



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

Issued by the Chief Inspector

Name of designated centre:	College View Nursing Home
Name of provider:	Aspen Green Limited
Address of centre:	Clones Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0000128
Fieldwork ID:	MON-0038433

About the designated centre

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

College View Nursing home is a purpose built nursing home located in landscaped gardens on an elevated site within the Cavan town opposite St Patrick's College on the Clones Road. The centre is registered to accommodate a maximum of 69 residents, both males and females, over the age of 18 years on a long term and short stay, respite and convalescence basis. The centre provides care for a wide range of age related conditions such as general nursing care for elderly residents, Old Age Psychiatry, dementia specific care, respite care, post operative care and palliative care. The town can be accessed by wide footpaths which have been extended to meet the drive into the nursing home. There are extensive gardens over an acre which include raised flower beds, extensive lawns and secluded sun and patio areas for those residents who like to sit outside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

68

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 19 April 2023	20:15hrs to 22:00hrs	Rachel Seoighthe	Lead
Thursday 20 April 2023	08:30hrs to 16:30hrs	Rachel Seoighthe	Lead
Wednesday 19 April 2023	20:15hrs to 22:00hrs	Lorraine Wall	Support
Thursday 20 April 2023	08:30hrs to 16:30hrs	Lorraine Wall	Support

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live and that staff were kind and considerate. Residents were observed to be content and relaxed in the company of staff. Although some actions were needed to bring the premises into compliance with the regulations, the centre environment was homely and welcoming.

This unannounced inspection was completed over two days, the first day of the inspection was carried out between 20:15hrs and 22:00hrs. On the first evening of the inspection there were two nurses and 6 care staff on duty to care for 68 residents. The person in charge returned to the designated centre when staff notified them that the inspection was in progress. They were joined later in the evening by a member of the provider's senior management team.

An introductory meeting was commenced, followed by a walkabout of the premises. This gave inspectors the opportunity to meet with residents and staff, to observe the lived experience of residents in their home environment and to observe staff practices and interactions. Inspectors spoke with staff and met a number of residents who were still up and about. Inspectors found that staff on both units were working hard to provide care and support for the residents. Staff interactions with residents demonstrated kindness and there was a relaxed atmosphere in the centre.

Located on the outskirts of Cavan town, College View Nursing Home is a purpose-built two-storey building that can accommodate a maximum of 69 residents. The centre provides long term care and respite care for both male and female adults with a range of dependencies and needs. There were 68 residents living in the centre on the day of the inspection. The centre was bright and spacious and had a variety of communal rooms for resident use. Inspectors observed a spacious reception area with comfortable furnishings, a visitors room and a number of communal sitting rooms.

Inspectors observed that the dementia specific unit known as the 'special care unit' had been decommissioned since the previous inspection. Located in the same area of the centre, The 'B' unit and former special care unit had been renamed as the Farnham and Landsdowne units', providing accommodation for 35 residents. Resident accommodation was also provided in the 'Breffini' unit. Inspectors observed that residents had unrestricted access to all communal areas within the centre as well as the enclosed garden area.

The inspectors observed that resident bedrooms appeared to be personalised with items of personal significance such as photos, ornaments and soft furnishings. Residents had access to call bells and television in all bedrooms. One resident invited inspectors to view their room and stated that they were very happy and comfortable in their own space. The resident took great pride in showing the

inspectors around their room and it was evident that that were content with their accommodation.

Bedrooms were spacious and there was sufficient storage space for residents personal possessions . Bedrooms were generally well laid out however, the inspectors found that the configuration of one twin room required review as one of the doors in the bedroom was adjoining a communal bathroom. This did not ensure the privacy of residents who were using the bathroom or that of the residents who were accommodated in the twin room.

For the most part, the inspectors found that there were sufficient staff on duty to meet the needs of residents. The inspectors observed that residents' call bells were answered promptly by staff and resident's were being supported with their care needs. However, the inspectors observed that the number of care staff who were allocated to work on the Lansdowne and Farhnam Units from 20:00hrs to 08:00hrs required review. On the evening of the inspectors observed that there were three care staff allocated to the Lansdowne and Farhnam units. One nursing staff was also working on the unit and they were completing a medication round. Inspectors observed that one care staff was supervising residents in a communal sitting room and they informed inspectors that one resident was waiting for two staff to become available in order to bring them to bed. Although the resident did not appear to be distressed, the inspectors observed that they were required to wait at least half an hour until two staff were available to bring them to bed. In addition, the inspectors found that when the member of staff supervising residents in the day room was called away to attend to a resident who needed to go to bed, a resident who was assessed as a high risk of falls was left unsupervised in the communal sitting room.

