



**Health
Information
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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:	Carlingford Nursing Home
Name of provider:	Cooley Nursing Home Limited
Address of centre:	Old Dundalk Road, Carlingford, Louth
Type of inspection:	Short Notice Announced
Date of inspection:	11 November 2020
Centre ID:	OSV-0000121
Fieldwork ID:	MON-0030582

About the designated centre

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

The designated centre provides 24- hour nursing care to up to 44 residents, male and female who require long-term and short-term care that includes convalescence and respite. The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of 33 single, four twin bedrooms and one three bed room which are laid out around a well maintained internal courtyard and along a central corridor. The philosophy of care is to provide good quality individual care in a respectful manner to residents requiring residential services. An overall aim is to promote resident independence and to work in partnership with residents, families and friends to achieve the best possible outcomes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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 11 November 2020	09:30hrs to 18:15hrs	Manuela Cristea	Lead
Wednesday 11 November 2020	09:30hrs to 18:15hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

All the residents who spoke with the inspectors expressed very high levels of satisfaction with their lives in the centre. They all referred to the hard work and kindness of the staff. One resident commented that the staff were 'the loveliest staff, you couldn't ask for better'. Another informed the inspectors that she 'couldn't fault the staff, they would do anything for you'. Residents told the inspectors that they were happy with everything including the food, their bedrooms and their home in general. Some were particularly complimentary about the food, with one resident saying that the food was 'the best ever', and another resident confirming that the food 'couldn't be better'.

Staff were observed to be kind and courteous in their interactions with the residents. Care and compassion was evident whether staff were assisting residents with meals or supporting residents to participate in activities. Residents were addressed with courtesy and respect and all interactions were empathetic and sensitive.

While the inspectors communicated with a large number of the residents on the day, there were no visitors present to meet with the inspectors. This was due to national visiting restrictions in place at the time of inspection. Nevertheless, written feedback received from relatives was reviewed by the inspectors, which confirmed that their overall level of satisfaction with care in the centre was positive.

The premises were homely and nicely decorated and were designed to stimulate memories and prompt conversations. Residents' bedrooms were personalised and each door was painted in a different colour to support way-finding. In the communal areas there were many interesting items such as books, paintings, budgies and a fish tank for residents to use and enjoy. Along the corridors, there were several alcoves with comfortable window seating overlooking the internal garden for residents' enjoyment. Residents confirmed that they liked to use these areas. The premises was laid out to meet the needs of the residents and to encourage and facilitate independence. Throughout the day inspectors observed residents mobilising freely around the centre.

Staff and residents who spoke with the inspectors described their lived experience in the centre over the past year. While mentioning that these were very anxious and challenging times, they were all confident and grateful that they had been successful to date in keeping the centre COVID-19 free. Residents told the inspectors that they felt safe in the centre.

Residents confirmed that they were satisfied with their living arrangements and the overall standard of cleanliness maintained in their rooms and in the communal areas of the centre. Residents were observed to be well-groomed and dressed appropriately. The inspectors spent time observing staff interactions with residents

and witnessed care being delivered in a kind, respectful, dignified and unhurried manner.

Residents were observed enjoying a busy schedule of various activities throughout the day. A group of ladies enjoyed a TV movie in one area, while another group of residents played bingo in the main sitting room. The inspectors observed a genuine sense of community during the lively bingo session, with spontaneous laughter and friendly conversation between staff and residents. It was evident that staff were very familiar with the residents and their preferences. Inspectors observed warm, positive interactions between staff and residents throughout the inspection. Appropriate social distancing was in place in the communal areas without detracting from the person-centred approach of the service.

Residents' decisions not to participate in activities were respected and alternative activity of choice made available. The inspectors spoke with a number of residents who chose to remain in their own rooms. These residents confirmed that their choices were respected and their privacy was maintained. Although the feedback from residents was overwhelmingly positive, some mentioned that they missed the outings and were looking forward to a time when these could resume.

No complaints or concerns were raised by any resident on the day of the inspection and residents confirmed that they would not hesitate to speak with a staff member if they had any issues.

