Health Information and Quality Authority

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:	Corbally House Nursing Home
Name of provider:	Corbally House Nursing Home Ltd
Address of centre:	Mill Road, Corbally, Limerick
Type of inspection:	Unannounced
Date of inspection:	02 March 2022
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0036244

About the designated centre

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

Corbally House Nursing Home is registered to provide care to 41 residents. It is located on the outskirts of Limerick city in a residential area on the banks of the river Shannon. Private accommodation comprises of 35 single bedrooms and three twin bedrooms, 20 of which have en suite shower, toilet and wash-hand basin facilities provided. Resident accommodation is over two floors with the majority of the residents residing on the ground floor. Stairs and a chair lift provide access between floors.

There is plenty of outdoor space with landscaped gardens located to the front and side of the centre and a secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants. There is an internal enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives throughout the year.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 March 2022	08:15hrs to 18:00hrs	Sean Ryan	Lead
Wednesday 2 March 2022	08:15hrs to 18:00hrs	Marguerite Kelly	Support
Monday 7 March 2022	11:30hrs to 18:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and their life in the centre.

Inspectors were met by the assistant director of nursing who guided them through the infection prevention and control measures in place. Following an introductory meeting, inspectors walked around the centre with the management team.

Corbally House Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a residential area on the outskirts of Limerick city on the banks of the river Shannon.

There are a variety of communal areas for residents to use on the ground floor consisting of two sitting rooms, a library and an oratory. There is a small seating area on the first floor for residents. There was also a secure enclosed garden area with a glass roof and heaters mounted on the wall for residents comfort when using this space. Inspectors observed residents spending most of their day in both sitting rooms or in their bedrooms. On the day of inspection, the oratory was being used to facilitate staff breaks as part of the centre's COVID-19 contingency planning and inspectors were informed that this area was scheduled for painting in the coming weeks. The centre was nearing the end of an outbreak of COVID-19 on the day of inspection.

The first floor of the premises was accessed by stairs or a chair lift. A number of evacuation aids were located on the landing of the first floor and the person in charge confirmed that residents on this floor were mobile and could safely descend the stairs with assistance from staff in the event of an emergency. Inspectors observed several doors wedged open with chairs and wooden wedges during the course of the inspection.

On a walk around the centre, inspectors observed staff were busy attending to the morning care needs of residents. There was a relaxed and calm atmosphere and inspectors overheard polite conversation between residents and staff. Inspectors spoke with a number of residents in the communal sitting rooms and in their bedrooms. Residents told inspectors that staff were kind and residents were satisfied with the time taken for staff to respond to their call bells. Residents told the inspectors that they felt safe in the centre and could freely raise any concerns with the staff. They stated that they were confident that their concerns would be addressed promptly.

The lunchtime experience was observed by inspectors. Food was freshly prepared and specific to resident’s individual nutritional requirements. Staff were observed providing discreet assistance and support to residents in the dining room and to

those residents who remained in their bedroom.

Residents' bedrooms were bright and personalised with items of personal significance such as photographs and ornaments. Residents described that they were happy with their bedrooms. Some residents complimented the views from their bedroom windows. There was access to television and call bells in all bedrooms.

The design and layout of the premises was generally suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm and residents described the centre as homely and comfortable. Inspectors noted that the provider had made some improvements to the premises since the previous inspection including the installation of additional showering facilities for residents. However, inspectors observed that there were many areas of the premises in both residents private accommodation and communal areas that were visibly unclean and in a poor state of repair. Some bedrooms were observed to have chipped paint on walls, doors and skirting.

Inspectors were informed that activities were provided in one day room in the morning and the second day room in the afternoon. A staff member was assigned to the provision of activities for residents and a detailed activity plan was in place. This included one-to-one and small group activities. The plan was based on resident's preferences and interests. Inspectors observed seven residents engaged in painting activities in one day room. However, while the activities staff were in one dayroom, there were no activities planned for residents in the second day room until the afternoon. Inspectors observed residents spending long periods of time without social engagement or appropriate access to activities. While residents were supervised by staff in the communal day rooms, there was limited engagement between residents and staff observed.

Resident meetings were held monthly. Feedback was sought in multiple areas and residents were kept informed about visiting, staffing, upcoming celebrations in the centre such as birthday parties and activities.

