



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

Issued by the Chief Inspector

Name of designated centre:	Carysfort Nursing Home
Name of provider:	Ardancare Limited
Address of centre:	7 Arkendale Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	01 February 2021
Centre ID:	OSV-0000022
Fieldwork ID:	MON-0031733

About the designated centre

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

This designated centre provides 24 hour nursing care to 49 residents, male and female who require long-term and short-term care. Residents assessed as having dementia are also accommodated. The centre is a period house with three floors and a bungalow. The ground floor contains the main communal rooms (two sitting rooms one of which is a combined sitting and dining room), and household facilities including the kitchen, laundry and sluice room. The first floor has a small sitting/dining room at one end of the corridor and a nurse's station on the opposite end. Bedroom accommodation located on all floors consists of a mixture of single, twin and multi-occupied bedrooms. In accordance with the conditions of registration four bedrooms have been identified which can only be occupied by independently mobile residents who have undergone a professional assessment in relation to their safe use of steps/stairs. This condition is subject to ongoing professional assessment as part of the care planning process as required by the residents changing needs or circumstances, and no less frequently than at four monthly intervals. There are sanitary facilities on all floors. The philosophy of care is to meet residents' individual needs in a homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Monday 1 February 2021	09:40hrs to 19:30hrs	Michael Dunne	Lead
Monday 1 February 2021	09:40hrs to 19:30hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Residents gave a varied reaction regarding their quality of life and the nature of the care and support delivered to them. The impact of the COVID-19 outbreak on the residents clearly affected their ability to enjoy their surroundings and to meet with other residents, as some residents were unwell and all residents remained in their bedrooms to prevent the transmission of infection.

Residents who spoke to inspectors expressed mixed responses to their care in the centre. The provider moved residents into different bedrooms in order to separate those who had tested positive from those who had tested negative in line with advice given to them by the public health team. Cohorted zones for residents who had tested positive and for those who had tested negative were created. Inspectors observed staff members moving between these zones and gathering outside the kitchen to collect food trays to take to residents.

Some residents said they felt lonely, some were anxious and some felt they did not receive sufficient information about being moved from their room. Others understood why they were moved, and said that they were receiving good levels of care and support.

Entry to the centre was delayed as there were no permanent staff available to receive essential service providers as per the HPSC COVID-19 guidance on visits to long term residential care facilities . However two Health Service Executive Service (HSE) senior staff nurses who were assisting the registered provider and the person in charge in ensuring infection prevention and control measures were sufficient to manage the COVID-19 outbreak, guided visitors through the infection prevention and control procedures that they had recently set up.

The designated centre consists of a period house, a bungalow and five separate structures located in the enclosed garden to the back of the main house. These included a cleaning shed, staff toilets and changing room, a staff room and two storage sheds. Residents were accommodated on the ground, first and second floors in a mixture of single, double and multi occupancy rooms. There was a chair-lift available to provide support to residents with mobility needs.

A number of areas in the designated centre were cluttered. These included a sitting room which was used as a temporary storage space for infection prevention and control equipment and dry kitchen stores, a cleaning shed and the sluice room which was used to store equipment.

Residents ability to utilise communal toilet and shower facilities available in the centre were hampered by the inappropriate storage of care equipment in these rooms. On the day of the inspection staff were seen to be wearing appropriate levels of personal protective equipment (PPE) however inspectors observed waste bins overflowing with used PPE. In addition inspectors observed that there was no

oversight regarding the refilling of PPE stations. A downstairs corridor appeared crowded with PPE stations and staff donning and doffing (putting on and taking off) PPE in a narrow corridor. There was a shortage of paper hand towels for residents to dry their hands with containers observed to be empty throughout the day.

The activity programme had been suspended since the outbreak two weeks earlier and resulted in a reduction in residents choice regarding attendance and participation in activities. Activity personnel had been redeployed as part of the care team due to the staff absence as a result of COVID-19. Staff were observed speaking to residents in their rooms but the majority of this interaction was task orientated and concentrated on care tasks as opposed to the provision of an alternative activity programme. Residents confirmed that staff assisted them in keeping in contact with their loved ones over the phone and confirmed that visits did occur when restrictions allowed. Residents mentioned they missed the company of other residents and longed for a time when they could resume their daily routines.