Capacity and capability

This risk inspection was carried out to assess the designated centre's preparedness for a potential COVID-19 outbreak and inform a registration renewal. The centre had a good history of compliance and the inspectors were satisfied that the action plan from the last inspection had been completed. At the time of inspection, there had been no COVID-19 outbreak in the centre and staff proudly described to the inspectors the measures they took at work as well as in the community to ensure the centre remain COVID-19 free.

Overall, the findings of this inspection show that this was a well-managed centre and the provider worked hard to ensure residents continued to enjoy a good quality of life during the anxious times brought on by the pandemic. Further improvements were required in respect of premises and infection prevention and control, which were interdependent. The provider informed the inspectors that due to the emergence of the COVID-19 pandemic all non-essential refurbishment plans for 2020 were on hold as the main focus had been the protection of the residents. Nevertheless, the inspectors found that the works required in respect of premises were necessary to ensure the staff could implement the highest standards in infection prevention and control in order to maintain and promote residents' safety. The findings are further detailed under Regulation 17 and 27.

The centre was operated by Cooley Nursing Home Limited who was the registered provider. There was a clearly defined management structure in place and the registered provider representative provided daily support and visited the centre on a weekly basis. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the direction of care. She was supported in her role by a deputy nurse manager and the nursing and healthcare team, as well as administrative, catering and household staff. Senior management cover was also available at the weekend. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management.

The person in charge and the management team displayed a commitment to continuous improvement through regular audits of care and services provided to the residents, staff appraisals and provision of staff training. The inspectors reviewed a number of audits such as infection control, medication management, nutrition, end of life care, wound care, use of restrictive practices and care planning arrangements. There was evidence of actions taken based on audits' findings to improve the quality of care for the residents. In addition to environmental audits and monthly domestic cleaning audits, there were weekly audits on staff practices, staff knowledge on contingency plans and the implementation of infection prevention and control procedures.

Comprehensive contingency plans had been developed prior to the COVID-19 pandemic. The inspectors reviewed these plans and found that there were good preparations in place to promote residents' safety in the event of an outbreak of infectious disease. Furthermore, there were good arrangements for reviewing any accidents and incidents within the centre, which included identification, recording, investigation and learning from adverse events.

The inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of the residents. The service was appropriately resourced and staff reported it to be a good place to work and that they felt supported by the management team. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. Staff morale was good and a team approach to the provision of care was evident.

There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. The provider had recently appointed an infection control link nurse to support the person in charge and ensure continued access to in-house expertise in infection control. Additional dedicated hours for completion of audits and monitoring of practice had been allocated for this member of staff the provider was sourcing an appropriate Infection Prevention and Control post graduate course for staff to attend.

The number of complaints were very low. There was one open complaint which the inspectors reviewed and were satisfied that it had been appropriately managed in

line with the centre's complaints policy. Surveys on residents' experience were conducted and there was a suggestion box at the entrance in the centre.

Other relevant documents were reviewed during the inspection. These included the statement of purpose, Schedule 5 policies and procedures, the annual review and the provider's self-assessment questionnaires in COVID-19 preparedness and infection prevention and control. All documents were found to be of a good standard and were used to inform staff practices.

Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration was submitted to the Chief Inspector of Social Services and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were sufficient to meet the assessed needs of the residents at the time of inspection. The staffing levels and the shift patterns had been adjusted in response to residents' changing needs to include enhanced psychosocial supports to compensate for visiting and national restrictions and support enhanced cleaning practices.

Nursing staff were supported by an appropriate numbers of health care assistants, catering and household staff. There was proactive recruitment for any vacancies as they arose and there was a stable complement of staff which ensured good continuity of care for the residents. The centre did not use any agency staff.

There were suitable recruitment practices in place and the provider ensured that all staff had a An Garda Siochana (police) vetting in place prior to commencing employment. At the time of inspection the volunteer service was on hold as part of centre's contingency arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records indicated that all staff were up-to-date with their mandatory training requirements. In addition, records indicated that each staff had received

recent training regarding infection prevention and control, donning and doffing of personal protective equipment (PPE), breaking the chain of infection and hand hygiene. In their conversations with the inspectors staff displayed good knowledge of infection prevention and control procedures and were observed to implement them in their practice.

