



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

Issued by the Chief Inspector

Name of designated centre:	College View Nursing Home
Name of provider:	Aspen Green Limited
Address of centre:	Clones Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	02 June 2021
Centre ID:	OSV-0000128
Fieldwork ID:	MON-0033719

About the designated centre

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

College View Nursing home is a purpose built nursing home located in landscaped gardens on an elevated site within the Cavan town opposite St Patrick's College on the Clones Road. The centre is registered to accommodate a maximum of 69 residents, both males and females, over the age of 18 years on a long term and short stay, respite and convalescence basis. The centre provides care for a wide range of age related conditions such as general nursing care for elderly residents, Old Age Psychiatry, dementia specific care, respite care, post operative care and palliative care. The town can be accessed by wide footpaths which have been extended to meet the drive into the nursing home. There are extensive gardens over an acre which include raised flower beds, extensive lawns and secluded sun and patio areas for those residents who like to sit outside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 June 2021	10:00hrs to 18:30hrs	Naomi Lyng	Lead
Wednesday 2 June 2021	10:00hrs to 18:30hrs	Nuala Rafferty	Support

What residents told us and what inspectors observed

The inspection was carried out over one day and inspectors met and chatted with approximately 14 residents living in the centre. In general, residents said they were satisfied with their care and were happy with the services provided. However, inspectors found that improvements were needed in a number of areas to ensure that the care delivery and services provided in the centre were safe and delivered in a person-centred manner that reflected residents' rights and met all their assessed needs.

There was ongoing refurbishment works taking place at the time of inspection, and a team of maintenance staff were seen carrying out repairs and preventative works under the direction of management. This included the replacement of the flooring in the foyer entrance, and completion of upgrading works to a bedroom and the hairdressing salon. There was evidence that residents had been informed of these works and efforts were made to reduce disruption to visits.

Inspectors communicated with a number of residents as they enjoyed the communal areas or rested in their bedrooms. Residents who could express their opinions told the inspectors that the premises met their needs and that they were warm and comfortable. However, inspectors found that a communal shared sitting and dining room facility in one unit had been re-purposed as a staff facility to enable staff to socially distance during their breaks. This meant that a number of residents were required to use a dining room in another unit, or have their meals in a sitting room where they spent the majority of their day. Residents told the inspector that they missed the use of the other sitting/dining room as it led out on to a secure courtyard area. One resident told the inspectors that they had previously enjoyed going to the dining room for their meals as they could catch up with friends, but that they now took most of their meals in their bedroom as they were now finding the dining room experience to be rushed and too busy.

There was a large garden and secure courtyard available for residents to enjoy fresh air and engage in outdoor walks. These outdoor spaces were observed to be maintained to a high standard, with walkways and attractive planting. However, the inspectors found that access was restricted to these spaces on two units. For example, a number of doors were observed to be locked on the day of inspection. Inspectors also observed that there was insufficient grab rails in some residents' bathrooms and that handrails along corridors in some units were blocked by large and heavy furniture, which had an impact on residents' ability to move around the centre easily and safely.

Residents' bedrooms were personalised with personal possessions to their individual taste and were seen to be clean and tidy, although some furniture and fittings showed signs of wear and tear and would benefit from repair or replacement. There was sufficient storage space for residents' belongings and a lockable drawer to keep special items secure. The inspectors met with residents who were accommodated in

both single and twin bedrooms. The bedrooms were spacious and 63 of the 65 bedrooms had an ensuite facility. One resident told the inspectors that they greatly enjoyed the view from their bedroom window, and admired the attractive planting outside in the garden.

Residents were complimentary about the staff working in the centre, and staff were observed to address residents in a polite, friendly and respectful manner. Residents told the inspector that they could trust the staff and that they felt safe in the centre. Staff were seen to knock on bedroom doors and obtain the resident's permission before entering the room. However, inspectors found that the number of staff available and the layout of the centre did not enable staff to respond in a timely way to residents' call bells and alarms. Although staff tried to make their way to residents bedrooms as quickly as possible, inspectors saw that the distance staff had to travel on long corridors hindered their efforts. This resulted in two near-fall incidents on the day of inspection where an inspector had to intervene and assist a resident to walk to their ensuite bathroom.

