



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Middletown House Nursing Home
Name of provider:	Joriding Limited
Address of centre:	Ardamine, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	01 June 2021
Centre ID:	OSV-0000251
Fieldwork ID:	MON-0032986

## About the designated centre

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

This centre was opened in 1984 and has undergone a series of major extension and improvement works since then. The premises consist of two floors with passenger lifts provided. It is located in a rural setting in north county Wexford close to Courtown. The centre is near to a range of local amenities including Courtown community and leisure centre, with a large swimming pool and a gym offering keep-fit and aerobics for the over-65s. Resident accommodation consists of 31 single bedrooms with en-suite facilities, ten twin bedrooms with en-suite facilities, a sitting room, an oratory, three lounges, a sunroom, a reception lobby and a visitors' tea room. The centre is registered to accommodate 51 residents and provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 65 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, and maintenance staff.

**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
Tuesday 1 June 2021	10:00hrs to 18:20hrs	Catherine Furey	Lead
Tuesday 1 June 2021	10:00hrs to 18:20hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

Overall, residents told inspectors that they had a good quality of life in a homely environment with care and support provided by friendly, kind and caring staff. The inspectors met the majority of the 43 residents present on the day of the inspection and spoke in more detail to ten residents about their experiences living in Middletown House Nursing Home. Inspectors also met three relatives who were in visiting their family members during the inspection, who were all extremely complimentary about the care the residents receive and the lovely environment.

The inspectors arrived unannounced in the morning to a homely centre, where a number of residents were up and moving around. The staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature check. The inspectors observed that these measures took place with all visitors to the centre. Residents and relatives who spoke with the inspectors said that they found these measures to be reassuring and necessary to ensure the safety of all persons in the designated centre. The inspectors met a relative who was visiting in the conservatory and was delighted to be able to visit in the centre again.

Following an opening meeting the inspectors took a tour of the premises accompanied by the person in charge. The inspectors noted that the centre had a warm and welcoming atmosphere and was decorated to a homely and comfortable fashion. All residents who spoke to inspectors said they were satisfied with their rooms and the inspectors observed that many residents had personalised their bedrooms. Some had their own coffee making facilities and fridges in their rooms. The inspectors did observe that privacy curtains in twin bedrooms did not always encircle the resident's bed spaces to ensure their privacy was fully protected. Many bedrooms had beautiful views out to sea or to the lovely gardens. It was noted that some protective mattresses which were placed on the floor at the residents bedside to prevent injuries from falls were seen to be worn and torn and required replacement. The inspectors also observed that commodes which were stored in bedrooms had rips and tears in the cushioning, hindering effective cleaning. These issues are discussed further in the report.

There were a number of communal lounge areas that contained appropriate couches and sitting areas for residents to sit and relax in. Many had decorative shelving with collections of books for residents to read and enjoy. The centre had very easy access to the outdoor garden and courtyard areas with numerous doorways opening out. These doors were all open during the inspection giving a very light and airy feel to the centre. A number of residents bedroom doors opened onto the courtyard. Two of these rooms were used for residents in precautionary isolation. One of these residents told the inspectors that being able to open the door onto the garden was a wonderful addition to the quality of life for residents living there. The resident went on to explain that they had regularly come to the centre for respite and enjoyed it

so much that they now wished to come and live there permanently. The garden area was large and contained numerous tables and chairs and decorative plants and raised planting beds. On the other side of the building there were decorative walled gardens with a beautiful array of colourful plants and plenty of walking paths.

Residents were seen to enjoy these outdoor spaces throughout the inspection from morning until late. Some enjoying the solitude on their own and others in groups. A music session took place in the garden in the afternoon and residents were seen to be served afternoon tea and ice cream wafers in the sunshine. There was one staff member working full time in the role of activity co-ordinator to provide residents with an activities programme. This member of staff was well known to the residents who spoke to the inspectors. She described the various activities on offer in the centre and their plans for celebrating nursing homes week with an Australian style Christmas including a barbecue. She described that local music groups had entertained the residents during the pandemic and how the local community had provided numerous treats for the residents at Christmas time.

