



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

## Issued by the Chief Inspector

Name of designated centre:	Ennis Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Showgrounds Road, Drumbiggle, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0000683
Fieldwork ID:	MON-0036304

## About the designated centre

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

Ennis nursing home is located on the outskirts of the town of Ennis. It is purpose built, two storey in design and provides 24 hour nursing care. It can accommodate up to 60 residents over the age of 18 years. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides long-term residential, convalescence, respite, dementia and palliative care. There is a variety communal day spaces on both floors including day rooms, dining rooms, quiet room, oratory, smoking room, family room, hair dressing room, large reception area with seating and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in single and twin rooms.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 15 June 2022	09:00hrs to 17:00hrs	Claire McGinley	Lead
Thursday 16 June 2022	08:00hrs to 16:00hrs	Claire McGinley	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection, carried out over two days. The inspector was met by the person in charge who guided them through the infection prevention and control measures in place in the centre. Following an introductory meeting, the inspector walked around the centre with the person in charge.

From what residents told inspectors, and from what inspectors observed, there was evidence that residents were supported to enjoy a good quality of life by staff who knew them well. Feedback from residents was that they enjoyed a good quality of life, and were provided with the help and support they needed. The inspector spoke with a number of residents individually and attended some group activities where a number of residents were spoken with. Resident informed the inspector that the "food is first class", "there is no place on earth like it" that they were "as snug as a bug in a rug" in their room and that they "had good friends here".

The inspector observed verbal and non-verbal communication, between staff and residents which was caring and patient. The inspector observed the lunch time dining experience which promoted the respect of residents. The meals served were well presented, and there was a choice of food available. Residents who required help were provided with assistance in a dignified manner. The inspector attended the morning staff handover which was informative and person-centred.

The centre was a two storey building, situated on the outskirts of Ennis town, overlooking the Ennis Showground. It is registered to accommodate 60 residents, there were 58 residents accommodated in the centre during the inspection. The first floor of the building accommodated 39 residents and the ground floor accommodated 21 resident. The first floor was accessed by a lift and stairs.

On the morning of the inspection, the inspector completed a walk around of the designated centre with the person in charge. There were a variety of communal areas for residents to use. There was a large foyer with tables and comfortable chairs, which were in use throughout the inspection by the residents. On the ground floor there was a large day room that opened onto a secure garden, a quiet room and a large dining room. On the first floor there was a smaller day and dining room and a family room which could be used for overnight accommodation, if needed.

The inspector observed that parts of the premises were in a poor state of repair. The secure garden contained raised beds with weeds and some dead or overgrown plants, the gutters contained weeds and the walls appeared stained and cracked. Internally, parts of the premises were poorly lit, paint on walls, doors, and skirting was marked and chipped. The inspector also observed that areas of the premises that was not visibly clean.

On the days of inspection, a range of activities were observed. Some residents were observed baking scones, while others were doing gentle exercise. Residents also

had the opportunity to attend mass on the ground floor. A number of residents on the first floor were observed staying in their own bedrooms, watching TV with their doors closed. Not all residents had access to the call bell system in place in the centre. For example, there was one call bell between two residents in a twin bedroom.

Residents had access to telephones, television, radio, newspapers and books. Internet access was available to residents. The inspector was informed that one resident used virtual assistant technology, and others used "tablets" as they wished. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the inspection.

In summary, the inspector found that residents were supported to enjoy a good quality of life. There was a responsive team of staff delivering safe, appropriate, person-centred care to residents.

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

## Capacity and capability

This was a risk inspection carried out by an inspector 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). The inspector also followed up on notifications and unsolicited information submitted to the Chief Inspector. Unsolicited information received by the Chief Inspector was found to be not substantiated.

The inspector found that, overall, this centre was well resourced, with adequate staffing to support the residents to have a good quality of life. However, individual assessment and care planning, premises, infection prevention and control, training and staff development, and records did not meet the requirements of the regulations.

The registered provider of this centre was Mowlam Healthcare Services Unlimited Company. This provider has a number of designated centres in Ireland. There was clearly defined management structure in place that identified the lines of authority and responsibility. The person in charge of the centre was supported by a regional manager and had access to the facilities available within the Mowlam Healthcare Group. Within the centre, the person in charge was supported by an assistant director of nursing, a team of nurses, social care practitioners, care and support staff, There were deputising arrangements in place for when the person in charge was absent.

