



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

Issued by the Chief Inspector

Name of designated centre:	Drakelands House Nursing Home
Name of provider:	Drakelands Nursing Home Limited
Address of centre:	Drakelands, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0000224
Fieldwork ID:	MON-0033428

About the designated centre

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

Drakelands House Nursing Home is situated close to Kilkenny city and is convenient to all of the city's amenities. Originally a period house it has been developed and extended over time and now accommodates up to 72 residents. The registered provider is Drakelands Nursing Home Limited. Bedroom accommodation consists of three twin bedrooms and 66 single rooms. Some bedrooms are en-suite and those that are not have access to shared bathrooms. There are several communal rooms throughout the centre and residents have free access to safe outdoor spaces at first floor and ground floor levels. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to persons with dementia, acquired brain injury, young chronically ill, post-operative care, convalescent care, palliative care and people who need residential care for social and physical reasons. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70
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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 25 August 2021	09:30hrs to 17:30hrs	Catherine Furey	Lead
Wednesday 25 August 2021	09:30hrs to 17:30hrs	Mary O'Donnell	Support

What residents told us and what inspectors observed

Residents were positive about their experience of living in Drakelands House Nursing Home and highly praised staff for their help and companionship. The inspectors met with most of the residents and spoke in depth with eight residents and four visitors in order to gain insight into the experience of those living there.

The inspectors was guided through the centre's infection control procedures before entering the building. The centre was warm and bright throughout and there was a homely atmosphere. The centre was clean to a high standard with alcohol hand gels readily available throughout the centre to promote good hand hygiene. Inspectors noted that elbow taps were fitted at the hand washing stations. On arrival several residents were getting up and some residents were in bed or sitting in their bedrooms. Bedrooms were personalised and some residents had brought in their own furniture, photos, china and other personal items from home. Residents had televisions and reading materials in their rooms and some were observed admiring the butterflies which were attracted to the flowers in their window boxes. Staff were observed assisting and attending to residents in a friendly and respectful manner. Residents looked well cared for and had their hair and clothing done in accordance with their own preferences. Residents and visitors were highly complementary of all of the staff in the centre. They were very satisfied with the laundry service. In fact the laundry lady was singled out for the highest praise.

Residents were observed relaxing on comfortable seats in a number of communal rooms which were available throughout the centre. There was a spacious and bright dining rooms and lounges available with views of the surrounding countryside. The internal courtyard was accessible from both wings and contained flowers, a water feature and seats for residents to enjoy the fresh air. The roof garden on the first floor overlooked the court yard. There were also garden areas at the front and side of the centre. Residents were observed using the outdoor areas independently and with the assistance and supervision of staff throughout the day.

There was a notice at the entrance which stated that visiting was only permitted in an emergency. However, the staff and residents confirmed that outdoor and window visits were freely available and indoor visiting had resumed and was mostly facilitated in dedicated areas or rooms that had been converted to allow safe and private visits. While visiting in bedrooms was not promoted it was organised if residents were frail or unable to spend time sitting out. Throughout the afternoon visitors were observed with residents sitting in the garden or enjoying a walk outside in the sunshine. Inspectors met family members who attended an indoor birthday party in the afternoon. Some residents also went home for visits to meet family members who were vaccinated. Residents and staff agreed with the restrictions on indoor visiting, stating that it was in the interests of safety and they were grateful that the centre had not experienced an outbreak to date.

The activity staff member was tasked with organising visits and sanitising the area

between visits. She told inspectors that scheduled activities were discontinued but she created opportunities between visits to meet with individual residents or to have small group activities. Residents who chose to remain in their bedrooms were offered one-to-one activities in accordance with their preferences and needs, for example, some residents said they just wanted to have a chat or to have their nails done. Residents who spoke with inspectors said unless you had a visitor, the weekends were long as there was no activity staff on duty. Residents appreciated having daily Mass but they missed the scheduled activities and reminisced about things they used to enjoy doing such as painting, quizzes and card games. One resident declared that the pandemic had made a mess of everything.