Residents who spoke to the inspectors said that they never waited long for assistance when they required it. One resident told the inspectors that they enjoyed the company of others and their mental health had improved so much since coming to live in the centre. They complimented the food and the helpful and considerate staff. Staff were observed assisting and interacting with residents in a friendly, caring and respectful manner. They were also observed assisting residents with their meals and were seen to sit beside residents, provide discreet support and chat with residents about their interests and hobbies. All residents who spoke to the inspector said that food was good and the inspector observed that food was presented to residents in a safe and attractive manner. Staff were observed to offer choice to residents when serving their food.

Residents had access to local newspapers, radios, telephones and television to maintain lines of communication and keep up to date with current affairs. Most residents confirmed that they felt safe in the centre. Residents reported that they found staff approachable and that if they raised an issue it would be promptly addressed. Inspectors observed that certain rooms were only accessible by a small number of steps and did not have direct access to the passenger lifts. Residents are required to be mobile and able to use the stairs if they reside in these rooms. Inspectors observed that all residents in these rooms were able to navigate the steps independently, or with assistance by staff.

Overall the centre was well maintained and fit for purpose and residents were supported to enjoy a good quality of life. The inspectors identified aspects of the governance of the centre that required improvement. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

The management systems in place in this centre were in the process of being restructured, to ensure the continued delivery of high quality care to the residents. The provider ensured that the centre was adequately resourced and the centre had a history of mainly good compliance with the regulations. While the systems of governance and management in the centre were good, they required further strengthening in order to ensure that risks were promptly identified and addressed. This is discussed further throughout the report and under the relevant regulations.

Joriding Limited, as the registered provider for Middletown House Nursing Home is a limited company with two directors; one of whom works full time in the centre in an operational management capacity. The other director is a registered nurse who is the assistant director of nursing in the centre, working in a clinical capacity covering a small number of nursing shifts each week. The person in charge worked Monday to Friday, leading the daily operation and clinical oversight of the centre. She was supported in her role by two clinical nurse managers, nursing staff, carers, an activity coordinator, a human resources administrator who worked one day a week, an office assistant who worked up to 20 hours per week and an accountant who worked three days a week. The registered provider was based in the centre daily. A support team of household, laundry, catering and maintenance staff also worked to provide services to the residents. The centre was last inspected in November 2020 and while there had been some improvements, inspectors found that the quality improvement plans developed by the centre's management following this inspection had not been completed fully. In particular, the centre had committed to increasing the supernumerary hours of the clinical nurse manager by the end of February 2021, to support the person in charge with relevant administrative duties and to support and supervise the staff. This was only just commencing at the time of this inspection therefore further actions were required in the areas of governance and management and training and staff development.

This was an unannounced inspection conducted over one day to monitor ongoing compliance with the regulations and standards. The provider had recently submitted an application to renew the centre's registration. The centre was had recovered well from the COVID-19 outbreak at the beginning of the year and were focusing on ensuring the residents' recovery was promoted and encouraged. The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included a schedule of audits including falls, restraint and hand hygiene. Quality improvement plans were developed following some audits, however further regular analysis of all audit results was required to ensure that areas for improvement were identified and actioned. The annual review of the quality of care in 2020 had been completed by the person in charge and included the views and feedback of the residents following analysis of satisfaction survey results.

A review of the staffing levels provided assurances that the centre was staffed to an adequate level to meet the assessed needs of the residents. The person in charge confirmed that staffing levels were kept under review based on the occupancy and dependency level of residents in the centre and would be adjusted accordingly.

Absences occurring at short notice were filled by the centre's own complement of staff. Records viewed by the inspectors confirmed that mandatory training was planned for all staff, however some of this training was overdue, as discussed under Regulation 16. Training courses were provided both in person and online. A review of a sample of staff files showed that the provider had good induction process in place for new staff. Annual staff performance appraisals were conducted by the person in charge.

Overall, the centre managed any complaints well. There were no open complaints at the time of the inspection. A review of the complaints records identified that complaints were investigated and well managed in line with the centre's own policy and procedures. The person in charge was in the process of refining the complaints recording form to ensure that all relevant and necessary details, interventions and follow up were documented clearly.