Residents were very complimentary about staff and mentioned that they were kind and considerate with many indicating that the pandemic had made their job very difficult. Residents stated that they had seen a lot of different staff working in the centre but felt safe and secure living there. Residents told inspectors that should they have a concern they could raise it with any member of the team.

Inspectors observed staff delivering food and drink to residents throughout the day. Those residents who spoke with the inspectors were complimentary about the food provided and confirmed that alternative options were available should they want something that was not on the menu. Residents bedrooms were personalised with staff observed to knock on resident bedroom doors prior to entering. Residents confirmed that staff provided regular cleaning to maintain their room environment in a clean and comfortable state.

Overall, the residents that inspectors spoke with expressed feeling content in the centre, although they were anxious because of the COVID- 19 outbreak. The next two sections of the report will present findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered to residents.

Capacity and capability

The governance arrangements in the centre needed to be strengthened to ensure that systems were in place to oversee the delivery of services and the allocation of resources to meet the needs of residents.

Ardancare Ltd is the registered provider of the designated centre. The centre is managed by a person in charge (PIC), supported by an assistant director of nursing (ADON). A person participating in management and involved in the day to day running of the designated centre was unable to attend on the day of the inspection.

Inspectors found that on the day of the inspection there were improvements required regarding governance and management arrangements to ensure the provider was in compliance with the regulations. In addition inspectors found that there were improvements required regarding the recording and use of information collected by the management team.

A clear governance and management structure was in place with management oversight included in regular board meetings, health and safety committee meetings and staff meetings. While there was evidence that management oversight meetings were taking place, the records of these meetings required improvement in order to give sufficient detail surrounding the topics for discussion and the rationale around the decision making process. Inspectors viewed minutes of these meeting and found that there was a limited record of discussions and decisions made.

The Chief Inspector had been notified of an outbreak of COVID-19 on 18 January 2021 which affected 38 residents and 20 staff. Sadly prior to the inspection three residents had passed away with COVID-19. Inspectors found that the person in charge was in receipt of advice and support from public health and was actively participating in the outbreak control team meetings with the Health Service Executive.

Although the designated centre had a COVID-19 contingency plan in place, on the day of inspection the arrangements for the provision of ongoing supervision and support for staff was found to be inadequate. The person in charge was working in building two and the assistant director of nursing who deputised for the person in charge was providing direct care to residents in building one. The centres contingency plan has not been updated to take into account the absence of a person participating in management who worked in the centre full time and was aware of resident needs.

There were a number of staff from external agencies who were not familiar with the needs of the residents or the layout of the centre. The absence of the person in charge who was working in building one combined with the absence of the person participating in management greatly hampered the registered providers ability to ensure both permanent and agency staff were given the required levels of direct supervision given the impact of the COVID-19 outbreak. Despite admirable efforts by staff to provide the required levels of support to residents, inspectors observed a range of practices as described under regulation 16 which caused concern regarding the effective implementation of control measures to restrict the spread of COVID-19 in the designated Centre.

Managers had regular meetings with the Public Health throughout the outbreak. Advice on cohorting staff and residents was followed and two senior nurses from the HSE attended the centre to provide support and advice to the management team in relation to infection prevention and control.

The registered provider had not ensured that sufficient resources were in place for the prevention and control of infection, or for the storage of equipment or supplies.

The management team ensured that adequate staffing was in place through

established links with agencies. Records showed that permanent staff received appropriate training and development, including IPC training prior to the COVID-19 outbreak.

An established complaints procedure was in place which enabled complaints to be identified and investigated promptly.

Regulation 15: Staffing

The designated centre had an adequate number and skill mix of nursing and care staff to meet the needs of residents however there was a lack of direct oversight by the clinical management team. Although a number of permanent staff were isolating, agency staff were engaged to cover staff absences. Agency staff members worked alongside permanent staff who guided them in the delivery of care to residents. Two senior nurses from the HSE were assisting management on the day of inspection to develop systems to deal with COVID-19. There were registered nurses on duty at all times in the designated centre.

There were insufficient cleaning staff on the day of inspection and the provider was in the process of engaging with an agency to provide staff and equipment on the following day.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records showed that staff had access to appropriate training and were up to date with their mandatory training requirements which included Fire safety, Safeguarding, Manual Handling and Infection prevention and control.