Inspectors were told that a range of individual and group activities were held each day throughout the centre by allocated staff members. An activity board detailing the activities planned was seen which listed bingo, garden walks and chair aerobics as the main activities due to take place on the day of inspection. Inspectors also heard that newspapers and magazines were available for residents to read and that staff would read to those who needed assistance. However, the activity programme advertised was not fully available on the day of inspection. As a result, inspectors saw that many residents spent long periods of time without any meaningful occupation or activity and this was verified by some residents who told the inspectors that their days were very long. The inspectors spent time in the communal sitting rooms and observed that some residents with impaired cognitive or sensory abilities had newspapers placed in front of them, but that no staff were available to assist them to read or to read the newspaper to them. The inspectors observed that at one time, nine residents, some of whom had impaired cognitive, physical and sensory abilities, were sitting in a communal sitting room watching television. Two residents told the inspector that they were not enjoying the television programme and that they felt very bored, but there was no staff member available to assist them or to change channels to something they wanted to watch.

There were some limitations to visiting observed due to ongoing renovation works, and residents and their families had been notified of this temporary disruption. Despite this, visits were observed to be facilitated in line with Health Protection Surveillance Centre (HPSC) guidance "*COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs).*" Residents told the inspectors that they were delighted to see loved ones again and greatly looked forward to visits from family and friends. Visitors were observed coming and going on the day of inspection, and one visitor told the inspectors that they enjoyed coming to see their family member regularly.

Residents were complimentary of the food choice and quality offered in the centre, and residents were seen to enjoy their meals. One resident said that the food was very good and another said they had lots to eat. Staff were seen providing

assistance to some residents during lunch in a patient, respectful manner. However, inspectors observed that residents were not consistently offered choice with snacks and fluids in between their meals.

Inspectors observed that arrangements to consult with residents were in place, including monthly resident meetings and annual resident surveys. However records showed that a resident's meeting had not been held since November 2020. In addition inspectors found that residents were not consulted in the preparation of the centre's annual review. Inspectors were also told by some residents and a visitor that they were unaware of who was currently in charge in the centre as the previous person in charge (PIC) had left.

Residents who communicated with inspectors reported that they had no complaints, and that they were happy to raise concerns with staff if they had any.

The following sections of the report will give an overview of the findings of the inspection and detail the compliance judgments under each regulation.

Capacity and capability

College View Nursing Home was observed to be going through a period of transition and the inspectors acknowledged the challenges faced by the provider over the previous number of months. However, significant improvements are required to ensure that management systems in place identify all risks and put in place timely quality improvement plans to address these. This includes a number of repeat non-compliances in relation to premises, governance and management, written policies and procedures, infection control and healthcare which had not been addressed since the previous inspection.

This was an unannounced risk inspection to monitor the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and was carried out over one day. Overall, there were a number of areas identified as requiring improvement relating to the governance and management of the service. These will be discussed further under the relevant regulations.

Aspen Green Ltd is the registered provider of College View Nursing Home, and had taken over the running of the centre on 6 November 2020. The management structure consisted of the registered provider representative (RPR), person in charge (PIC), three persons participating in management (PPIMs) including the chief operations officer, and a clinical nurse manager (CNM). There was no person in charge in the centre on the day of the inspection and inspectors noted that this role had been vacant for a number of weeks. The provider had appointed a new person in charge and they were due to start their role in the coming weeks. This is discussed further under Regulation 14 and Regulation 23. In the interim period the provider had seconded a quality manager who was an experienced nurse to work as

the person in charge in the centre. This person had started in the role recently and was getting to know the residents and the staff. There was a well established clinical nurse manager working on the day of the inspection, however inspectors noted that they were working primarily in a staff nurse capacity on the units and had limited supernumerary clinical management hours. The provider had acknowledged this finding on inspection and assurances were provided that a second clinical nurse manager was being recruited.