The second day of the inspection was facilitated by the person in charge. The inspectors met with staff and residents as they prepared for the day. There appeared to be sufficient care staff on duty and a member of nursing staff was allocated to each of the three units. Inspectors observed that a senior house-hold coordinator was assigned to a supervisory role, overseeing the practices of house-hold and care staff. Staff were observed to be kind and responsive to residents' needs and took opportunities to engage with residents in conversations about their interests. Overall feedback from residents was positive regarding the quality of life and the services that were provided. Residents told the inspectors that they were content living in the centre and felt that their needs were met. Staff were also observed by the inspectors, chatting meaningfully and laughing with residents in there bedrooms and in the communal areas. It was evident that residents were really enjoying these positive and personal interactions with staff. One gentleman told the inspectors that staff were supportive and attentive to his needs.

As inspectors walked throughout the centre, they noted that residents were well groomed and appropriately dressed.

Residents meals were provided in two dining rooms. Meal services were unhurried and well organised to ensure sufficient staff were available to support and assist residents as necessary. Residents confirmed that there was a choice at meal times, with the options for the day displayed on menus at each table in the dining room.

The majority of residents took their meals in the dining room. Tables were decorated with tablecloths, linen napkins, flowers and a selection of condiments. Background music was playing softly in the background as residents chatted amongst each other and with staff. The meals served to residents were nicely presented and served appropriately. There were enough staff on duty a meal times to assist those residents who needed help with their meals. Inspectors observed that drinks and snacks were served throughout the day and could be requested at any time.

On the day of the inspection one activities coordinator was assigned to the provision of activities for 68 residents. Inspectors observed that a care assistant was assigned to support the activities coordinator with the provision of meaningful social activities on the day of the inspection. Inspectors observed that activities schedule was displayed in the the communal areas and the programme of activities included touch therapy, word and memory games. The weather was sunny on the second day of the inspection and staff were observed taking the residents out to enjoy the landscaped gardens located to the front of the centre. Doors leading to the enclosed garden in the Landsdowne unit were open and the gardens were easily accessible to residents. Inspectors observed one resident who had expressed that their preferred activity was the completion of house-hold tasks. Inspectors observed that staff were supporting resident the to complete these activities and it was evident that the resident was content to be busy. The inspectors also spoke to a number of residents who chose to spend time quietly in their rooms, reading and watching television and they confirmed that this was their preference. Inspectors observed the activities coordinator visiting residents in their rooms.

There was evidence of information displayed throughout the centre guiding and informing residents about on-site and local activities as well as community services that were available. Advocacy services were also available to support residents and the contact details for these services were advertised in the designated centre.

Inspectors observed that residents were supported to practice their religious faiths in the centre and the majority of residents attended a mass service in the reception area on the afternoon of the inspection.

Overall, the premises appeared to be very clean and well maintained. However, the inspectors found that some floor surfaces were in need of repair. Additionally, the organisation of storage space required improvement as the inspector observed that a number of storage rooms were cluttered and resident equipment was not segregated from general supplies.

The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety and independence.

There was sufficient space for residents to meet with visitors in private. The inspectors observed a number of residents receiving visitors during the inspection and found that appropriate measures were in place to ensure that visits were managed in a safe manner.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This inspection was an unannounced risk inspection completed by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on unsolicited information received by the Chief Inspector in March 2023 and found that the concerns raised were not substantiated on this inspection. The inspectors also followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection in October 2022. The registered provider had addressed many of the outstanding actions from the previous inspection and improvements were found on this inspection. However, improved focus and oversight were now required to achieve full compliance with the regulations.

The registered provider of College View Nursing Home is Aspen Green Limited and the company Chief Executive Office (CEO) represents the provider. The person in charge has been in the role since June 2021 and works full-time in the centre. They were supported by an assistant director of nursing deputised when the person in charge was not available. The remainder of the staff team consists of staff nurses, a senior household coordinator, an activities coordinator, health care assistants, household, catering, maintenance and administration staff.

This inspection found that significant improvements had been implemented regarding monitoring of the service and care of residents. Furthermore, a number of restrictive practices on residents' daily routines that were negatively impacting on their lives at the time of the last inspection in October 2022 had been removed. This helped to ensure that residents' rights were respected and that their quality of life and well-being were optimised.

There were management systems in place to oversee the service and the quality of care. There was a comprehensive programme of auditing in clinical care and environmental safety. The inspectors viewed a sample of audits and found that overall they effectively identified areas for improvement and had detailed quality improvement plans. Inspectors viewed an action plan completed following an observational audit undertaken to improve the residents' meal-time experience. The inspectors found that actions had been implemented effectively and observations on the day of inspection of the residents' meal-time experience found that it had been enhanced significantly since the previous inspection. Notwithstanding these improvements, a small number of audits viewed by inspectors did not contain quality improvement action plans. For example, inspectors' findings in relation to the storage of medicines had already been identified through the centre's quality and

safety monitoring systems as needing improvement, however these improvements had not been completed at the time of this inspection.