Residents felt safe in the centre and all residents who spoke with inspectors stated they would have no hesitation reporting or discussing a concern with any member of staff. The residents knew the person in charge by name and a number of residents gave examples of issues they raised with her which had been dealt with to their satisfaction. Residents enjoyed the companionship of staff and of other residents and particularly liked living close to their local community. Residents were very happy with mealtimes and the food choices offered. Some residents were pleased that they could have breakfast in bed and then go back to sleep. They agreed that they were involved in decisions about the centre. Their views were sought about various issues at resident meetings. For example they suggested some menu changes which were taken on board.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The centre was well managed by the registered provider and management team who strived to improve the wellbeing of residents living in Drakelands House Nursing Home. There were strong management structures in place and adequate resources provided to ensure the sustained safe care of residents. This was an unannounced risk inspection to assess ongoing compliance with the standards and regulations. The actions required to achieve compliance following the last inspection were reviewed and while some were completed and in progress, the management of behaviours that challenge continued to require strengthening. Additionally, the systems in place with regard to infection prevention and control required review; these are discussed under the Quality and Safety section of the report.

Drakelands House Nursing Home is operated by Drakelands Nursing Home Limited who are the registered provider. The company has two directors, one of whom is the person in charge and the other director has the role of financial director. The person in charge has been in the role since 1997 and has overall responsibility for the delivery of clinical care. The operations supervisor worked alongside the person

in charge, in a human resources, risk management and training capacity. Further support was gained from the assistant director of nursing, clinical nurse managers, nurses and healthcare assistants and a catering, domestic and maintenance team who all worked in tandem to promote good quality care. The centre was adequately resourced and staff were supported to access training to equip them with the skills to care for the residents. There were adequate staff numbers and staff were supervised appropriately. Effective systems were in place to monitor the safety and quality of care. The management team were visible in the centre and they spent time with residents and worked along with clinical staff to provide care. A schedule of audits was in place, including audits of falls, incidents, restraints and nutritional requirements. These were reviewed by inspectors and found to adequately analyse the information collected to identify areas for improvement.

The centre's management team and staff had worked to maintain a COVID-19 free status during the extent of the pandemic. The vaccination roll out for staff and residents had been completed, with a very high uptake. Inspectors found evidence of regular engagement with the residents and their families during the various levels of pandemic restrictions. Communication systems within the centre were strong. Daily handover meetings ensured that residents' needs were communicated and discussed. In addition, there were regular staff meetings across all departments and the actions required from these were further discussed at clinical governance committee meetings, where appropriate improvement plans were identified and responsibility assigned for completion. Health and Safety committee meetings were held where infection control, risk management, maintenance issues and training were reviewed and monitored.

Staffing within the centre was maintained at an adequate level to meet the needs of the residents. The provider confirmed that staffing levels were kept under review based on the occupancy and dependency level of residents in the centre and could be adjusted accordingly. However, the roles and responsibilities of the activity staff required review to ensure that residents' social needs were met over a seven day period, as discussed under regulation 9. A high level of training was provided in the centre, as evidenced by records reviewed by the inspector. Training courses were a mixture of online and in-person. The centre's operations supervisor was suitably qualified to teach mandatory training modules such as moving and handling and safeguarding of vulnerable persons and fire safety. All staff had received up-to-date training specific to their roles. However, it was found that training in the management of behaviours that challenge required review, as discussed under regulation 7. Registered nurses completed annual medication management training and had undertaken additional training in a range of areas, including palliative care, venepuncture, and catheterisation.

A review of the centre's complaints records showed that overall, there was a low level of documented complaints. Complaints were managed in line with the requirements of the regulation and the centre's complaints policy.

Registration Regulation 6: Changes to information supplied for registration purposes

The provider notified the Chief Inspector in writing of proposed changes to the provider entity eight weeks in advance of the proposed changes.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, based on a review of the staff roster and observations during the inspection, inspectors found that the number and skill mix of staff was appropriate having regard to the currently assessed needs of the residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised in their roles by the person in charge who was supported daily by the assistant director of nursing and the operational supervisor. Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE). A robust induction process was in place, this included in-house safeguarding, moving and handling and fire safety training prior to working with residents. Staff attendance at the training programme to support residents with responsive behaviours required review. This is discussed under regulation 7.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were viewed, which were well-maintained and contained all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a well established management structure in place with clearly identified lines of accountability and authority. Inspectors spoke with various staff who demonstrated an awareness of their roles and responsibilities. The management systems in place ensured that the service provided to residents was safe, appropriate, consistent and effectively monitored.