While inspectors were assured that there was enough nursing and care staff on duty to meet the health care needs of residents, there was an insufficient number and skill mix of staff available on the day of inspection to meet all residents' identified needs. For example, inspectors learned that one member of the activities staff team was on leave on the day of inspection and over the preceding three weeks. This meant that only one person was available to deliver the activities programme for all of the residents. Inspectors found that no additional resources were put in place during this time to ensure that all residents had access to meaningful recreation and engagement, and that this had a negative impact on residents' quality of life in the centre. However, the inspectors found clear evidence that the provider was attempting to recruit additional staff and that a number of new staff were due to commence employment in the coming weeks. This is discussed further under Regulation 15.

Staff were observed to have access to a suite of appropriate training including fire training, moving and handling and infection prevention and control (IPC). Inspectors observed staff adherence to good moving and handling practices when assisting a resident with limited mobility, and demonstrated good knowledge of hand hygiene and standard infection prevention and control (IPC) precaution. However, gaps were observed in the records of staff training as discussed under Regulation 16.

Residents told the inspectors that they knew how to raise a concern in the centre and felt comfortable making a complaint to any member of staff.

Regulation 14: Persons in charge

There was no person in charge (PIC) in the centre since April 2021. While the provider had put in place interim on site management arrangements, these persons participating in management (PPIMs) did not meet the criteria or have the required capacity for the role of PIC.

A newly recruited PIC was scheduled to commence employment in June 2021.

Judgment: Not compliant

Regulation 15: Staffing

There was an insufficient number and skill mix of staff available having regard to the needs of residents and the size and layout of the centre, as evidenced by findings on the day of inspection:

- inconsistent supervision of communal sitting and dining rooms
- delayed response to call bells and falls risk alarms, which resulted in two near-fall incidents on the day of inspection
- disruption of a medication round due to a staff nurse being required to attend a resident's care needs
- limited staff available to provide opportunities for meaningful recreational activities and occupation for residents

There were three staff nurse and six health care assistant vacancies at the time of inspection. These vacancies were being filled by agency and redeployed staff who had less experience and knowledge of the centre and residents. Assurances were provided during the inspection that recruitment for these positions was ongoing, and a number of new staff were due to commence employment in the coming weeks.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors observed gaps in the staff training records available and were not assured that all staff had completed updated training in safeguarding of vulnerable adults and the management of challenging behaviour. This was evidenced in some poor care practices observed on inspection in relation to staff management of responsive behaviour (behaviours presented by a person living with dementia as a way of responding to something negative, frustrating or confusing in their social and physical environment).

In addition, staff were not adequately supervised on inspection to ensure consistent safe and appropriate care practices were followed. For example, inspectors found that some daily care records for residents, such as observational charts and nutrition records, were observed to have been completed in advance of the time recorded and therefore did not accurately demonstrate the residents' status or dietary intake. In addition, inspectors found that some care practices were task-oriented and there were elements of institutional language in use in residents' care records.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was not a clearly defined management structure in the centre, and inspectors found that some staff and residents were unsure of the lines of authority and accountability at the time of inspection. For example, two residents and one visitor told the inspectors that they were unsure of who was now in charge in the centre.

The centre did not have sufficient resources to ensure the effective delivery of safe and quality care. This included staffing, and appropriate storage and sluice facilities.

The management systems in place did not ensure that all services provided in the centre were appropriate, consistent or effectively monitored as evidenced by the findings and repeat non-compliances observed on this inspection.