There were appropriate arrangements in place to ensure that all staff were supervised and supported according to their role. Regular observational audits and spot checks were carried out which ensured good oversight of staff practices.

All registered nurses working in the centre had an active registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of the lines of responsibility and accountability.

The centre was adequately resourced and there were systems in place to ensure the service was safe, appropriate and effectively monitored. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care and services provided for the residents.

There were monthly governance and management meetings taking place, which ensured good oversight of service. Infection prevention and control was a standing item on the agenda at these meetings, in addition to other relevant issues including staffing, training, contingency planning, accidents and incidents and training. Records also showed that multi-departmental health and safety meetings took place on a regular basis, and any areas of concern identified had an action plan in place.

Regular staff meetings took place to ensure staff were familiar and aware of the ongoing changes in guidance from Health Protection Surveillance Centre (HPSC) *Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*.

The management team had completed a comprehensive annual review of the quality and safety of care delivered to residents in the designated centre, which included evidence of consultation with relatives and residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The designated centre had a Statement of Purpose which contained all the required information as per Schedule 1 of the regulations. It clearly described the service provided in the centre including a description of the facilities available.

This document had been reviewed and updated within the last year, in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure identified each persons nominated to investigate the complaints, to oversee the process and also outlined the appeals process. The complaints procedure was widely advertised and residents were familiar with the process.

The number of complaints in the centre was very low. Inspectors found that the complaints were appropriately recorded, investigated promptly and records showed that where a resolution was reached the outcome was documented.

Any concerns voiced were immediately acted on. The complaints log and concerns records were maintained separately from residents' care plans.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were available on inspection and had been reviewed within the last two years. A number of other relevant policies had been updated to include changes relating to the current COVID-19 pandemic. Inspectors were satisfied that these policies were adopted and implemented in practice throughout the centre.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents living in the centre received a high standard of quality care which ensured they continued to enjoy a good quality of life. The inspectors acknowledged that from an infection prevention and control point of view the provider had made significant efforts to promote residents' safety and ensure staff were trained and knowledgeable. However, additional improvements in respect of premises were required to ensure regulatory compliance and to support best infection prevention and control practices. This is further detailed under Regulations 17 and 27.

The centre was a purpose-built facility and the design and layout was appropriate for the needs and comfort of the residents who lived in the centre. The centre was suitably and comfortably furnished to include many thoughtful features to create a warm and welcoming environment. However, the storage, laundry, housekeeping room and the sluicing facilities in the centre required improvement. In addition some areas of the premises were in need of general maintenance and decoration.

Infection control practices were largely of good standard, however some processes and practices required further review. There were good levels of preparedness should an outbreak of COVID-19 occur in the centre. The management team had established links with the local public health team and Health Service Executive (HSE) lead for their area. There was a clear and comprehensive COVID-19 emergency plan and policy in place which included the details of key relevant persons to be contacted in any emergency situation. The centre had been divided into two distinct areas and specific isolation protocols or cohort area had been established, should they be required.

Cautionary signage was seen at the entrance and was displayed throughout the centre. Residents and staff adhered to social distancing measures. Staff were trained, knowledgeable and observed to implement appropriate infection prevention and control measures throughout the day.

Since the last inspection, the centre had implemented electronic care records. Residents' individual care plans were person-centred, based on comprehensive assessment and a suite of other risk assessments, including skin integrity, risk of malnutrition, falls risk and pain. Where risks were identified the care plans described prevention measures to guide staff action and avoid deterioration in health or incidents. The inspectors reviewed wound care practices and found that they were informed by best available evidence with support from tissue viability nurse, and implemented in line with recommendations.

Residents were well-known to staff and the care provided was person-centred and tailored to suit the residents' individual needs. The inspectors found that there were good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and capacities. There were sufficient staff available to support residents in their choice of recreation

Residents reported that they felt safe in the centre. Call bells were available to residents and when used, they were answered promptly by staff. The inspectors

spent time observing staff interactions with residents and witnessed care being delivered in a kind, respectful, dignified and unhurried manner.