An annual review of the quality and safety of care delivered to residents in 2020 had been prepared by the person in charge. This included a detailed quality improvement plan for 2021, based on a review of audits conducted throughout the year. There was evidence of consultation with residents and their representatives through residents' meetings, surveys and ongoing daily engagement.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the centre's incident and accident logs and residents' records confirmed that all notifications as required under Schedule 4 of the regulations had been submitted to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was displayed in the reception area of both wings of the centre and contained all information as required by the regulations. The inspectors reviewed the complaints log of which there were two open complaints. These had regular updates documented with regard to the investigation of the complaint. The inspectors spoke with staff who confirmed they were aware of the complaints procedure. Residents confirmed that any concerns or complaints they had would be dealt with and they were confident to highlight issues to staff members.

Judgment: Compliant

Quality and safety

Generally residents looked well and exhibited signs of positive wellbeing. Those who

communicated with the inspectors confirmed that staff were attentive and kind and there were enough staff available both day and night if they needed them.

Residents who spoke with the inspector said they enjoyed their food. They were pleased that the hairdresser was available two days a week and that their spiritual needs and religious practices were supported. They felt they were kept informed and that their views were sought and respected. Residents were assessed prior to and upon admission. Care plans were in place to meet residents' assessed needs which were reviewed regularly. Evidence based nursing care was provided. Care plans identified those residents who had nutritional risks and these residents were monitored carefully. Referrals were made to speech and language therapy services and dieticians when required. Where specialist interventions were prescribed such as textured diets or supplements these were recorded in the resident's care plan and provided by staff. The provider supported residents to access services which were not available to them through community services such as occupational therapy and dental services.

The designated centre is a period house which was developed and extended to create comfortable nursing home accommodation for 72 residents. Overall the accommodation provided a homely and comfortable environment for residents. Shower and bathroom facilities were adequate and additional grab rails were installed to improve safety for residents. The bedrooms were well laid out and furnished and residents had enough space to display personal items and store their belongings. Communal spaces with high ceilings were bright and spacious. Sitting and dining rooms were comfortably furnished and there was enough seating for residents in all communal rooms. Residents on both floors had access to pleasant, well maintained outdoor areas. Residents had unrestricted access to safe outside spaces and unrestricted access between the floors of the centre. Smokers had risk assessments to determine if they could safely keep their cigarettes on their person and the level of supervision they required, if any, while smoking.

Concerted efforts were made to reduce the use of bedrails in the centre. The use of bed rails had reduced significantly since the previous inspection. Inspectors saw that alternatives such as low beds and grab rails to support residents to get up or to turn over in bed were in use. Bed rails were risk assessed and their use was reviewed regularly. There was evidence that less restrictive options were trialled before bed rails were employed. Safety checks were documented when bed rails were in use. Some residents had responsive behaviours and inspectors were not assured that behavioural assessments were used appropriately to identify an unmet need or an issue that might trigger the behaviour. 25% of staff had not attended training to support them to work with residents who had responsive behaviours.

Although a number of infection prevention and control measures had been implemented the inspector found that further improvement was required to ensure consistency with national standards and to ensure that residents were protected. This is discussed under Regulation 27.

Residents' rights and choice were promoted and respected in this centre. There were suitable arrangements in place for consulting with residents. Residents had

access to local and national newspapers, televisions and radios and phones. Residents had access to independent advocacy services and contact information was included in the residents information booklet. Residents choices were respected including choosing their outfits and how to spent the day. There was documentary evidence that residents were involved in planning their care and their wishes to decline recommended treatments such as taking nutritional supplements were respected. Staff worked with residents to seek alternative ways to achieve an optimal outcome for the residents.

Since the pandemic began activities had been significantly reduced. There were no activities at weekends and residents told the inspectors that they missed the range of activities they enjoyed prior to the pandemic. Visiting was largely in line with the national guidelines with indoor visiting scheduled to control footfall in the centre.

Regulation 11: Visits

The visiting policy supported access consistent with national guidance for residential centres. While outdoor visiting was freely available, indoor visiting was scheduled in advance to manage footfall. Visitors were assessed for features of COVID -19 and advised of risks and how to stay safe. Visitors names were recorded and they were provided with access to hand sanitiser and PPE as required. Residents and visitors confirmed that the number and duration of visits met their requirements. Residents were supported with home visits and drives in private cars based on a risk assessment and general public health advice.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked and returned safely from the laundry. Each resident had a lockable unit in their room.

