113

Inspection ID: MON-0036640

Date of inspection: 05/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels have been reviewed and are in line with resident dependency on each unit. An additional carer has been added to the daytime compliment on Delville unit and an additional carer at night on Drishogue unit. Overtime, bank and agency staff are rostered where there are gaps in filling rosters. Recruitment and retention efforts remain ongoing in a climate of national shortages in healthcare. Since 1st February, 15 new staff have been recruited to the designated centre with four more staff undergoing preemployment checks. Review of allocation of staff is ongoing at unit level with improved oversight and supervision being implemented especially in communal areas.</p> <p>A new CNM2 has been recruited and is starting on 22nd June 2022. Recruitment of a second CNM2 is ongoing with second position being recently offered.</p> <p>Catering staff now have a greater presence at units throughout the day with catering staff assigned to units since 9th May and responsible for keeping serveries clean. Priority is also being given by care staff to resident mealtimes and nutrition. This change process was discussed at the Quality Safety and Service Improvement committee in May and will be monitored at the Nursing Home Forum.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new CNM2 recruited and starting on 22nd June 2022. Recruitment of a second CNM2 is ongoing as mentioned above. This will enhance management and oversight across all</p>	

units.

Audits are being carried out more frequently across all units and the CNM1's are being released to carry out audits on their units.

Review of learnings from Grattan project is taking place at weekly Nursing Home Hub and the monthly Nursing Home forum. IPC learnings and corrective actions have been shared at the Infection Control Committee. Six additional Designated Officers were trained in May. Safeguarding issues and action reviews are now reviewed by MDT at weekly hub meetings. The restrictive practice committee is due to be convened to review learning from Grattan and share across other units.

An additional member of maintenance team has been advertised with interviews in June. A robust PPM schedule is in place. An inventory and servicing schedule is now in place for all equipment to ensure regular and appropriate maintenance. Ongoing monitoring of premises and equipment takes place at the monthly Support Services Forum.

Maintenance have removed fuses to remove power to all hobs identified.

Executive management safety walkthroughs are taking place on an ongoing basis to ensure robust management oversight of the designated centre.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
Review of Contracts for Care and gap analysis to take place to ensure compliance with the regulations in terms of room specification and additional service charges.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The twin room is used for single occupancy. The Statement of Purpose has been amended to reflect this.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance reviewed and addressed issues with sluice room in Ryall. The sluice room in Drishogue unit is being cleared out as part of clean up week scheduled for June.</p> <p>Locked press to be fitted for safe storage of chemicals on Drishogue unit. Review of cleaning rooms to be carried out and additional brackets on walls to be erected for appropriate storage, as required.</p> <p>An ongoing programme of general maintenance is in place which includes painting and a chair replacement programme across the centre. Wear/tear has been reviewed cross all units including common areas such as dining and sitting rooms and protected time has been allocated for painter who has commenced painting. There has been a significant investment in new furniture for Grattan unit which is now in situ. There have been 50 chairs reupholstered throughout the centre with a plan in place for an additional 10 chairs per month to be reupholstered.</p> <p>Clonturk and Drishogue floors have been added to the Facility Improvement Plan. Additional cleaning is in place for floors. Educational piece for staff to be considered regarding general upkeep and maintenance of the floors, walls and premises.</p> <p>A review of the craft kitchen in Drishogue was carried out to turn it into a servery. Costing on whiterocking and additional worktops to be completed, dishwasher to be moved from old servery, and additional hand washing basin to be put in place.</p> <p>Maintenance carried out powerwash of the decking on Drishogue unit. The garden has been cleared out and new potted plants are in place. A secure awning/canvas covering is being investigated with quote obtained. The existing umbrella is to be removed as prone to blowing over in the wind. The garden in Clonturk has been reviewed and will be cleared as part of clean up week.</p> <p>Contact has been made with a supplier to get costing for kickboards on bedroom doors in Clonturk unit. Priority doors have been identified for immediate action. Some decals have been removed from bedrooms doors and painting has commenced on the unit of communal areas.</p> <p>An audit of general rooms is underway and it has been agreed that some rooms will be repurposed for staff. These rooms include a smoking room that is no longer in use on Clonturk unit and a sensory room in Drishogue unit that was deemed too small and an alternative room is being utilized instead for sensory activities. Signage on several doors has been removed.</p> <p>Clean up week is planned for 13th June to remove unwanted items and to address the general maintenance of stores. An initial review of store rooms has been carried out with a full audit planned following the clear out. Additional shelving has been identified for</p>	

these rooms. Management of personal belongings is also being reviewed.