Inspectors observed residents receiving visitors during the inspection. Inspectors spoke with a small number of visitors who said they were happy with the care their relatives received and that staff were responsive and respectful.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents

in Designated Centres for Older People) Regulations 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance found on the last inspection in December 2020.
- review compliance with Regulation 27: Infection control following notification of an outbreak in the centre.

The findings of this inspection include:

- Significant non-compliance in Regulation 28 Fire: an urgent compliance plan was requested from the provider following day one of this inspection.
- Repeated non-compliance with Regulation 23: Governance and management, Regulation 21: Records and Regulation 27: Infection control.
- The provider had not fully implemented or sustained their own compliance plan following the last inspection of the centre in December 2020.

The registration for this centre was renewed in January 2020. Significant regulatory non-compliance's were identified to the provider on previous inspections and as a consequence the Chief Inspector had renewed the registration of the centre with three additional restrictive conditions attached to the centre's registration. The purpose of those conditions were to improve the governance and management of the centre, improve the quality of life for residents and to ensure the provider met with all regulatory requirements. Following an inspection of the centre in December 2020 and subsequent engagement with the office of the Chief Inspector, the provider had made some improvements including the addition of an assisted shower for residents, servicing of the emergency lighting systems and the frequency of fire evacuation drills with staff had increased. As a result of these improvements, the provider successfully applied to remove a restrictive condition that required the provider to address the regulatory non-compliance as outlined in the compliance plan dated 25 November 2019 to the satisfaction of the Office of the Chief Inspector no later than 01 March 2020. However on this inspection, inspectors found that the provider had not sustained some of these improvements, including fire safety interventions.

Significant non-compliance was found in relation to Regulation 28: Fire precautions. The provider had failed to identify serious deficits in the system of detection, containment and management of fire. In addition, staff spoken with did not demonstrate appropriate knowledge in relation to the procedure to be followed in the event of the fire alarm sounding. The non-compliance found on this inspection is detailed under Regulation 28. An urgent action plan was issued to the provider following day one of this inspection and a second day of inspection was scheduled.

The provider of this centre is Corbally House Nursing Home Limited. The person in charge reported to a director of the company that was the registered provider. The person in charge was supported by an assistant director of nursing and clinical nurse manager. The assistant director of nursing deputised for the person in charge, when absent. While there was a clear management structure in place, the findings of this inspection reflected failings in the governance and oversight of the service provided. A review of the governance systems, including risk management and record keeping, were not found to be effective to ensure a safe and quality service for

residents. While there was evidence of frequent governance meetings between the person in charge and the director of the company, records did not evidence quality improvement plans where deficits in the service were identified.

In light of the non-compliance found under Regulation 28: Fire precautions, a review of the staffing roster evidenced that there was inadequate levels of staff to ensure the safety of residents in the event of a fire emergency and safe evacuation residents in the event of a fire emergency. The provider had not assessed the on-going risks to residents in relation to having incomplete fire safety systems in the centre. Staffing levels had not been reviewed as part of a risk assessment process that may have mitigated some of the risk.

While all staff had attended mandatory training, such as fire safety and infection prevention and control, inspectors were not assured that staff demonstrated practice reflective of their level of training. For example, poor practice was observed in relation to fire safety, and infection prevention and control. Similarly, inspectors observed that some staff were not appropriately supervised to implement their training in these areas.

Inspectors reviewed the system of record management in the centre. The provider had upgraded the system for recording residents nursing and medical records to an electronic documentation system. Management reported that the system was a welcomed change to provide further oversight of resident's records. However, inspectors found that residents records were disjointed as both the electronic and paper based system were being used by staff. Staff were unsure which record contained the most up-to-date information with regard to residents care plans and assessments.

In addition, inspectors found that staff files did not contain all the required information as detailed under Schedule 2 of the regulations. These findings are discussed under Regulation 21: Records.

A review of the complaints records found that complaints and concerns were responded to promptly and managed in line with the requirements of Regulation 34. A review of the records evidenced that there was a comprehensive record kept, both for complaints resolved locally and complaints which were investigated through the formal process.

Regulation 15: Staffing

There was insufficient levels of staff on duty for the size and layout of the building to ensure residents safety.