#### Registration Regulation 4: Application for registration or renewal of registration

A completed application to renew the registration of the designated centre had been submitted within the required time frames.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full time in her post for a number of years. She had the necessary experience and qualifications as required by the regulations. She demonstrated a strong knowledge of her roles and responsibilities within the centre.

Judgment: Compliant

#### Regulation 15: Staffing

Based on a review of the staff rosters, and the observations of the inspectors, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents, having regard for the size and layout of the centre.

Judgment: Compliant



## Regulation 16: Training and staff development

Inspectors reviewed the centre's training records and found the following deficits;

- As required following the last inspection, refresher training had not been completed in infection prevention and control. The last training had been provided in March and April 2020 and HSE had provided some training during the COVID-19 outbreak. Further online training had been scheduled for May 2021 but had been unable to be completed due to the HSE cyber attack.
- Training in the management of behaviours that challenge was overdue for all staff. The person in charge confirmed that this was scheduled for June 2021.

Judgment: Substantially compliant

## Regulation 21: Records

Records required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available for review within the designated centre and met the requirements of the regulations.

Judgment: Compliant

## Regulation 22: Insurance

Inspectors reviewed an up-to-date insurance certificate for the centre and found that it met the requirements of the regulation.

Judgment: Compliant

## Regulation 23: Governance and management

Inspectors found that the management systems in place to monitor the quality and safety of the service continued to require further strengthening. Following on from the previous inspection in November 2020, the provider had stated that additional supernumerary hours would be allocated to a clinical nurse manager to assist the person in charge with administrative duties. This arrangement was found to have only commenced on the day of this inspection. The person in charge confirmed that the lines of accountability and authority had been discussed with both of the current

clinical nurse managers and each were aware of their new roles and responsibilities, as part of the improved management structure.

The deficits in the oversight of the service due to the person in charge being the only person working in a supernumerary capacity was evidenced by the following:

- While some audits were completed, with some actions for follow up identified, there was not sufficient analysis of the information to inform specific quality improvement plans. Therefore there was no way to review whether the actions taken were effective and resulted in improved outcomes for residents.
- The process for the review and management of residents' individual care plans required further oversight.
- Oversight of the regular maintenance and upkeep of equipment such as commodes and mattresses required review.
- Centre-specific policies and procedures required review to ensure that they were updated in accordance with best practice.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of four resident's contracts of care. It was found that these contracts did not clearly set out the fees to be charged for any additional services provided by the centre

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

An updated statement of purpose was available in the designated centre which contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of restraint use within the centre found that three bedrails were in use which were not correctly classified as restraints. The use of these restraints was not submitted to the office of the Chief Inspector at quarterly intervals as required by

Schedule 4 of the regulations.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information which clearly specified the nominated people designated to deal with the complaint process, as required by the regulation. The inspectors reviewed the record of complaints in the centre and found that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. However, some of these policies required further review to ensure that they were updated with the latest evidence-based practices, for example the medication management policy was last updated in 2018 and did not include the most up-to-date guidance on medication management from the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Substantially compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre generally ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated and resident's religious preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Some improvements were required in relation to the maintenance of equipment, privacy and dignity and in assessment and care planning.

The inspector saw that residents appeared to be very well cared for, and residents

and relatives gave positive feedback regarding all aspects of life and care in the centre. The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. It was suitably decorated with an ongoing programme of painting and maintenance in place. Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services.

The assessment process involved the use of a variety of validated tools and care plans were found to be person centred and generally to direct care. However, there was some duplication of care plans that could lead to errors. Residents had comprehensive end-of-life care plans with information regarding their wishes and preferences. There was evidence that residents' families were involved on each resident's behalf with making the decisions documented by their GPs regarding their resuscitation procedures.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. There was a centre-specific restraint policy which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. The inspectors saw that the centre had very low bedrail and lap belt use at the time of the inspection, and there was evidence that other alternatives such as low-profiling beds and alarm mats were in use to prevent restraint.

Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management, fire safety, and infection control. There were contingency plans in the event of an emergency or the centre having to be evacuated. Since the previous inspection the provider had subdivided a 13 bedded compartment to two separate compartments of eight and five beds. However, fire drills had not been practiced on these new compartments. Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations.