Staff also had access to a range of supplementary training such as dementia care and management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff also had access to training in restrictive practices, end of life, person centred care and continence management. Nursing staff were supported to maintain their professional qualification and had access to cardiopulmonary resuscitation (CPR) and medication management training.

Records reviewed showed that staff had received regular training on infection prevention and control measures which included hand hygiene, personal protective equipment (PPE) including donning and doffing and standard precautions for COVID-19. Staff spoken with throughout the day of the inspection mentioned that they found this training helpful and reassuring in their daily work with residents.

Inspectors saw evidence of induction in staff files which promoted clarity for staff in their current positions and identified their key roles and responsibilities. However on the day of the inspection Inspectors were not assured that there was sufficient management available to provide direct supervision to permanent staff or to agency staff.

At the time of the inspection the designated centre was in the midst of a COVID-19 outbreak. The person in charge was working in building two as part of the centres contingency plan and was co-ordinating the management of the outbreak with the assistant director of nursing who had returned to work on the day of the inspection. This was to ensure that there was a continuity of management cover during the outbreak. A person participating in management of the designated centre and integral to the implementation of the contingency plan was not working on the day of the inspection.

The provider had failed to reassess their contingency plan in light of this absence which resulted in a situation where staff on the ground were left unsupervised. On the day of the inspection, inspectors observed the following

- Staff allocated to work in a red zone were observed in a green zone, communal areas and the laundry.
- Staff with a range of different functions including catering, cleaning, with direct caring duties were seen entering the same storage area.
- Staff temperatures not checked or signed off.
- Staff not adhering to appropriate infection, prevention and control protocols such as the wearing of appropriate PPE.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed three staff records under schedule two of the regulations. All records seen contained the required information. Records seen indicated that for all staff the following information was in place

- Staff identity including full name and address details
- A vetting disclosure in accordance with the National Vetting Bureau Act 2012
- Evidence of relevant qualifications
- Current registration details of professional staff
- Full employment history
- Records relating to previous experience
- Reports relating to their employment
- Two written references with one from the most recent employer.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a COVID-19 contingency plan in place, and liaised with public health on an ongoing basis. Two HSE nurses attended the centre to support the management team to establish Infection Prevention and Control monitoring systems to prevent the transmission of infection.

As part of the plan to prevent the transmission of COVID-19 the person in charge was working in building two, and not entering building one where the residents were accommodated. A review of existing systems regarding the provision of management oversight including the supervision and management of staff was not undertaken to ensure that they were effective during the pandemic. The increased use of agency staff, the development and spread of the virus in the centre, the absence of a person participating in management indicated that these systems required review to ensure that the required levels of support and guidance were available for both permanent and agency staff. The absence of this review resulted in examples of poor practice observed by inspectors on the day of the inspection and are discussed further under regulation 16.

Audit systems were in place but they did not identify the infection prevention and control risks observed by inspectors on the day of inspection. Gaps in systems for storing and dispersing PPE were identified along with gaps in infection prevention and control measures. This included inappropriate storage and disposal of incontinence wear, and the absence of a system to monitor PPE levels. The segregation of soiled and clean laundry was not clearly defined and staff were observed moving through the laundry area. This may increase the risk of cross infection between soiled and clean laundry and from staff moving from COVID-19 positive areas.

Inspectors identified that there was insufficient resources available on the day of inspection to deal with infection prevention and control requirements. Although the outbreak had started on the 18th January 2021 clinical waste bins were being delivered on the day of inspection, two weeks later. The commissioning of extra cleaning resources was being organised on the day of inspection, which included extra staff, the introduction of a flat mop system and the use of a more effective cleaning chemicals.

The absence of sufficient storage facilities to deal with the demand posed by a COVID - 19 outbreak presented infection prevention and control risks in the centre. The storage of equipment and various supplies in the sitting room resulted in staff from different areas of the designated centre entering the room, and increasing the risk of cross contamination.

Judgment: Not compliant

Regulation 34: Complaints procedure

A complaints policy identified the person in charge (PIC) as the complaints officer with responsibility for investigating and following up complaints. A person from outside the organisation was identified to deal with appeals.