There was one nurse and two health care assistants rostered from 9pm to 8am. With 18 residents having high to maximum levels of dependency, inspectors were not assured that the needs of all residents could be met, with particular regard to the increased level of staff monitoring required as a result of there being no fire

detection systems in areas of the building that included two residents bedrooms.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors found that the training and supervision of staff was not effective. this was evidenced by;

- A review of the staff training record found that some staff had not received mandatory training in safeguarding vulnerable adults.
- The inspectors were not assured that the fire safety training that was provided for the staff contained content as required under Regulation 28 (1)(d).

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. This was evidenced by:

- poor adherence to infection prevention and control standard that included the cleaning procedure and hand hygiene.
- poor fire safety awareness as evidenced by fire doors wedged open and limited knowledge on evacuation procedures.
- staff did not have access to the updated Health Protection Surveillance Centre guidelines and staff did not demonstrate an awareness of those guidelines.

Judgment: Not compliant

Regulation 21: Records

Record keeping and file management systems were not effectively monitored. For example:

- the maintenance record of fire-fighting equipment was not maintained as required by Schedule 4 of the regulations.
- the record of a residents transfer to hospital, the name of the hospital and date of transferred was not recorded as required by Schedule 3 of the regulations.
- residents nursing and medical records were disjointed and difficult to review. For example, wound care records were documented in both the residents paper file and on the electronic system which made it difficult to track the progress of wounds and the effectiveness of the wound treatment plan.
- a sample of staff files did not include two written references as required by Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that significant improvement was required to strengthen the overall governance and management of the centre. Inspectors found that management systems were not robust to ensure the service was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- The provider had failed to take appropriate actions to ensure that the significant fire risks found in a fire system service record in November 2021 were addressed
- The provider failed to put controls in place to mitigate the fire safety risks to residents living in the centre.
- Governance and management meetings between the provider and person in charge did not evidenced discussions or analysis of risks in the centre.
- The monitoring and oversight systems of key areas such as fire safety, infection prevention and control and risk management were not effective and did not ensure the safety and well-being of the residents.
- Systems of evaluating the quality of the service were not effective in developing quality improvement initiatives in aspects of the service. For example, deficits identified with the premises were escalated to the provider but there was no quality improvement plans developed to address these deficits and issues identified, such as damaged flooring, by the management team in June of 2021 had not been addressed.

While there was clear management structure in place, rosters evidenced numerous occasions where the management team were required to provide direct nursing care and this impacted on the supervision of staff and oversight of the service.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

Inspectors were satisfied that residents received an appropriate quality of care from a team of staff who knew their individual needs and preferences. However, inspectors found that urgent action was required to ensure that residents were safe in the event of a fire emergency. Regulations relating to fire safety and infection prevention and control were found to be non-compliant.

The centre's risk management policy set out the information that is required under Regulation 26. As described under the capacity and capability section of this report, there was poor oversight and management of risk. Inspectors found that environmental risks were not identified and addressed in a timely manner.

The design and layout of the premises was generally suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm and residents described the centre as homely and comfortable. Resident's accommodation was individually personalised. Inspectors found that there were many items, fixtures, fittings, flooring and furniture that were worn, torn and chipped and generally in a poor state of repair. This is discussed further under Regulation 17: Premises.

The centre had been through a difficult and challenging time during an outbreak of COVID-19 which had affected both the resident and staff. Inspectors acknowledge that the outbreak had been contained and had not spread throughout the centre. Measures to support the containment of the outbreak included;

- A COVID-19 contingency plan detailing the procedure to cohort residents and staff replacement plans.
- Monitoring residents and staff for signs of infection.
- Establishing two nurse-led teams.
- Adequate supplies of personal protective equipment (PPE).
- Visits were facilitated in the centre in consultation with public health

However, inspectors observed that the centre had not maintained a satisfactory level of environmental hygiene and inspectors observed many examples of poor adherence to standard precautions. Further oversight of infection prevention and control was required as evidenced by the findings under Regulation 27: Infection control.

An electronic nursing documentation system was in place. Each resident had a nursing assessment and care plan in place. Residents support needs were assessed through validated assessment tools that informed the development of care plans. End of life care plans were in place for residents and these reflected residents individual preferences. Inspectors acknowledge that the needs of residents were known to the staff and the nursing staff that guided the inspectors through the documentation in place were familiar with the residents. However, a review of a sample of care plans found that some improvement was required in relation to the

personalisation of these plans.