The person in charge had prepared a comprehensive COVID-19 outbreak review and this detailed the issues identified during the outbreak, and the actions and recommendations required to be implemented, should a further outbreak occur. Throughout the outbreak of COVID-19, and subsequently, the registered provider had implemented infection control procedures in line with evidence-based practice and current guidelines. Procedures for the decontamination and cleaning of the centre were strong, and housekeeping staff were very knowledgeable about correct cleaning products and techniques. Cleaning checklists were in place and included the regular deep cleaning of both in use and vacant rooms. High use areas were cleaned

frequently. Inspectors saw that new admissions to the centre and residents returning from hospital stays were appropriately isolated on a precautionary basis as per current guidelines. Staff had access to a supply of personal protective equipment (PPE) and were observed to use this correctly.

Residents were supported to engage in activities that aligned with their interests and capabilities. During the COVID-19 pandemic residents told inspectors activity sessions, particularly bingo, crafts and external activities such as music session provided by local singers were particularly important to keep their spirits up. One-to-one activity sessions also took place to ensure that all residents of varying abilities could engage in suitable activities. Residents' rights, privacy and dignity were generally respected by staff in the centre, however action was required in a small number of twin rooms to ensure the privacy of residents when two residents were accommodated in the room.

Advocacy services were available for residents who required this service. Residents had access to media and aids such as radio, televisions and telephone. Wireless Internet access was also readily available. This was used to keep in contact with their families during the period of restricted visiting.

### Regulation 11: Visits

Indoor visiting was in place in line with the Health Protection and Surveillance Centre (HPSC) current guidelines. A number of visiting areas had been set up which enabled safe visiting abiding by social distancing guidelines. Visitors booked in advance and went through a screening process and infection control guidelines with appropriate PPE wearing prior to visiting. The inspectors met a number of visitors who were delighted to be able to get into visit their family member again. The centre also facilitated visiting for compassionate reasons and window visits. Residents also kept in touch with their families via telephone video conferencing, mail and other technological means.

Judgment: Compliant

### Regulation 17: Premises

There were a number of areas identified with the premises and maintenance of equipment that required review.

- The inspectors saw that some mattresses at bedsides, used to prevent residents injuries if they sustained a fall from bed were worn and torn and required replacement. A regular checking programme is required for all of these mattresses.
- A number of commodes had torn coverings and required replacement. These

did not also allow for effective cleaning.

- A section of a handrail in an assistive bathroom was rusted and did not allow for effective cleaning
- Storage of equipment required review. A number of hoist batteries were seen to be inappropriately stored on the floor near the hairdressers room. These were plugged in to charge, with trailing wires which presented as a trip hazard.

Judgment: Substantially compliant

### Regulation 26: Risk management

Following the previous inspection the risk management policy was updated and now included the measures and actions in place to control the risks specified in the regulations.

The risk register was in place and general risks with hazard identification were identified. Clinical risk assessments were in place for residents and accidents and incidents were recorded and appropriately actioned.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean throughout. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

There were two cleaning staff on duty daily, one allocated to each side of the centre. They were knowledgeable about infection control practices and had appropriate equipment for the individual cleaning of rooms and bathrooms. Other staff who were trained took responsibility for cleaning high touch areas in the evenings and night time in the absence of cleaning staff.

The centre had a comprehensive preparedness plan in place for a further outbreak of COVID-19 and staff were all trained in infection control, hand hygiene and the correct use of PPE. Regular updates were given at handovers by senior staff and HSE had provided infection control training during the outbreak. However, as identified under Regulation 16: Staff Training, staff were required to undertake refresher training in these areas.

Laundry facilities provided excellent segregation of clean and dirty linen with separate entry for soiled linen and exit for clean linen.

Judgment: Compliant

### Regulation 28: Fire precautions

Following the last inspection, the provider had proactively reduced the size of the largest compartment from 13 occupants to two compartments of eight and five. A full compartment evacuation was to be undertaken of the new compartments with night time staffing levels. Following the inspection, the fire drill records were submitted and provided assurances as to the safe evacuation of residents. Further regular full drills are required to ensure the competency of all staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Assessments and care plans viewed by the inspectors required review to ensure only information that was relevant to direct care was documented and older interventions no longer in use were discontinued as this could lead to errors. Some reassessments were not completed on a four monthly basis as required by regulations.