The management of risk in the centre was not sufficiently robust and would benefit from greater involvement and liaison with staff. For example, a number of risks were identified on inspection including:

- Unsupervised medication trolley observed on a corridor
- Unsecure storage of sharp items, including razors and scissors

There was an annual review available for 2020. However, this did not show consultation with residents or their families as required by the regulation.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts and found that these did not fully meet regulatory requirements. For example:

- It was unclear what person had signed the contracts on behalf of the registered provider
- One contract did not identify what bedroom the resident would reside in
- One contract did not clearly show the breakdown of fees being paid, for example it was unclear what fees were being charged for additional services including the centre's social programme

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Inspectors were not assured that all Schedule 5 policies were being implemented fully in the centre. For example:

- Arrangements listed in the risk management policy for the management of

- falls were found not to be fully implemented in some cases on inspection
- Where the end of life care policy in the centre required six monthly reviews of residents' resuscitation status, the inspectors found that this was not carried out consistently in practice
 - A review of incidents of responsive behaviour in order to ensure learning and improvement of care practices was not consistently carried out in the centre. This was not in line with the centre's management of behaviour that is challenging and behavioural and psychological symptoms of dementia (BPSD) policy.
 - The centre's policy on the management of internal emergencies (including fire evacuation) contained inaccurate information in relation to the procedures for the use of oxygen in the centre.

In addition, the inspectors were not assured that the Schedule 5 policies and procedures were easily accessible and available for staff in order to inform care practices in the centre.

Judgment: Substantially compliant

Quality and safety

Residents were provided with care and support that met their basic needs, but improvements were needed to ensure that they were supported and encouraged to live a meaningful life that respects their wishes and choices. In particular, improvements were needed to uphold residents' rights to autonomy and independence, and consideration of their preferences, diversity and choice in the day to day running of the centre. In addition the inspectors were not assured that the procedures and practices in relation to fire safety and infection prevention and control were adequate to ensure the safety of the residents. These findings are discussed further under the relevant regulations.

There were a number of new staff on duty on the day of inspection, and though they were not as familiar with all of the residents' needs they knew where to find the necessary information. A record was kept, in respect of each resident, on their health personal and social care needs. However, a comprehensive assessment of the care and support required to assist each resident with all of their activities of daily living and a care plan to deliver that care, was not in place for each resident's identified needs. In addition, it was found that the standard of care planning was inconsistent and that some care plans were not being fully implemented by staff.

Residents had access to medical care services including general practitioner (GP), psychiatry of old age and health and social care professionals. There was evidence of medical reviews and reviews by other allied health and social care professionals, both by phone and in person. However, improvements were needed to ensure that where additional clinical expertise was required to manage residents with complex

needs, that this was accessed in a timely manner.

There was evidence that all staff were provided with training in fire safety and evacuation procedures, and an external provider was made available to staff for this training. Evacuation procedures to guide staff, residents and visitors in the event of a fire evacuation scenario were posted on the corridors of the centre and most residents were observed to have personal evacuation plans (PEEPs) in their bedrooms. However, inspectors found that the fire evacuation procedures as listed above required review to ensure that all residents could be safely evacuated from the centre in a timely manner in the event of a fire.

Regulation 17: Premises

Inspectors saw that regular maintenance was in place in the centre and that, although many aspects of the premises were in good repair, more focus and resources were needed.

For example;

- additional grab rails were needed in some communal bathrooms and toilets
- maintenance of surfaces which required repainting
- improvements in maintenance and storage facilities was required in staff changing facilities

Judgment: Substantially compliant

Regulation 26: Risk management

Areas of risk that were identified as requiring improvement on the last inspection were partially addressed on this occasion. The risk management policy and risk register had been updated to reflect both clinical and non-clinical risks. The process for, and the responsibilities of, management and staff to report, record, manage and learn from any serious incidents or near misses that occurred were stated in the policy.

However, inspectors found that measures and actions to control and manage identified risks were not always in place, for example the management of falls and responsive behaviours (where residents showed behaviours associated with frustration, agitation or anxiety), as discussed under Regulation 4.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control (IPC) processes required review to ensure they were consistent with the IPC standards and implemented effectively by staff. For example:

- While there was a tagging system in place for equipment cleaning procedures, this practice was observed to be inconsistent across the units and it was not always clear what equipment was sanitised for residents' use
- Laundry processes required review to ensure there was a clear flow of segregated dirty and clean laundry
- The sluice facilities in the centre required review to ensure there was sufficient access to a bedpan washer, adequate storage and access to appropriate hand washing facilities
- Some staff communicated with on inspection were unclear of their role and responsibilities, including what areas they were required to clean and clinical waste management processes.
- Storage of residents' equipment in a communal bathroom
- Replacement of residents' equipment which had become worn was required, for example pressure relieving cushions, to ensure effective sanitisation