Inspectors viewed records of three complaints. All were dealt with promptly and resident's satisfaction with the outcome of the complaint was recorded. Staff who spoke to inspectors were aware of how to respond and what to do if they received a complaint from a resident or their family.

Judgment: Compliant

Quality and safety

At the time of the inspection residents were not enjoying a good quality of life with improvements required regarding the supervision of staff, adherence to infection prevention and control protocols and the safe storage of equipment in the centre. The centre was in the middle of a COVID-19 outbreak at the time of the inspection and while it was evident that staff were trying their best to deliver care in an effective manner the rapid change in residents testing positive for COVID-19 was proving difficult for them to manage. The providers contingency plan although well constructed with good identification of risk was not sufficient to deal with the complexity and range of issues that were visible on the day of the inspection.

The contingency plan concerning the availability of management staff required review. The person participating in management and involved in the day to day management of the designated centre was unavailable to attend the centre while at the same time the person in charge was working from building two. The combined impact of two key members of the management team not being in building one meant that the burden of supervision of clinical staff fell on the assistant director of nursing who was also working directly in the provision of care to the residents. As a consequence systems and processes to ensure the safe delivery of care and welfare support were not always supervised on the ground.

Poor adherence to infection, prevention and control measures as evidenced in staff moving in and out of infected cohorted areas, combined with poor waste management and the ad hoc management of the provision and distribution of PPE meant that residents and staff were at risk of contracting and spreading the virus within the centre.

Records confirming that all staff working in the centre had their temperatures taken twice daily were not complete as there were gaps indicating that some staff only

had their temperature taken on one occasion during the day.

Additional support to ensure that the premises were cleaned and sanitised in order to address the increased risk of the spread of COVID -19 was being organised on the day of the inspection. Inspectors found many examples where the supply and distribution of paper hand towel's was not being managed properly as many of the towel holders were empty throughout the day.

Storage within Building 1 required review. Inspectors found commode chairs stored in shower rooms both on the ground and first floor. Contingencies for the appropriate storage of materials and equipment to manage the COVID-19 outbreak were not effective. For example the centres main living room was cluttered with a variety of equipment, dry kitchen stores and PPE because it was being used a temporary storage area. As a result staff from the COVID -19 positive and negative areas were observed entering this room to retrieve supplies. This practice reduced the effectiveness of infection prevention and control measures in prevention the spread of the COVID -19 virus.

Residents gave a mixed response as to the quality of care and levels of engagement they were receiving from the provider. All residents were either cohorted to a COVID-19 positive zone or to a zone where there was no infection present. As residents were isolating in their rooms the only interaction was with staff or with their loved ones over the phone. Some residents mentioned that staff were caring and kind and that they were doing their best in the middle of the outbreak. Others mentioned that they were fed up and that the activity programme had stalled since the COVID-19 outbreak two weeks earlier. Inspectors did observe resident and staff interaction and found it to be a supportive one with staff keen to find out how the resident was coping.

Overall there was a good standard of care planning with residents needs accurately described within this process. Care interventions were well written and those seen reflected the preferences of residents accessed in discussions with residents and their families where appropriate. Inspectors were not assured however that when it came to care plan reviews that the same level of engagement was taking place. A number of care plan reviews indicated that current care plans were sufficient to meet the resident's needs but did not give sufficient rationale to validate this statement, for example a number of care plan reviews indicated "ongoing" as the rationale for continuing with the current care input.

Residents were in receipt of regular healthcare input throughout the pandemic with the provider in receipt of additional support from the HSE and from the frailty team from St Vincent's hospital. Resident healthcare records indicated that there were a range of clinical nursing tools being used to support nursing staff provide residents with appropriate healthcare interventions, for example all residents were monitored throughout the day for signs and symptoms of COVID -19 with care records indicating residents vital signs.

Regulation 11: Visits

Inspectors reviewed an up to date visiting policy which listed COVID-19 precautions to be taken while visiting and prior to visits. During the weeks before the outbreak, window visiting was taking place and indoor visits on compassionate grounds were arranged. A clear Perspex screen had been purchased to keep residents and their guests' safe while being able to enjoy each other's company. The front sitting room was used to enable residents to have the space and privacy to receive their guests.

Extra computers and phones were purchased to enable residents to keep in touch with their families and friends. Inspectors spoke to three residents who said that they kept in touch with their families by telephone and social media.