Visiting arrangements were in place in line with current guidance. Residents confirmed with inspectors that they were happy with and understood the restrictions that were in place and why they were necessary.

Residents were provided with good quality, nutritious food according to their choice and systems were in place for consultation with residents. Residents were unanimous in their high levels of satisfaction with the food menu and confirmed that the food was excellent. There was evidence that any feedback from residents was acted upon by management.

The risk management policy and register had been updated to reflect COVID-19 pandemic related risks.

The inspectors found that there were satisfactory fire arrangements and fire precautions in place. Residents' personal emergency evacuation plans were up to date and compiled in a colour-coded easy-to-use format to support a speedy evacuation if necessary. Emergency exits were unobstructed and emergency equipment and appropriate means for escape were provided.

Regulation 11: Visits

All residents were aware of the visiting arrangements and relatives were contacted weekly by the person in charge to keep them updated. At the time of inspection, arrangements were in place to facilitate window visits or compassionate visits for residents at the end of life, in line with current national guidelines for COVID-19 visits in residential care facilities.

There were systems in place to ensure residents' and visitors' safety could be maintained. The administrator coordinated the visit schedule which was by appointment only. Visits could be facilitated seven days a week. A robust visiting protocol was in place, which included a self-declaration, checking of visitors' temperature, hand sanitisation and appropriate use of PPE.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was clean, bright and

welcoming throughout. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

The accommodation comprised of 33 single bedrooms, four twin and one three-bedded room. Each bedroom, including multi-occupancy, were large and comfortable and inspectors observed that residents had sufficient space to support their privacy and dignity needs. The vast majority of bedrooms had access to an ensuite facility, or access to an assisted shower in the immediate vicinity. Residents' bedroom accommodation was personalized, and there was adequate storage space available for personal items.

Many of the walls on the corridors had artwork produced by the residents which added to the homely, person-centred atmosphere. Communal space was seen to be plentiful. The main hub was a large sitting/ activity room; this was domestic in style and included a kitchen area which was used for cooking activities with the residents. In addition there was another smaller sitting area for residents who wanted a quieter environment, a comfortable lobby, an oratory for quiet reflection, a smoking room and a large dining room. The dining room was accessible and tastefully decorated with clear arrangements in place to facilitate social distancing at mealtimes.

A large internal courtyard was accessible from various points in the building and the inspectors observed that residents had unrestricted access to the outside space. There were comfortable and appropriate sitting areas in the garden. The garden was furnished with tables and parasols and raised planters to support the residents with the gardening activities.

However, this inspection identified that certain aspects of the premises did not meet the requirements of Schedule 6 of the regulations and the National Standards for Residential Care Settings for Older People in Ireland, 2016. This had a direct impact on staff's ability to adhere to best standards in infection prevention and control. Although the inspectors accepted that non-essential refurbishments had been on hold or delayed due to the pandemic, the following areas were identified as requiring improvement:

- The domestic cleaning room required full review to ensure it aligned to National Standards, 2016 (this included lockable safe storage for cleaning chemicals, a stainless steel sluice sink and appropriate ventilation). A separate room, distinct from the main sluicing facilities in the centre was required for this purpose.
- A review of the storage facilities and access to the storage area was required; at the time of inspection one storage room was only accessible by passing through the hairdresser facility. Although the hairdressing facility was not in use at the time of inspection, such arrangements would not support good infection prevention and control practices.
- The air ventilation in the smoking room was not effective; ventilation in the domestic cleaning room was not appropriate.

- The laundry facility required review to ensure it met the National Standards, 2016 and supported good practices and adherence to infection prevention and control.
- Refurbishment of the floor lining in a number of residents bedrooms and bathrooms was required to prevent trip hazards and ensure safe floor coverings throughout the building.
- Some walls in residents' bedrooms and communal areas were marked and damaged; some items of furniture were chipped or in need of attention.
- A programme of maintenance for the drains and air vents in the shower rooms was also required.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents spoke very highly of the quality, choice and availability of food provided in the centre. A varied menu was displayed in suitable format and in appropriate locations around the centre to ensure that resident knew what the menu was each day. The menu offered a range of choices to all residents including those on a modified diets. Residents had access to a safe supply of drinking water. A range of drinks and snacks were offered frequently throughout the day with both staff and residents confirming that food and drink was available at any time of the day or night.