The number and skill mix of staff was appropriate to meet the needs of the residents, and for the size and layout of the building on the day of inspection. The team providing direct care to residents on the morning of inspection consisted of three registered nurses, two social care practitioners, and a team of six health care staff .

A review of the staff training records found that not all staff had completed up-to-date mandatory training. The findings are discussed under Regulation 16: Training and staff development.

A sample of staff files reviewed found that they contained all the items required under Schedule 2 of the regulations. There was an induction programme in place which all new staff were required to complete.

The provider had management systems in place to monitor the service delivered. A range of governance meetings and staff meetings had taken place in the centre. Minutes of meetings reviewed by inspectors showed that a topics were discussed, such as, risk, medication management, health and safety, audit and infection prevention and control.

There was a risk register in place, which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place, however, the corrective action was not documented in line with the centre's own policy. For example, following an un-witnessed fall, the immediate action taken to ensure the safety of the resident was not documented .

A range of audits had been completed by the person in charge, which reviewed various elements of the service such as health and safety, restrictive practices, medication management, and falls management. The person in charge carried out an annual review of the quality and safety of care in 2021.

Complaints records reviewed found that complaints were responded to promptly, investigated and managed in line with the requirements of Regulation 34. There was a complaints policy in place.

### Regulation 15: Staffing

The level of staff on the day of inspection was adequate to meet the assessed needs of the residents, and for the size and layout of the building.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff training records reviewed identified that some staff had not completed training appropriate to their roles, such as, infection prevention and control, fire safety, and the management of responsive behaviours.

Judgment: Substantially compliant

### Regulation 21: Records

The management of resident records was not in line with the requirements of the regulations. The inspector observed unsecured access to confidential resident records.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place, that identified the lines of authority and accountability within the centre.

The centre had sufficient resources to ensure the effective delivery of care.

Judgment: Compliant

### Regulation 31: Notification of incidents

Mandatory notifications had been reported to the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were managed in line with the requirements under regulation 34.

Judgment: Compliant



## Quality and safety

The inspector found that residents received an appropriate quality of care from staff who knew the residents well. However, action was required to ensure that individual assessment and care plans, infection prevention and control, and the premises were compliant with regulation.

The centre utilised an electronic care planning system. Residents had a comprehensive nursing assessment completed on admission and a care plan was developed within 48 hours of admission to the centre. Inspectors reviewed a sample of resident records, and found that care plans did not always contain the information required to guide the care, and did not always reflect the care needs of the residents. These findings are discussed under Regulation 5: Individual assessment and care plan.

The inspector observed that parts of the premises were in a poor state of repair. The inspectors also observed parts of the premises were poorly lit. These findings are detailed under Regulation 17: Premises.

Inspectors observed that staff adhered to guidance in relation to wearing personal protective equipment (PPE) in line with the national guidelines. Staff reported that they had received infection control training. The inspector was informed that cleaning hours within the centre had been increased by four hours per day, however, this had not been implemented at the time of inspection. The inspector observed many areas of the premises that were not cleaned to an acceptable standard. These findings are discussed under Regulation 27: Infection control.

Arrangement were in place for residents to access their general practitioner (GP) when required. Residents were facilitated in accessing allied health care professionals such as dietitian, tissue viability and speech and language therapy when required. A restraint-free environment was promoted in the centre, in line with local and national policy.

The centre was facilitating visits. The inspector observed visitors coming to the centre throughout the inspection. Visitors confirmed that there were no restrictions to visiting.

Residents were provided with opportunities to consult with management and staff on how the centre was run. Minutes of meetings reviewed by the inspector identified that action taken was not always taken to address the issues raised. For example, residents had requested a change of dessert menu in March 2022, and this was not implemented at the time of inspection.

## Regulation 11: Visits

There were no restrictions in place for visits to residents in the designated centre. Suitable spaces were available for a resident to receive a visitor.