Judgment: Compliant

Regulation 17: Premises

Inappropriate storage was seen in communal facilities on the ground and first floors and a number of areas in the designated centre required maintenance. Inspectors observed:

- Broken linoleum and a broken wardrobe base in a room occupied by a resident.
- The laundry floor was chipped, with paint missing and required repair. This impacted on the registered providers ability to thoroughly clean the floor.

Although there were three structures outside building 1 which were used for storage, they were full. There was insufficient storage in the designated centre to allow for equipment and supplies which were required as a result of the COVID-19 outbreak to be stored and accessed safely. The arrangements in place posed an infection control risk which will be explored further in Regulation 27. Although the sitting room was not being used by residents due to Covid-19 restrictions it was cluttered due to a variety of items being stored in the room. These included:

- Dry kitchen stores on top of boxes of PPE,
- Six oxygen cylinders, some of which were leaning against staff belongings and were not stored securely.
- Five oxygen concentrators
- Staff belongings and cleaning materials were stored on couches, chairs and on the floor

Inspectors found that the arrangements for the storage of items in the cleaning shed required review as a number of items were stored in close proximity to each other which posed a risk of cross contamination. These included:

- Activities equipment stored beside residents toiletries, cleaning chemicals, and clean mop heads
- A wet towel used as a mat on entering the shed and cleaning chemicals were stored on the floor

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The centres risk register identified a range of clinical and non clinical risks applicable to the designated centre. There was a process in place which assisted the management team identify hazards or risk and to identify the required control measures to mitigate or to reduce the harm associated with each risk.

Records indicated that risks were reviewed in November 2020 with an audit carried out by the management team in January 2021 with a particular emphasis placed on the risks associated with COVID-19. There was a clinical governance committee in place to review risks in the centre with responsibility for managing risk and ensuring that there were sufficient resources in place to provide a safe environment for residents and staff.

Judgment: Compliant

Regulation 27: Infection control

The findings of this inspection were that residents were at risk of infection as a result of the provider failing to ensure that infection prevention and control practices promoted safe care.

In particular the provider did not demonstrate compliance with Regulation 27 through the implementation of the National Standards for Infection Prevention and Control in Community Settings or relevant guidance such as that issued by the HPSC. For example:

- There was a failure to coordinate supplies of personal protective equipment (PPE) resulting in PPE stations running out of aprons, masks, and bins overflowing.
- Unused continence wear was left on the rails on three corridors, which could result in cross contamination.
- Two wheelchairs, one commode and clean blankets were stored on a trolley in the sluice room. This prevented access to the sink, the sluice machine, the hand hygiene sink and resulted in the sluice room not being used for its

stated purpose.

- Inspectors observed staff moving from red cohorted areas on the ground floor to the laundry and kitchen entrance on the ground floor.
- Used continence wear was found on the floor in one room.
- Clean laundry was stored in open bins in an occupied residents' room. The laundry from these bins was being used to change beds in other rooms, which could result in cross contamination.
- The cleaning store located in a shed outside building 1, did not have splash backs over the sinks and the paint was soiled.
- Female staff toilets located in a separate building outside of the designated centre were not clean. The floor and surfaces were dusty. Clothes and used tissues were left on top of storage cabinets. There were no paper towels in the bathroom.
- Resident toiletries were left on a hand washing sink in the staff changing area on the ground floor.
- Records showed that temperature and symptom checks for all residents were not completed consistently.

Arrangements were in place for staff to change into uniform in designated areas of the centre and inspectors observed staff maintaining social distance during their lunch breaks. Although staff were organised into separate teams to work in cohorted areas inspectors observed staff moving between different areas of the centre.

The registered provider had a cleaning schedule and monitoring system in place, but this had proved to be insufficient to deal with the cleaning requirements during the outbreak. As a result on the day of inspection, the registered provider was engaging with a contract cleaning company to provide a cleaning service to the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of resident care records showed that all residents had a pre admission assessment in place before moving into the centre. This was carried out to ensure that the centre was able to meet the assessed health and social care needs of the resident. Following admission care plans were developed and were based on accredited assessment tools which identified residents at risk of falling, pressure related skin damage and malnutrition. A range of other assessment tools were in place for other identified risks.