Residents had access to their general practitioner and were supported in the centre by appropriate referral to health and social care professionals such as a physiotherapy, dietetics and speech and language therapy.

Inspectors observed that staff promoted each resident's rights and that their privacy and dignity was respected.The inspectors found that residents were free to exercise choice about how to spend their day. Residents were assisted to get up in the morning at a time of their choosing and staff supported residents to maintain their individual style and appearance. Some residents were observed in two of the communal day rooms, sitting in the winter garden while others spent time alone in their bedroom. All residents spoken with were complimentary of the staff and the care they provided. Residents had access to television, radios, newspapers, telephone and Wifi. A member of staff was assigned to provide activities daily and the inspector observed small group and one-to-one sessions in one day room. However, residents were observed to spend long period of time in one day room with no social engagement or meaningful activities. This is further discussed under Regulation 9.

Regulation 11: Visits

The centre was open to visits on the day of inspection. Visitors were required to book a visiting appointment between specific times and the duration of the visit was restricted to one hour. These restrictions were under review with public health and the management confirmed that visiting would resume in line with the current Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure compliance with regulation 17. This was evidenced by;

- There was inappropriate storage of equipment in multiple areas of the premises. For example, storage areas contained cleaning equipment, residents equipment and chemicals with no segregation of these items.
- Floor coverings were torn and damaged in bedrooms, corridors and communal areas and in need of repair.
- The paint in resident's bedrooms walls was chipped and damaged.
- Resident's equipment such as shower chairs and mobility aids were visibly rusted.

- There was a damaged socket with exposed wiring in a communal day room.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included the all of required elements as set out in Regulation 26.

The failure of the provider to identify and manage risk is actioned under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by:

- The premises was in a poor state of repair that impacted on effective cleaning. For example, floors, carpets and residents equipment were worn, damaged and visibly unclean.
- There was poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, staff were using incorrect cleaning and disinfectant processes and areas documented as being cleaned were not clean on inspection.
- Management were not aware that the bed pan washer was not operational and therefore not scheduled for repair.
- There were poor practices observed with regard to hand hygiene. Staff were observed wearing gloves inappropriately and wearing jewellery which impacted on effective hand hygiene.
- Staff did not demonstrate an appropriate knowledge of the centre's infection, prevention and control policy such as the management of spills, needle stick injuries and the the correct management of single use items such as dressings.
- The centre did not have a dedicated room for the storage or preparation of cleaning chemicals. Cleaning equipment was inappropriately stored in the dirty utility which presented a risk of cross contamination.
- The laundry did not have a dirty to clean flow of linen to ensure contamination does not occur and the staff member working in the laundry did not have an area to sort clothes adequately.

Judgment: Not compliant

Regulation 28: Fire precautions

At the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire nor were fire precautions being adequately reviewed. There were a number of serious concerns identified in this regard.

- There were two residents' bedrooms which did not have fire detection. This meant that staff and residents would not be alerted to a fire in these bedrooms.
- The basement area of the building contained large volumes of combustible storage. There was also eleven oxygen cylinders in the basement, most of which were not secured to a stand. There was holes noted in the plasterboard ceiling of the basement, creating a potential breach of the fire containment between the basement and the floor above.
- There was inadequate management of the keys to exit doors. The inspector noted two locked exits which did not have a key in a break glass unit adjacent to the door. The keys for exit doors were not managed appropriately, creating a high risk that an exit door may not be opened when required and not affording residents and staff with an adequate means of escape.
- Service records to confirm the quarterly and annual maintenance and servicing of the emergency lighting system and fire alarm system had not been issued due to outstanding maintenance and repair works required to both systems.
- Poor practices were observed where fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system.
- The fire door to the kitchen was unable to close

The registered provider did not have adequate arrangements in place to maintain and test fire equipment, nor was there adequate arrangements in place for the maintenance of the means of escape and building fabric. There were gaps in the centres daily fire prevention checklist that included checks to ensure means of escape were unobstructed.

Fire doors to a significant number of bedrooms were not fitted with automatic door closers. In the absence of automatic door closing devices, the provider had failed to carry out a risk assessment and to implement safe management systems to ensure safety of residents living in the centre. Inspectors noted a number of other fire doors which were not fitted with appropriate automatic closing devices such as the kitchen, door to escape stairs, and some day spaces.