Judgment: Compliant

## Regulation 17: Premises

The inspector found some areas of the premises were not in compliance with regulation 17. This is evidenced by:

- Both dining rooms were in a poor state of repair. The area where a Bain Marie was stored had damaged flooring. The laminate was lifting of the wooden surround, and the paint was cracked and peeling.
- Lighting was not consistent though out the centre. For example, lighting was dim at the lift exit and outside two resident bedrooms, increasing the risk of slips, trips and falls.
- Paint work was generally in a poor state, with walls marked, paint lifting on the fire place in the visitors rooms, paint scuffed on skirting, doors surrounds and resident bedroom doors leaving exposed wood.
- The flooring was in a poor state of repair. For example, there were holes in the floor on the first floor, impacting on the the cleaning of the centre.
- Not all residents had access to emergency call facilities, for example, there was one call bell access point between two residents in a twin room.
- Some resident equipment was in a poor state of repair, impacting on the cleaning of this equipment. For example, chair coverings were worn, bed tables with laminate covering lifted, and one resident commode was visibly rusted.

Judgment: Substantially compliant

## Regulation 27: Infection control

The infection prevention and control procedures were not consistent with the national standards of infection prevention and control in community services. This was evidenced by:

The cleaning records for daily and deep clean were not consistently recorded.

Parts of the centre were not clean. For example:

- the Bain Marie, where residents food was served from, was not visibly clean
- the cleaning trolley was not visibly clean
- hand rails were not visibly clean
- there was a build up of dirt and debris at the corners of radiators.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans reviewed by the inspector did not provide the sufficient detail to guide and direct the care of residents. This is evidenced by

- A resident who expressed responsive behaviours did not have their care plan appropriately reviewed and updated, in line with the resident's changing needs.
- One resident's care plan did not detail the interventions required, following an assessment that found the resident was at high risk of malnutrition.
- Poor documentation of wound care. A review of the care plan of a resident with a wound, found that the resident's care plan did not contain the information to guide consistent and appropriate wound care. For example, the type of wound dressing for the resident's specific wound was not documented. This resulted in inconsistency in the management of the wound.

Judgment: Not compliant

### Regulation 6: Health care

Arrangements were in place for residents to access medical and allied health professional services.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's rights were found to be respected and upheld. Residents opinions were sought through resident meetings. Residents had opportunities to participate in activities in accordance with their wishes.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ennis Nursing Home OSV-0000683

Inspection ID: MON-0036304

Date of inspection: 16/06/2022

## 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 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> <ul style="list-style-type: none"> <li>• All new staff are provided with a formal induction programme which includes mandatory training courses as well as regular updates. The PIC will ensure that all staff have received up to date mandatory training and education in line with legislative and regulatory requirements, to include training on Infection, Prevention and Control, Fire Safety and the management of Responsive Behaviours.</li> <li>• The induction programme for nursing and care staff includes a competency assessment of fundamental care skills, including maintaining skin integrity, management of responsive behaviours and assisting a resident at mealtimes/monitoring nutritional intake.</li> <li>• There are role-specific induction programmes in place, and we will maintain a record of these for each staff member in the individual personnel file</li> <li>• Staff training and development needs are discussed during the probationary period, performance appraisal and clinical supervision meetings, and staff are given the opportunity to identify any areas of training they feel would benefit them. Targeted education and training will also be facilitated if there are observed staff skills deficits based on individual training needs analysis.</li> <li>• Residents’ health care needs, medical conditions and any changes are discussed at each handover and mid-shift safety pause. An ISBAR handover sheet will be introduced, which we hope will improve the quality of information available for all staff and enhance the consistency and continuity of care for residents.</li> <li>• There are robust clinical supervision arrangements in place. There is a supernumerary ADON, who provides clinical leadership and supports the PIC. This level of managerial oversight will facilitate appropriate supervision and mentorship of staff and provide opportunities to improve the quality of individualised care to residents.</li> </ul>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• The PIC has reviewed storage of resident records and there is now a system in place that ensures all resident records are stored securely in a locked cabinet. This will be monitored daily as part of PIC/ADON rounds.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A planned programme of refurbishment that was put on hold due to Covid will be recommenced. This will include painting, floor repair, upgrade to Bain Marie storage area in both Dining rooms and repair to skirting and door frames.</li> <li>• The PIC will ensure that the Facilities team undertake a review of lighting, particularly near lift exit and corridors upstairs.</li> <li>• The PIC has completed a comprehensive review of all resident equipment. Any resident equipment deemed not suitable has been discarded and replaced; for equipment that required cleaning, a new tagging system has been introduced whereby cleaned items can be tagged after cleaning with a date stamp. The management team will monitor compliance with the new procedure, which is currently working well.</li> <li>• In the twin room that only has one call bell socket, the PIC has provided a handheld bell for the other resident. The Facilities team will review whether additional call bell points can be added to the existing call bell system. A review of the system will take place to ensure all residents have equal access to call bells.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The PIC will conduct a daily walkaround of the building with the ADON to monitor standards of cleaning and identify any deficits to the Housekeeping Supervisor.</li> <li>• The PIC will facilitate safe cleaning practices and procedures for housekeeping staff, ensuring that they refer to the Housekeeping Manual for guidance regarding best practice if required.</li> <li>• The PIC will review and update cleaning schedules and monitor adherence and compliance in conjunction with the ADON.</li> <li>• The PIC will ensure that all household staff are trained in appropriate cleaning</li> </ul>	