The inspectors also saw some duplication of care plans for example there were a number of care plans in relation to a resident who was diabetic that gave conflicting information in relation to dietary requirements, this The inspectors also saw that when there was a change to residents weight only one plan was updated and the other showed weight loss with no action taken this could lead to errors.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files.

Residents had access to a range of allied health professionals which had continued throughout the pandemic with some reviews taking place online. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of

specialist advice as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a policy and procedure in place for the management of responsive behaviours. Staff were knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents. Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and person centred interventions to engage or redirect residents.

Three residents in the centre were using full length bedrails. These were documented as enablers and not as restraints even though residents could not independently release the bedrail if they wished to get out of bed. There were assessments in place for their use and regular checks were taking place as identified and actioned under Reg 31 these need to be notified to the chief inspector

Judgment: Compliant

### Regulation 9: Residents' rights

Residents views were elicited through one to one conversations, residents committee meetings and through surveys conducted. However, the surveys conducted required further correlation and action was required to be taken on issues raised by residents in the surveys.

The inspectors observed that residents' rights to privacy were not fully upheld in a number of twin bedrooms. The privacy curtains did not fully encircle the bed spaces and gaps were evident. The placement of the curtains meant that one resident would have to enter the private curtained off area of the other resident in order to access the shared ensuite bathroom.

There appeared to be an over reliance on commodes with commodes seen in the majority of bedrooms despite the bedrooms all having ensuite facilities. Commodes were seen to be stored in the residents' bedrooms which did not promote residents' dignity.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Middletown House Nursing Home OSV-0000251

Inspection ID: MON-0032986

Date of inspection: 01/06/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training on managing Behaviours that Challenge is completed. Refresher trainings on Infection Prevention and Control are provided by Clinical Nurse Managers and will be completed on HSeLand by August 2021.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Clinical Nurse managers are allocated with 36hours per week to assist the D.O.N. in management duties. They will assist D.O.N. in data collection and some audits in the relevant areas.</p> <p>Damaged commodes and mattresses are replaced, and a monthly audit is conducted for the ongoing quality improvement. A.D.O.N. will conduct the monthly audit.</p> <p>Some Policies and Procedures are due to be reviewed this year and will be completed in 2021.</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  Contract of care will be revised with itemized charge for the services offered and will specify if the service is free of charge.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  Three Residents are using siderails on their bed as per their own request. These Residents are able to ring the call bell for assistance and require hoist for transfer. So, the siderail use is not to intentionally restrict their freedom of movement or to control their behaviour. Middletown house did not consider this as restraints and did not report the use of these siderails on quarterly notification so far. Will be notified from the next quarterly notification.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  Medication management policy is updated in line with Guidance for Registered Nurses and Midwives on Medication Administration 2020 (NMBI)</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The damaged mattresses on the floor and the damaged commodes are replaced.   Painter is on site on a regular basis. The areas to be painted will be identified by the</p>	

A.D.O.N. by doing a "walk around" monthly and the issues will be dealt with on a timely manner.  
 Batteries for hoists are charged in designated area now with no risk of trip or fall hazard to Residents and staff.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 One to one training on care planning is part of the induction programme for staff nurses. A further training provided in May for staff nurses. CNM will audit a percentage of the care plans and assessments monthly to ensure they are completed and updated according to the changing needs of the Residents.  
 D.O. N. will conduct a 3-monthly audit on care plans.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 Plans are made to change the curtains to fully encircle the Residents bed space to maintain the privacy and dignity of the Residents in the sharing room.  
 Certain Residents prefer to have the commodes beside their bed. Good few Residents require commodes at bedtime and the staff are advised to keep these commodes in toilet for the use at night. Unnecessary commodes are removed.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/08/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/07/2021
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	30/07/2021

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/07/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/07/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	15/08/2021



	the resident concerned and where appropriate that resident's family.			
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	30/08/2021