As a result of the pandemic residents were taking their meals in two separate dining areas with both dining areas laid out to meet social distancing requirements. There were sufficient staff available to support residents with their meals and snacks throughout the day. A number of residents were supported to eat independently. The inspectors observed mealtimes to be social occasions with residents and staff chatting happily with each other. Staff were observed to be respectful and discreet when providing assistance.

Residents had their nutritional status regularly assessed and monitored. Residents were closely monitored for weight loss and where weight loss was identified, this was investigated and enhanced monitoring in place. Dietetic recommendations were implemented where required.

Staff were knowledgeable about the residents' dietary requirements. This included any diet modification requirements for those residents with swallowing difficulties. The inspectors also spoke with the chef, who demonstrated a high level of knowledge of the residents and their dietary requirements.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which reflected the requirements of the regulations including the management of specified risks. The centre had an up to date safety statement, health and safety policy and associated risk assessments in place.

The risk management register was regularly reviewed and maintained up to date with hazards and control measures identified. It included clinical hazards involving the residents as well as environmental hazards. In addition there was a COVID-19 specific risk register which detailed comprehensive plans and protocol specific to each department.

Overall it was evident from the minutes of quality and safety meetings reviewed that there was good oversight and regular review of incidents and risk.

Judgment: Compliant

Regulation 27: Infection control

There was a comprehensive and up-to-date infection prevention and control policy which was evidence-based and included detailed procedures to guide staff in their practice. It also included guidance on antimicrobial stewardship.

Overall the general environment and residents' bedrooms, communal areas, toilets bathrooms, and sluice facilities inspected appeared clean with few exceptions. The daily hours for the housekeeping staff had been increased and a review of the daily cleaning checklist records showed that they were completed contemporaneously and were up-to-date.

The provider had access to specialist infection prevention and control expertise and the person in charge (PIC) was the dedicated lead in infection control in the centre. The person in charge had completed a Train the Trainer course so that they were able to deliver infection prevention and control training to all staff. Staff demonstrated a commitment to preventing the transmission of infections in the centre. For example the staff uptake of vaccination against influenza was very high, at almost 100%.

Staff had good access to personal protective equipment (PPE) and the inspectors observed consistent adherence to standard precautions. Face protection masks were worn by all healthcare workers and overall staff adherence to 'Bare below Elbow' initiative was evident. Alcohol gel was available throughout and easily accessible at the point of use. Information posters to support practices were clearly displayed on entrance to and throughout the centre, including staff rooms.

The centre had been divided into two sides with separate staff teams. Separate staff entrances and staff changing areas were available on each side in line with the centre's contingency plan for COVID-19. This ensured that contact between staff and residents from other parts of the centre was minimised and helped to contain and reduce the spread of potential infections. There were clear protocols in place to detect signs and symptoms early. For example staff and residents' temperature was monitored twice daily in line with the current guidance.

Residents' equipment was observed to be hygienic and clean and staff were regularly decontaminating the equipment in between each use. Housekeeping staff demonstrated good knowledge of cleaning processes and the use of color-coded cleaning cloths; the cleaning trolley was clean and showed clear separation of clean and dirty functions. Segregation of healthcare risk and non-risk waste was evident and external healthcare risk waste disposal units were secure.

The linen room was well-organized and color-coded linen skips and alginate (dissolvable) bags were available. However the laundry room required review to ensure there was adequate space to separate clean and dirty processes and suitable worktops were provided for sorting the laundry. This is addressed under Regulation 17.