Care plans were well written giving sufficient detail describing the identified need. The interventions stated in meeting the need were clear and were easy to follow and monitor with regard to their effectiveness. Daily care notes were reviewed and found to accurately describe the daily interventions made by care and clinical staff.

In general care plans were written in conjunction with the resident and where this could not occur then family members were contacted for their input. Care plans reviewed did reflect resident's preferences, for example care plans described what food residents liked to eat and a description of the activities that residents liked to attend.

All residents had a COVID-19 care plan in place which clearly described the care procedures required to monitor resident health and well-being. Care plans also described in detail the care interventions required for residents who were symptomatic and included arrangements which described measures to promote effective infection prevention and control interventions, although inspectors were not assured that the provider was able to put these measures into practice at the time of the inspection.

Care plans were reviewed when required with all care plans seen reviewed within a four month period.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place for residents to access primary, specialist and allied healthcare input. There were records in place to show that referrals had been made to these services and that care plans had been updated to reflect the specialist advice received.

At the time of the inspection the centre was experiencing a significant outbreak of COVID-19 and was in receipt of additional healthcare support from the Health Service Executive (HSE) and from the frailty team at St Vincent's Hospital. Centre staff informed inspectors that they found this additional support helpful in providing appropriate clinical interventions to residents during the pandemic.

A review of resident healthcare records indicated that there were a range of clinical nursing tools being used to guide nursing staff support residents with their healthcare needs. Inspectors were informed that in house physiotherapy was not available since the beginning of the pandemic in March 2020 with access to these services through referral to community services. This resulted in delays to residents receiving regular physio input.

Judgment: Compliant

Regulation 9: Residents' rights

On the day of the inspection activity staff had been redeployed to caring duties

because many of the centres care staff were off sick due to COVID-19. A number of residents confirmed that staff had liaised with them directly about their COVID-19 status and gave them information about the testing regime in the centre. Some residents confirmed that they were given information regarding the roll out of the vaccination programme.

Residents who had tested negative for COVID-19 were encouraged to remain in their rooms and not to circulate within the centre. However Inspectors did see staff conversing with residents who were isolating and found these interactions to be supportive and appropriate to the communication needs of the residents. Residents confirmed that staff were kind and caring and that they were doing their best in difficult circumstances. They also went on to add that there were a lot of different staff now working in the centre.

There were window visits occurring due to level 5 visitation restrictions and residents confirmed they were supported by staff to liaise with their loved ones over the phone or via Skype platforms. Compassionate visits were accommodated where appropriate and subject to infection, prevention and control protocols.

Resident views were accessed via resident meetings and satisfaction surveys however the centre's 2019 annual review of quality and safety did not contain information accessed from these meetings and survey's. At the time of the inspection group activities had ceased as residents were isolating in their rooms. Residents confirmed with inspectors that staff delivered newspapers on a regular basis and ensured that their television and radios were tuned in to their favourite programmes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carysfort Nursing Home OSV-000022

Inspection ID: MON-0031733

Date of inspection: 01/02/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Inspectors confirm with the Report on the Inspection that the Centre had an adequate number and skill mix of nursing and care staff to meet the needs of the residents and the Provider has relied on same.</p> <p>The Inspectors found, however, that on the day of the inspection there were insufficient cleaning staff in Centre by reference to stated recommendations made to address the on-going COVID-19 outbreak in the Centre on the day of the inspection. As confirmed by the Inspectors, the Provider in line with the Public Health recommendation had engaged with an external provider to ensure the engagement of additional agency cleaning staff within the Centre prior to the Inspection and on all days after the Inspection and for the duration of the outbreak two agency cleaning staff worked alongside the Centre's permanent staff. Additional agency staff for kitchen duties were also engaged at the material time.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Provider following the Inspection conducted a review of matters raised by the Inspectors. The Provider is assured that the Person in Charge of the Centre, during the Inspection and at various times during the COVID-19 outbreak, was working from Building 2 which is registered as part of the designated centre. The Centre's Assistant Director of Nursing, as appropriate, was rostered on the day of the Inspection to provide direct clinical supervision in Building 1 of the Centre, liaising with the Person-in-Charge</p>	

on a continuous basis. The Provider confirms that the Person-in-Charge, as appropriate, during the COVID-19 outbreak and after the Inspection, provided direct clinical supervision within the Centre along with the Assistant Director of Nursing. For completeness and to assuage any concerns the Inspectors may have, the Provider confirms that it has recruited a new CNM with responsibility for providing additional direct clinical supervision and the CNM works opposite to the Assistant Director of Nursing.