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were not adequate arrangements in place to ensure a timely and safe evacuation of all residents and staff. For example:

- The centre's evacuation procedure and the residents' personal emergency evacuation plans (PEEPs) were not consistent.
- Records of completed fire drills did not show evidence of a full fire compartment evacuation with night-time staffing levels
- The personal emergency evacuation plans (PEEPs) did not contain sufficient detail, for example a sample of PEEPs reviewed on inspection did not take account of all the risks associated with some residents' complex needs.
- An evacuation sheet was not provided for every resident and some were not easily accessible in the event of a fire.
- Fire exits were obstructed by curtains and plants // this was addressed on the day of inspection
- Access to fire safety equipment, including a fire extinguisher and a fire hose, was blocked // this was addressed on the day of inspection

In addition, the internal smoking room required immediate attention to ensure it

was a safe facility for residents' use.

All aspects of this regulation were not fully reviewed on this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors looked at a sample of comprehensive assessments and care plans in place for residents. Considerable improvements were required to ensure that residents were receiving a high standard of evidence based practice. For example:

- A risk assessment and care plan was not in place for every identified care need
- Where care plans were in place, these were not observed to be fully implemented by staff
- Daily nursing care records were repetitive, focused on basic care needs and did not give sufficient insight into the overall health and well-being of residents

Judgment: Substantially compliant

Regulation 6: Health care

From a review of care records and discussions with staff, inspectors found that not all recommendations made by a specialist practitioner had been implemented fully in one resident's care plan. In addition there was no clear evidence of timely follow up with appropriate specialist teams to progress support plans and investigations.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Significant improvements were needed to support residents to make choices about the way they live in a manner that reflects their preferences, diverse needs and human rights.

For example;

- A communal residents' sitting and dining space in one unit had been repurposed temporarily as a staff facility and this reduction in social and

recreational space was found to have a negative impact on residents' quality of life

- There was a lack of meaningful occupation and activity for residents observed on the day of inspection
- Opportunities for residents to be consulted with in relation to the running of the centre was not available
- Some care practices and the use of institutional language observed on inspection did not demonstrate respect for residents as individuals
- Environmental limitations to residents' autonomy and independence for example, a number of hand rails along walls were blocked by heavy furniture and there was reduced access to outdoor space in two units.
- Practices in places for consent to care interventions at end of life were not reflective of the centre's own policy or of best practice guidance on resident's rights

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for College View Nursing Home OSV-0000128

Inspection ID: MON-0033719

Date of inspection: 02/06/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>At the time of the inspection, a new person in charge had been recruited and was due to start within four weeks, on June 28th 2021. In the interim, appropriate cover arrangements are in place.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>At the time of the inspection the home was undergoing a period of transition. The following measures are in place to come into compliance:</p> <ul style="list-style-type: none"> - 1 additional CNM is in post since the inspection. As a result supernumerary CNM hours have increased to 1 WTE.4 new nurses have been recruited since the inspection. 7 new carers have been recruited. <p>The Nursing home now has a continuous recruitment program in place. Care staff are allocated on a consistent basis for supervision of dining rooms and communal spaces. This is reviewed on a daily basis by the Person in Charge.</p>	
Regulation 16: Training and staff development	Substantially Compliant

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

At the time of the inspection, the home was undergoing a period of transition. The following measures are in place to come into compliance:

- Staff training has been completed on Safeguarding and Complex behaviors.
- A programme for the training of all staff in MAPA (Management of Actual or Potential Aggression) has commenced.
- There is increased supervision on a daily basis by increasing Clinical Nurse Manager hours to monitor the care practices.