Nevertheless, while inspectors saw many examples of good practice in infection prevention and control, further improvements were required as follows:

- There was a mop head system in use for cleaning. Although the mop heads were changed between each bedrooms, the water in the bucket was not replaced after each bedroom. This posed a risk of cross-contamination, and required review.
- High risk clinical boxes containing sharps and discarded medicinal products were not dated and labeled to allow for contact tracing and appropriate disposal in a manner that will not cause danger to public health or risk to the environment.
- Enhanced deep cleaning of some communal spaces was required to ensure all areas were dust free.
- Wear and tear was visible in some areas and the quality of surfaces and finishes on furnishings, fittings and fixtures did not always support effective cleaning; a full review of furniture and equipment such as chairs, bedtables, wooden surfaces including handrails was required to ensure they were fit for purpose and permitted appropriate cleaning and disinfection practices.
- A formalised independent *Legionella* risk assessment was required in addition to appropriate processes and protocols in place (for example the regular flushing of all taps) to prevent waterborne infections.
- The management and storage of clean supplies and cleaning equipment such as floor scrubbers needed to be improved upon to ensure appropriate segregation of clean and contaminated items.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had good arrangements in place to protect the residents in the event of a fire emergency. These included firefighting equipment, means of escape, emergency lighting and regular servicing of systems. There was evidence that daily and weekly checks were carried out and recorded. The fire alarm was serviced on a quarterly basis and the fire service equipment was serviced on an annual basis.

All staff had completed the mandatory training in fire safety and took part in regular evacuation drills to ensure they were competent in the evacuation process. Fire drills records showed that these learning exercises were conducted using a variety of scenarios, including reduced night time staffing levels. There was evidence of appropriate evacuation times to ensure the safety of each resident could be maintained and any identified learning was used to inform future practice.

Staff spoken with on the day of inspection were able to tell inspectors what action they would take in the event of a fire. The fire procedures and evacuation plans were prominently displayed and the fire-fighting equipment was regularly serviced and tested.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed to ensure the centre could meet residents' needs. All residents' care needs were assessed using validated assessment tools and described in their individual care plans. There was evidence that all care plans and risk assessments had been reviewed in the previous four months or updated when the condition of the resident changed. As a result care plans were up to date and reflected residents' current needs.

The sample of care plans reviewed by inspectors indicated that overall, the care provided to residents was person-centred and met their holistic needs. There was information available on residents' backgrounds, interests and how they liked to spend the day. Residents' physical and mental wellbeing was regularly assessed, monitored and a tailored activities programme was put in place to mitigate against any potential negative impact on residents.

Based on the review of records, residents' feedback as well as direct observation, the inspectors were assured that individual needs were being met to a high standard. Residents were consulted in their care planning arrangements and reported high satisfaction with the care received.

Judgment: Compliant

Regulation 6: Health care

Arrangements were in place to meet each residents' assessed healthcare needs.

Residents had good access to a general practitioner (GP) of their choice. There were three GPs providing medical cover over 24 hour period who visited the residents as required. In addition residents had access to consultant geriatrician, Psychiatry of Later Life and community palliative services as required.

A variety of health care professionals such as the dietitian, occupational therapist or physiotherapist were available to residents on a referral basis. Where possible, some of these services were provided remotely. To maintain residents' physical function and promote their wellbeing, a physiotherapy assistant was provided. This service provided four hours per week dedicated time for group exercises or one to one physical activity for the residents.

Opticians, dental services and chiropody services were also available and visited the residents when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors observed that residents were relaxed, well-dressed and had freedom of movement.

The use of restrictive practices was closely monitored and the centre had made significant progress in promoting a restraint-free environment by reducing the use of bed rails to ensure the safety of the residents.

There was a low use of restrictive equipment such as bed rails and a wide range of alternatives were available and trialled to ensure the least restrictive option was in place. Similarly, chemical restraint was rarely used and only when appropriately prescribed for resident's identified needs. Records showed that where chemical restraints were used this was as a last resort after exhausting all psychosocial interventions.

Judgment: Compliant

Regulation 8: Protection

There were good systems in place to ensure that residents were protected from abuse.

All staff had completed the mandatory training in safeguarding vulnerable adults and understood how to recognise instances of abusive situations. Staff spoken with were aware of the appropriate reporting systems in place and the steps to be taken if they suspected, witnessed or had abuse reported to them, as per policy. Residents who spoke with inspectors said they felt safe in the centre and that staff were respectful of their health and social care needs.