Regulation 23: Governance and management

Not Compliant

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

Following the Inspection, the Provider conducted a review of matters raised by the Inspectors and is assured that during the COVID-19 outbreak, the Person in Charge was working from Building 2 within the designed centre, not outside the Centre as asserted by the Inspector.

Further, the Provider's review confirms that the Centre's Assistant Director of Nursing was providing direct clinical supervision liaising with the Person-in-Charge on a continuous basis within the Centre during the Inspection and at all material times.

The Provider is also assured that following the Inspection, the Person-in-Charge provided direct clinical supervision within the Centre along with the Assistant Director of Nursing. A new CNM has been recruited to provide additional direct clinical supervision. The CNM works opposite to the Assistant Director of Nursing.

Audits on infection control, environmental hygiene and hand hygiene were done during the outbreak. Following the Inspection, in addition to these audits the following audits were done on a daily basis during the outbreak.

- Infection control daily checklist and guidelines for handover by nurse in charge
- Audits on PPE
- Audit on cleaning and catering area
- Audit on resident preparation area
- staff preparation area
- Unannounced IPC walkabouts

An additional staff member was allocated solely to distribute the essentials including the linen, continence wear, paper towels, PPE etc to each floor before the start of the shift. This helped the staff to avoid moving between the Centre's floors. This staff member was also responsible for monitoring the PPE levels and to fill the PPE stations and for emptying of the clinical waste bins on a continuous basis. The incontinence wear is stored in the resident's personal drawer. Additional clinical waste bins had been ordered prior to the Inspection for the corridors which bins arrived on the day of Inspection with

the Inspectors.

The Provider is assured that the Centre has clinical waste bins in all the residents' bedrooms and additional clinical waste bins were placed on each corridor and at the PPE stations during the COVID-19 outbreak.

Additional cleaning staff were employed from the agency as few of our cleaning staff were self-isolating. A flat mop system was introduced during the outbreak. Actichlor was used for cleaning. A bottle of actichlor was placed in each room for extra cleaning. The actichlor bottles in the rooms were refilled each morning by the cleaning staff.

During the emergency situation that we found ourselves in at the time of Inspection, the emergency storage of PPE was facilitated in the sitting room after guidance from the HSE as this area was not in use as the residents were confined to their rooms.

The Provider has an architect ready to come on site when the national COVID-19 restrictions are eased.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Broken linoleum on the floor in one resident's room is now repaired.

A new wardrobe has been ordered.

The laundry floor has been repaired.

The broken flush in the female staff toilet has been fixed.

During the emergency situation the dry kitchen stores, oxygen canisters, PPE, staff belongings and cleaning materials were stored in a sitting room at the front of the building as this room was not being used at this time and was agreed with the HSE to store them there. All these items have now been removed and the room is used as a sitting room by our residents. The items in the sluice room and the cleaning shed have been removed.

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 additional staff was allocated solely to distribute the essentials including the linen, continence wear, paper towels, PPE etc to each floor before the start of the shift. This staff now distributes the bed linen to each room. This helped the staff to avoid moving between the floors. This staff was also responsible to monitor the PPE levels and fill the PPE stations and emptying of the clinical waste bins on a continuous basis. The unused continence wears are stored in resident's personal drawer. The used continence wears are disposed off appropriately. The items in the sluice room and the cleaning shed have been removed. The cleaning shed now has splash backs over the sinks. Flat mop system is currently in place and the mop cloth is washed and dried every day. Staff toilets are cleaned twice daily and as required. The cleaning schedule is monitored and signed off by the RPR. Temperature and symptom checks are in place for all staff and is monitored by the nurse in charge.

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.	Substantially Compliant	Yellow	28/04/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/04/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	28/04/2021
Regulation 23(a)	The registered provider shall	Not Compliant	Orange	28/04/2021

	ensure that the designated centre has sufficient resources to ensure the 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	Red	28/04/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/04/2021