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

An external review of allocation of cleaning and cleaning hours has taken place. External review completed with report due end of May. Hours will be reallocated based on findings and need. All appropriate cleaning products are now in place.

A programme of deep cleaning of serveries to be implemented. Daily cleaning of serveries now carried out by Catering Assistants. The Catering Manager carries out weekly audits of serveries, and reports any issues at the bimonthly Support Services Meeting.

Review of hand hygiene facilities in Drishogue kitchen to take place. Location of trolley in Clonturk to be reviewed.

All bedpans are scheduled to be serviced.

Educational piece for staff on the importance of using FFP2 masks. The IPC Nurse is carrying out a review of the need for additional clinical sinks across the centre and an audit of existing hand sanitisers will be incorporated into this review.

Clean up week is planned for 13th June to address the general maintenance of stores and sluice rooms and to ensure appropriate storage of all items including chairs, equipment and stocks in line with infection control guidelines. Additional shelving has been identified for some rooms. Management of personal belongings is also being reviewed.

There are sufficient clinical waste bins in place across the service. When an outbreak occurs, the bin collection company will be requested to collect bins more frequently.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fires doors obstruction is now included in daily checks to ensure fire doors are not obstructed. The fire exit route in question has been cleared. Spot checks by managers on units are ongoing.

All fire doors are being audited to ensure they are compliant with the regulations. The fire consultant is carrying out fire risk assessment which will review self-closing devices on bedroom doors.

The PEEPs are in the process of being updated to ensure sufficient details are provided for evacuating residents in an emergency. Ongoing review of same takes place every 4 months.

The floor plans are being updated in light of recent changes and will be erected across all units.

We have engaged external support to carry out a review of our overall fire safety systems and are running additional training in this area.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All care plans will be reviewed to ensure they are up-to-date and address all identified resident needs. Care plan training is being organised to share the learning from the Grattan project. A programme of regular auditing of care plans is in place.

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The restrictive Practice Committee has completed a review of restrictions on Grattan unit and will now review restrictions in use on other units and document same in the restrictive practices register. Responsive care plans are being updated. Care plan training is being organised which will include good practice in documentation relating to responsive behaviours. Four staff members will be trained as instructors in Dementia Capable Care in July 2022 and training will be rolled out to all staff on managing responsive behaviour. An online training programme in managing behaviours that challenge is being made available to all staff. Responsive behaviours will also be discussed at weekly hub meetings which have been established.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As discussed at time of inspection, a 3- month pilot on Grattan Unit has now commenced. A keypad has been installed on the main door and residents with capacity have been provided with the code. The Restrictive Practices will review locked doors on all other units, and individual risk assessments will be carried out and the outcomes documented including trials on alternatives to restrictions.</p> <p>A review of all doors to inner gardens has taken place. Most of these doors are now unlocked including Clonturk unit. A broken handle on Addison door was identified and has since been repaired. The locking of doors will be reviewed as part of the restrictive practices committee. Education to staff will follow.</p> <p>Maintenance have reviewed bathroom locks on Grattan unit and replaced one lock.</p> <p>A review of all activities being carried out across the centre is taking place including allocation, resourcing and timetables. OT and AT are assessing all residents profiles to identify interests/activities to meet changing needs, in particular since COVID19. There has been increased involvement from the Occupational Therapy Department, especially on a 1-1 basis with residents.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	01/09/2022

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/09/2022
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Not Compliant	Orange	31/08/2022

	infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/08/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/10/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/06/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange	Not Compliant	Orange	30/11/2022

	to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	31/10/2022
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.	Not Compliant	Orange	31/10/2022
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	31/08/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	31/10/2022

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/08/2022