The provider acted as a pension agent for five residents living in the centre and a separate residents' account had been set up to safeguard their finances. Residents' property was safeguarded and they had access to a lockable cupboard in their room for their valuables.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who met with the inspectors spoke very highly of the care and support they received from staff and confirmed their experience of living in the home was positive.

Residents were provided with opportunities to participate in social activities of their choice and ability in either the communal areas or their own bedrooms. Activities boards were prominently displayed to ensure residents were aware of the day's programme and to enable them choose whether or not to attend.. The activities calendar for the week ahead included a varied and interesting programme. This included cooking, knitting, board games, ball games, music and daily exercise to name a few. Residents who preferred to remain in their own rooms were provided with one to one activities if they wished.

The activities coordinator demonstrated good knowledge of the residents and their preferences for socializing and participation. The activities coordinator was supported in their role by care staff.

Each resident who spoke with the inspectors confirmed that they were happy living in the centre and that their privacy and choices were respected. Multi-occupancy rooms had arrangements in place to ensure privacy and dignity of each resident was maintained.

Residents were encouraged to voice their opinions at the quarterly resident's meetings, which were chaired by the activity coordinator. Minutes from these

meetings showed good levels of resident participation. Among the topics discussed were infection prevention and control, flu vaccine, visiting arrangements, the food menu, planned parties and activities. A residents' information guide was also available and the activities coordinator produced a newsletter which provided residents with regular updates of news and events that were happening in the centre.

Residents had access to telephones, internet, video calls and newspapers. There were arrangements in place to support residents' to maintain contact with their relatives with regular video calls.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carlingford Nursing Home OSV-0000121

Inspection ID: MON-0030582

Date of inspection: 11/11/2020

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 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"> • The Domestic Clean Store has been reviewed. A separate small store room, Room 41, has been identified for the installation of a sluice sink and Hot & Cold water feeds. This will be the wet/chemical store. The current store will contain lockable steel store cupboards for all dry items. Completion date 26/2/2020 • The small store at the rear of the hairdressing room has been rationalized and all domestic items removed. It now only contains a back up stock of items for the care team at weekends. Completed 11/12/20 • The smoking room air ventilation has been cleaned out and is now much more affective. It has been added to the on-going maintenance schedule for regular checks and cleaning Completed 18/12/20 • The Laundry room, although small is well laid out and operates in a safe way to ensure the minimization of risk of cross contamination and compliant IPC. • A program for the replacement of the floor coverings in residents bedrooms has been in place for almost 3 years now. However due to the Covid-19 pandemic outside contractors were not allowed on-site for the majority of 2020. This will be recommenced as soon as it is practicable but not before end of March 2021 at which time we expect the vaccination of residents and staff to be completed. The plan will continue throughout the remainder of 2021 Completed 31/12/2021 • As above there is an on-going maintenance program for the repairs and refurbishment of the premises. However this was suspended during the pandemic and will recommence in April 2021. Completed 31/12/2021 • A program of maintenance of the drains and vents in shower rooms has been implemented. The first full cycle will be completed by 31/3/2021 	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The mop heads are not replaced between rooms – however the different colour coded mops are used for the different areas such as bedrooms, bathrooms as required for Infection Prevention and Control. The water is not changed between bedrooms and due to the water containing chemical disinfectant this does not present any risk of cross contamination.
- All sharps boxes are clearly dated and marked for safety of staff and to ensure their safe disposal under contract. Completed 18/12/2020
- Our cleaning schedules have been reviewed to ensure the highest standard of deep cleaning possible is achieved. Completed 18/12/2020
- The wear and tear identified is part of the on-going maintenance program that was suspended for the majority of 2020 due to the pandemic. From March 2021 this will recommence and the replacement and repairs to all surfaces, furniture fixtures and fittings will continue. Completed 31/12/2021
- Appropriate processes to mitigate against Legionella is in place and this includes the flushing of taps. A full Legionella test and risk assessment will be conducted by an expert contractor when safe to allow on site. Completed 30/4/2021
- The management and storage of cleaning supplies has been conducted and additional space identified for the separation of Domestic clean/dry products from Wet/less clean items Completed 26/2/2021

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 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	26/02/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2021