Judgment: Compliant

Regulation 17: Premises

The designated centre was refurbished and extended to provide suitable accommodation to meet the needs of 72 residents. The two storey facility was laid out in two wings with 66 single and three twin rooms. 33 rooms had full ensuite facilities and one single room had an ensuite with a WC and wash hand basin.

Bedroom space met or exceeded the regulatory requirements and there were adequate bathrooms, including assisted bathrooms for residents. Residents had suitable communal rooms and access to well maintained secure outdoor areas.

The Linden wing which was the original house was undergoing electrical rewiring and an upgrade of fire systems at the time of inspection. The provider had plans to redecorate the wing when the electrical works were completed.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with adequate quantities of nutritious home cooked meals. There was a choice of menu at all mealtimes. Inspectors observed that residents were offered snacks and a range of hot and cold drinks throughout the day.

Inspectors observed the lunch time and evening meals on the ground and first floor and found that there were enough staff available to supervise and assist residents who needed additional support with their meal. Meals were served in an appealing manner and attractive table settings were evident in dining rooms on both floors

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was reviewed and found to include all the required information. The guide was in booklet form and it was available to residents.

Judgment: Compliant

Regulation 26: Risk management

The measures to control the risk of oxygen storage within the centre required review. The centre's risk assessment for the storage of oxygen was not in line with the procedures seen on the day.

The room on the Laurel wing where oxygen was stored was cluttered with an array of items such as furniture, residents' assistive aids and boxes of PPE. An oxygen cylinder was completely obscured by these items, stored under a handwashing sink that contained an unsecured dispenser of alcohol hand gel.

Judgment: Substantially compliant

Regulation 27: Infection control

Some procedures required review to ensure they were consistent with the *Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities* (August 2021). This presented a risk of cross infection in the centre. For example;

- There was a domestic waste bin instead of a clinical waste bin in two rooms where residents were isolating.
- The bedroom used for precautionary isolation did not contain ensuite facilities. This resident was using a bathroom across the corridor, meaning they could come into contact with other residents. There was no signage to warn others not use this bathroom.

Some areas of the centre were observed to be cluttered and contained items that were inappropriately stored. For example;

- A sluice room contained a large storage area which held numerous fabric-covered armchairs. These were immediately removed by the provider and relocated to a more suitable area.
- A shared bathroom on the Laurel wing was found to be unkempt, with a bag containing soiled incontinence wear placed inside the bath. The bathroom was also used to store items such as a chair, a hoist, a step ladder and a linen trolley.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions required following the last inspection on 18 November 2019 were seen to be in progress as follows;

- Automatic door closers were in the process of being installed in bedrooms and communal bathrooms on the Linden wing. The delivery of the order was delayed due to circumstances outside the provider's control. The procedure for evacuation in the event of a fire clearly stated that all doors were to be closed once the fire alarm was sounded.
- Following the last inspection, the provider was requested to carry out a fire evacuation drill for the centre's largest compartment of twelve with the lowest staffing levels. This had been submitted and provided satisfactory assurances as to the safe evacuation of residents. A further drill of this type was not carried out until 23 August 2021. The drill report provided

assurances as to the safe and timely evacuation of residents from this large compartment. Further, regular drills of this nature are required to ensure that all staff are competent to carry out a full compartment evacuation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed and inspectors found residents' care plans were person-centred, implemented, evaluated and regularly reviewed. They reflected the residents' changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met. Unintentional weight fluctuations was investigated and managed in a timely manner. Residents with diabetes were carefully monitored and well managed and each resident had a separate glucose monitor. Residents had access to appropriate equipment to meet their assessed needs, such as pressure relieving equipment or manual handling equipment. Although there were very few wounds in the centre, the assessment of wounds required review to ensure that wounds were comprehensively assessed on an ongoing basis to monitor the healing process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were regularly reviewed by their general practitioner (GP) and records showed that residents were appropriately referred to relevant health and social care services in order to promote their health and wellbeing.

Residents had a choice of GP and they attended residents in the centre regularly. In addition, residents had access to an out of hours GP service, which was available 24 hours a day. Medical notes and nursing staff confirmed that if a resident required review, the GP visited the centre and saw the resident.