Regulation 23: Governance and management

Not Compliant

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

At the time of the inspection, the home was undergoing a period of transition. The following measures are in place to come into compliance:

- A meeting was held with the residents introducing the acting person in charge
- An additional meeting was held when the new person in charge commenced on the 28th of June, with ongoing communications with the PIC and residents and their families.
- Staffing levels have been reviewed with an ongoing recruitment programme in place.
- Additional storage areas have been identified in the facility.
- Risk management processes have been reviewed and training for all staff in risk management has been scheduled. Risks identified on the day were immediately rectified and control measures put in place.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- The issues identified with the contracts were addressed on the day of the inspection.
- A full review of all contracts will be undertaken to identify if there are any other issues and address these in due course.

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> - A review of all policies and procedures is underway. - A review of the End of Life policy was completed and a full review of all resident's resuscitation status was completed. - A review of responsive behaviours will be completed and all learning fed back to staff. - An updated Emergency Response plan has been completed. - A copy of policies and procedures have been placed in each unit and training provided for staff, with updates to same reviewed on an ongoing basis at regular staff meetings. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Handrails for all communal bathrooms have been ordered and a programme for replacement of same in all bathrooms is underway. - Regular maintenance meetings are being held to review an ongoing maintenance programme and schedule of works. - Additional storage facilities have been identified in the centre. - Review of process for reporting of maintenance issues by staff completed and revised processes now in place. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>At the time of the inspection, the home was undergoing a period of transition. The following measures are in place to come into compliance:</p> <ul style="list-style-type: none"> - Staff re-educated on the clean tag system and daily checks are completed by the CNM / PIC to ensure adherence. - A full review of the laundry processes will be completed, but in the interim additional equipment for segregation of linens/ transport of linens has been purchased and in place. - Toolbox talk on clinical waste processes developed and delivered to all staff. - Meetings conducted with all staff to clarify their roles and responsibilities in relation to cleaning and IPC processes. 	

- Full review of all patient equipment completed and a replacement programme for all damaged equipment is now underway.
- Additional sluicing facilities has been addressed and additional racking has been ordered for all sluice rooms.
- Storage areas have been reviewed and additional storage identified to avoid the storage of equipment in inappropriate areas.

Regulation 28: Fire precautions	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- The centre's evacuation procedure and the resident's personal emergency evacuation plans (PEEPs) has been implemented consistently across the home.
 - A fire risk assessment has been completed by an expert in fire safety and an action plan put in place.
 - A compartment fire drill on night duty staffing levels has been completed.
 - Fire sheets were put in place for every resident on the day of inspection.
 - Obstructions of fire exits were removed on the day of inspection and are checked on a daily basis by the CNM/ PIC
 - The smoking room has been decommissioned.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
- A review of care plans has been completed.
 - Care plan training has been delivered to all nursing staff.
 - A new electronic health record system is being introduced in August 2021.

Regulation 6: Health care	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 6: Health care:
- A new system has been implemented to ensure specialist practitioner recommendations are implemented and referrals to track actions.

Increased supernumerary CNM hours allows for closer monitoring of processes

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The communal space has been restored to a dining room for residents.
- An activity plan is in place on a daily basis, when activity coordinators are on leave, HCAs are now supported to implement activities schedule.
- A review of all activities will be completed.
- Resident's forum meetings have recommenced and will be scheduled on a regular basis.
- A resident satisfaction survey has been completed and analysis is to be completed as soon as possible.
- Person Centred Care training will be delivered to all staff.
- A full review was completed on End of Life practices in the centre.

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	28/06/2021
Regulation 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Orange	28/06/2021
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	30/09/2021
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	30/09/2021

	ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/09/2021
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	30/09/2021

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	28/02/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/09/2021
Regulation 24(2)(b)	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 the fees, if any, to	Substantially Compliant	Yellow	30/09/2021

	be charged for such services.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/09/2021
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	30/09/2021
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	30/09/2021
Regulation 5(3)	The person in charge shall prepare a care	Substantially Compliant	Yellow	30/09/2021

	plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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	30/09/2021
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably 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.	Substantially Compliant	Yellow	30/09/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities	Substantially Compliant	Yellow	30/09/2021

	for occupation and recreation.			
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	30/09/2021
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	30/09/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/09/2021