The inspectors were not assured that adequate measures were in place to contain

fire and protect escape routes:

- The fire compartment boundaries used for phased evacuation were not clear
- There were holes and service penetrations through fire barriers which required repair or sealing up
- Fire doors required action to ensure they could effectively prevent the spread of smoke and fire.

The inspectors noted additional fire detection was required to ensure adequate detection and early identification of fire. In addition to the bedrooms noted above, the dry goods store also did not have fire detection. The absence of detection may also impact systems which rely on the fire alarm system to activate. For example, door release mechanisms.

Improvements were required to ensure adequate arrangements for giving warning of fire. The fire alarm system was a zoned system and required a zoned floor plan adjacent to the panels to assist staff to locate a fire.

From a review of fire drill reports, inspectors were not assured that adequate arrangements had been made for evacuating residents from the centre in a timely manner with the staff and equipment resources available. Simulated fire evacuation drills did not consistently detail the area being evacuated, the number of residents in the zone or the fire scenario.

As a result of these findings. The provider was issued with an urgent compliance plan to ensure the safety of residents living in the centre. The provider gave a verbal commitment to comply with regulation 28.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A number of care plans reviewed by inspectors did not provide sufficient information to guide appropriate care for the residents. Care plans were not person-centred and were not based on the assessed needs of the residents. For example, the intervention required to ensure a resident maintained social contact with family and friends, in line with their preference, was not clearly described. In addition, one residents care plan did not detail a residents' medical care needs.

Care plans were not reviewed at four monthly intervals in consultation with the resident or representative as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Through a review of residents clinical records and conversations with residents, inspectors were assured that arrangements were in place for residents to access their general practitioner (GP) when required or requested. There was evidence that residents were supported to access allied health and social care professionals for additional expertise such as dietitian, physiotherapy and occupational therapy services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not have equal access to activities. Inspectors observed residents spending time long periods of time without social engagement in the day room and in their bedroom

The inspectors observed that a number of residents remained in their bedrooms and did not take part in activities. When asked, residents told inspectors the activities programme did not suit their interest or capabilities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0036244

Date of inspection: 02/03/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: During the time the 2 fire detectors on corridor of floor 1 weren't operational, a dedicated staff member was on site at all times. Detectors were operational 10th March 2022. CHNH has now a fully addressable fire detection system throughout the premises. RPR is on call at all times and can get to nursing home within 2 minutes. RPR also does his rounds in evening and night times and is on hand if any issue arises. DON lives within 5 minutes of NH and is on hand if needed. CNMs/Fire Marshall are also on call when rostered to do so. March 2022	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: CHNH ensure that all staff are appropriately educated and trained. CHNH staff completed mandatory training throughout March 2022. Our Fire Marshall has undertaken a course which enables him to upskill and continue ongoing training of staff of fire prevention. Members of staff who were absent while mandatory training was ongoing in March were subsequently brought up to speed on April 21st 2022. Supervision and audits are carried out on an ongoing basis to ensure adherence to Policy and Procedure. All staff are made aware that the information resource folder is continuously updated and available at the Nurse Station for easy access. Safety Pause is still ongoing to keep staff updated regarding IPC At the time of HIQA visit on March 2nd 2022 some doors were held open with wedges for convenience at the time, they were used infrequently and are now not used at all. All doors are to be fitted with automatic door closers, most doors already have them but	

there is an area where the doors need upgrading.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Fire records are and have been fully maintained at all times. Fire Marshall updates records daily however an oversight on our behalf showed that recent records were not signed on his days off, this has now been rectified as RPR and other fully trained staff members are assigned when FM isn't available. April 2022
Firefighting, evacuation drill and equipment record format has been updated to accommodate detailed information regarding evacuation drills
The use of an online record system was introduced at our facility in July 2021. It manages records of both the staff and residents and the care needs of the residents. We are currently in the process of transferring all paper records to the online record system while acknowledging it has taken more time that it should. August 2022
All residents Hospital transfer are now reflected in the resident's directory/Log book. This includes date of transfer and the name of the hospital. Staff who were short references have now at least two in their file. March 2022