Residents had access to physiotherapy, speech and language therapy, dietetic and chiropody services. Residents were reviewed by tissue viability specialist where required. Residents were supported to continue to access outpatient services as required.

Community occupational therapy(OT) services were no long available to residents. This impacted on the residents' health and their quality of life. For example, the management team and GP followed up with the HSE over a 15 month period, to

progress a referral for a resident who needed a new specialist chair. There was evidence that the resident was unable to get out of bed because they didn't have a suitable chair and their physical condition had declined. Finally the provider organised a private seating assessment and provided the resident with a suitable chair.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behavioural assessments were not appropriately used to assist staff to identify and determine any underlying emotion or unmet need which could trigger the behaviour. Staff informed inspectors that the Antecedent Behaviour and Consequence (ABC) assessment chart was completed only when a PRN (as required) medication was administered. Files for four residents with responsive behaviours were reviewed. In two cases the forms were completed to evidence that person centred interventions were trialled before PRN antipsychotic medication was given. In two other instances staff were slapped or punched while trying to provide personal care and no ABC charts was completed. 25% of staff had not attended training to support them to work with residents who had responsive behaviours. Lack of proper assessment meant that information was not recorded and used to develop behavioural support plans to support staff to work therapeutically with these residents, improve safety and the residents' quality of life. This was also a finding on the previous inspection in November 2019.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had safeguarding training and both staff and the management team were aware of the procedure to follow if they suspected, witnessed or received a report of alleged abuse. Residents stated that they felt safe living in the centre and all staff had Garda Vetting disclosure on file prior to commencing taking up employment.

Judgment: Compliant

Regulation 9: Residents' rights

Since the pandemic began activities had been significantly reduced. The activity staff member spent time arranging indoor visits and tried to fit in small group activities or one to one activities between visits. There were no activities at weekends and residents told the inspectors that they missed the range of activities they enjoyed prior to the pandemic and there was little to do at weekends..

Some bedroom doors had a window with a net curtain. The person in charge agreed to review arrangements for screening these windows, to ensure resident's privacy.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

There was a comprehensive policy in place to support the safe care of residents who were transferred to another care facility or who were discharged from the centre.

A sample of resident's records were reviewed. Records showed that on occasions where residents were transferred to hospital all relevant information about the resident was provided to the hospital. In most cases a follow up phone call was made to ensure that the information had been communicated and understood by staff at the receiving hospital.

Judgment: Compliant

Regulation 13: End of life

The residents' charts reviewed held advanced care plans to guide the management and care of a residents if they experienced a significant health event. Medical personal and relatives were appropriately involved. Records showed that those residents approaching end of life received appropriate care and comfort. End of life care plans were in place and these recorded the resident's preferences for place of care and types of treatments at the time.

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	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 13: End of life	Compliant

Compliance Plan for Drakelands House Nursing Home OSV-0000224

Inspection ID: MON-0033428

Date of inspection: 25/08/2021

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 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The storage area for Oxygen was reviewed on 26th August 2021 storage advice received from the oxygen supply company and storage area rectified.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>On 27th August following a review of Clinical procedures clinical wastebins/clinical waste bags are now in use in all isolation rooms, appropriate signage is in use where a bathroom is not ensuite and required for a resident in isolation and the bathroom in question has been decluttered.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>On 25th August the wound assessment omitted from the care-plan of the resident in question was completed.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Whilst 75% of staff were trained in Managing Behaviour that is Challenging all staff will now be retrained inhouse in Managing Behaviour that is challenging to include the use of ABC charts as per the homes policy and training will be completed in small groups by 31st January 2022.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Additional hours have always been rostered for resident activities on Saturdays with Sundays being free as a family day. This was not explained to the inspector during the inspection and was not highlighted on the roster but as of the October rostering it has been highlighted</p> <p>All residents who have the capacity to make decisions are currently being surveyed to ascertain if they think they have lack of privacy with the curtains currently used on the bedroom doors of the Linden Wing and advocates/representatives of those who lack capacity are also being communicated with.</p> <p>Alternative screening will be provided immediately if requested.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	26/08/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	27/08/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange	Substantially Compliant	Yellow	25/08/2021

	to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/01/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	25/08/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2021