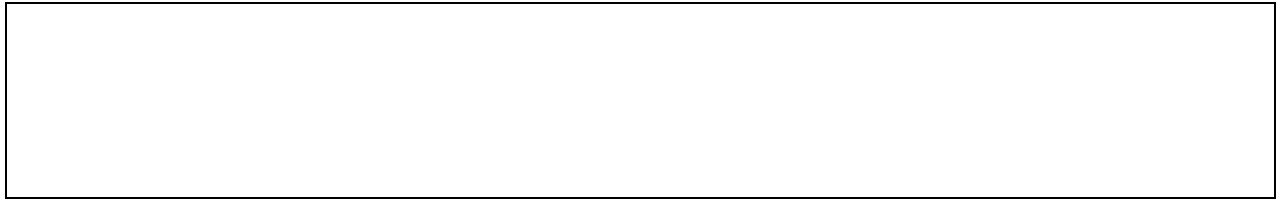
techniques and procedures by completing a Clean Pass programme. All household staff will be trained on Clean Pass.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- All residents in the nursing home are assessed prior to admission to ensure that their care needs can be safely met in the nursing home. A care plan will be prepared within 48 hours of each resident's admission which will reflect the individual resident's assessed care needs and preferences.
- Care plans are prepared in consultation with residents and/or their designated representative and a record of consultation is documented in the electronic care file.
- As part of the dependency assessment, each resident has a Barthel and MUST assessment conducted, indicating the ability of the resident and the care interventions required. The resident also has a comprehensive review of skin integrity on admission and MDT input is sought where there is a need to do so.
- The PIC and ADON will provide clinical oversight to ensure that all residents' assessments and care plans have been completed and are individualised and person centred. They ensure that the assessment informs the plan of care and considers the resident's current medical, health and lifestyle status, including Behavioural & Psychological Symptoms of Dementia (BPSD) or responsive behaviours. If responsive behaviours are a presenting issue, an Antecedent, Behaviour & Consequence (ABC) chart will be completed for 3 days to assess the patterns of responsive behaviours, identify triggers and determine appropriate de-escalation techniques.
- Residents that are assessed as being at risk of malnutrition are referred to the Dietician for review and recommendations are incorporated into the care plan. Specific requirements are shared with the Catering Manager and discussed at daily handover/safety pause and management meetings.
- The PIC will review all wound documentation weekly to ensure accuracy regarding dressings and to ensure that any/all recommendations from Tissue Viability Nurse are adhered to.
- Care plans are reviewed at intervals not less than 4 monthly, or as indicated by the resident's condition or circumstances. These care plan reviews will consider all aspects of the residents' physical and mental wellbeing, personal and social care needs and any supports required to meet those needs, as identified by initial and ongoing assessment.
- The PIC will complete a weekly audit of clinical documentation to ensure that each resident's required care needs are addressed, that the care plan guides the delivery of care and that the care delivered is reviewed and evaluated appropriately and is in accordance with the resident's expressed preferences.
- Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings.



## 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	30/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/09/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/10/2022
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 the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/10/2022