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Risk found on Fire System service record on November 2021 has now been rectified. A full Addressable Fire Alarm system is now in operation throughout the premises. Any rooms or area that wasn't covered by Fire detector as per report on Nov 21 are now covered and part of new system.
Controls to mitigate against the fire safety risk within the nursing home were and have been fully risk assessed. Was repeated once Fire detection system and any faults noted and rectified in record of Nov 21 were completed.
Governance and Management meetings were enhanced to every week or sooner if needed. These meetings will cover Fire Safety, IPC, General maintenance.
CHNH is in need of some repairs and maintenance. It was on the schedule to update and refurbish however it was severely curtailed by Corvid measures.
A full programed of works are due over next few months September 2022

Recruitment is ongoing to enhance and complement our nursing staff so that Nurse Management can manage the center to give the best possible care.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
We rented a self-storage unit and will ease the pressure on space it will help in adding additional storage for cleaning equipment and to segregate from resident's equipment. Painting, electrical and flooring are currently being maintained and upgraded and will continue over next few months. September 2022

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
We ensure that cleaners take their responsibility professionally for the cleaning of the facility, ie communal areas, bedrooms, bathrooms and all areas in accordance with IPC. PIC along with IPC link will ensure the policy is adhered to and understood by all members of staff. Staff will maintain a clean environment as they perform their daily duties. Supervision and communication will be enhanced. PIC will monitor cleaning schedule for the home, these involve identifying areas to be cleaned, determining method for cleaning process. PIC will evaluate the cleaning internally on a monthly basis. Where the cleaning schedule is not being adhered to it shall be brought to QMS.
Staff completed mandatory training March 2022 to ensure appropriate knowledge and application of these to the facility. Staff are supported and facilitated for any upskill training needed.
RPR seeking professional advice on Laundry flow and best way to go forward.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire doors and other maintenance works required to meet fire regulation 28 have been assessed by a fire safety professional and works will commence May 2022 to August 2022 to address all actions identified. Measures are in place to reduce risks.
Fire detectors, emergency lights, zones and extinguishers have all been upgraded to meet current legislation and guidelines. All rooms within CHNH are now covered by fire

detectors including the 2 rooms and first floor corridor as per November 2021 report.
Exit door keys are in position for all doors plus a standby set stored in Nurse room area. All staff are aware.
Training is ongoing, all our staff have attended training and that training will be the minimum required. Our Fire Marshall has upskilled and is putting this training into practice. Evacuation drills to detail the area being evacuated, the number of residents, zone and fire scenario have been completed. Training and drills will be ongoing throughout the year. April 2022
Basement is no longer a storage area for PPE, equipment and incontinence pads. 02 cylinders now stored outside in a cage. Remedial works are to be carried out to meet current standards.
Fire Service records are updated daily
All fire records are filled in daily. RPR and fire trained staff will fill in when FM not available.
Door wedges are not used to keep doors open, works to install door closers throughout the building will commence in July 2022. Staff to ensure all doors are closed in interim.
The door to the kitchen will be repaired by 11 May 2022.
Works to seal any gaps in the ceiling of the Basement are to proceed asap. Until that job is done the basement area will not be used for storage to reduce risk.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All residents care plan are reviewed and are created based on residents assessment needs. The care plan still involves the resident the family and MDT. This is monitored and reviewed every three months or sooner when necessary.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
CHNH focus on individualized, meaningful activities and engagement. A resident's right to opt out of communal activities is respected and reasonable alternative activities will be made available which will be facilitated by our Activity Coordinator. We do this by drawing up individualized activity plan agreed by our residents. They will be informed of any events and encouraged to attend. During the monthly residents meeting DON/PIC will ask what activities suits their needs and interest.(especially those who prefer to spend time alone)

And their views on how they want to spend their day. All suggestions will be communicated to our activities coordinator to be included in their individual care plan.

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	31/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/04/2022
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or	Substantially Compliant	Yellow	30/04/2022

	statutory agencies in relation to designated centres for older people are available to staff.			
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	01/09/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/04/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/04/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2022
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	30/04/2022

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/04/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	07/03/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	07/03/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Not Compliant	Red	01/09/2022

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	07/03/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Red	07/03/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	30/04/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at	Not Compliant	Orange	30/04/2022

	suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	01/09/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Red	07/03/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/04/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/03/2022
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	30/04/2022

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2022