There was evidence of regular meetings with heads of department within the centre, records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed. The inspectors also reviewed evidence of senior management team meetings. Agenda items included staffing, training and development and clinical key performance indicators. It was evident that key issues impacting on the quality and safety of care and services for residents were discussed in these meetings.

On the day of the inspection, there were 68 residents being accommodated in the centre. There had been some turnover in staffing since the previous inspection and there was ongoing monitoring of staff resources to maintain safe and consistent staffing levels. Inspectors' observations were that evening staffing levels required review to ensure that there were sufficient staff rostered to provide care for residents, in line with their assessed needs and dependencies. At the time of this inspection nurse staffing levels were consistent with the statement of purpose. The registered provider was in the process of recruiting a second activities coordinator, to ensure that all residents were provided with regular opportunities to participate in activities in line with their preferences and ability to participate.

A review of the staff training programme had been completed since the last inspection to ensure all staff had appropriate skills and knowledge to meet the needs of residents. Additional training programmes in the provision of person centred care were facilitated for key staff, with arrangements in place for sharing of learning to other members of the team. However, the inspectors found that not all staff had access to appropriate training and supports to develop their skills and competencies with managing residents' responsive behaviours. This is a repeated finding which is further detailed under Regulation 8: Challenging Behaviours.

Arrangements for recording accidents and incidents involving residents in the centre were in place were notified to the Chief Inspector as required by the regulations.

The inspectors reviewed a sample of staff personnel files and found that they contained all the information as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre. The provider acted as a pension agent for a number of residents. The inspectors found that were appropriate pension agent arrangements in place for residents that chose to avail of them.

Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings.

An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

Inspectors found that on the day of the inspection, staffing resources required review to ensure that there was sufficient staff with the appropriate knowledge and skills to meet the needs of residents. This was evidenced by inspectors observations that there were periods of time on the first evening of the inspection, when there were not sufficient staff to attend to individual resident's needs in a timely manner and to ensure that the other residents were adequately supervised.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the training records of staff found that three staff were required to complete refresher training in safe-guarding the vulnerable adult and five staff had not completed mandatory fire safety training.

The inspectors found that supervision of care staff and housekeeping practices required improvement to ensure that staff carried out their work to the required standards. This was evidenced by the following findings;

- Inspectors found that the doors to a general store room and a house-keeping room were not closed securely during the inspection. Both rooms contained hazardous chemicals which were not secured and this posed a risk to vulnerable residents.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A review of the directory of residents found that the information specified in 3 (h) of Schedule 3 was not entered into the directory for all residents as follows;

- the name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

While, governance and management systems were in place to ensure the service was safe, appropriate and effectively monitored, this inspection that improvements were required to ensure that infection prevention and control risks and fire safety risks were identified and managed effectively.

There was effective scheduling and completion of audits, however further oversight was required ensure that actions plans were developed and implemented to ensure sustained improvement.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such for such services.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. All accidents and incidents as specified by the regulations were notified within the required timescales including quarterly incident reports as required.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents' nursing and social care needs were being met to a good standard on this inspection. Care was person-centred and residents' quality of life was optimised with unrestricted access to all areas of the centre.

Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as falls and weight loss or gain were regularly monitored. The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of files of residents with a range of needs and found that while care plans viewed were generally informative, some lacked sufficient detail to guide staff in the delivery of care. Furthermore, inspectors observed that one resident's fall prevention care plan was not being implemented consistently on the first evening of the inspection. This is detailed further under Regulation 5, Assessment and Care Planning.

Medication administration practices were in line with national standards and ensured that residents received their correct medications. However, the inspectors observed that medical products were not stored securely at all times. This finding is discussed under Regulation 29, Medicines Management.

The inspectors found that further action was required to ensure that the centre was in compliance with Regulation 28: Fire Precautions. For example, a review of fire drills did not offer assurances that all residents could be evacuated in a timely manner in the event of an emergency. Additionally, a number of newly recruited staff who spoke with inspectors had not yet completed a fire drill. This is detailed further under Regulation 28 : Fire precautions.

There was a restrictive practice register in place. The use of restraint in the centre was kept to a minimum. Records show that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were trialed prior to implementation. A small number of residents experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While these responsive behaviours were managed and responded to appropriately, inspectors observed that not all staff had completed up to date training in this area.

The designated centre was free of COVID-19 infection at the time of this inspection. Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control, for example the monitoring of multi-drug resistant infections (mdros). There was evidence that this information was communicated to the staff team and house-keeping staff who spoke with inspectors demonstrated good knowledge of infection control practices and the cleaning system in use in the centre. Inspectors observed a flat mop system was in use and colour colour coded cloths were used to clean specific areas in the centre, this system reduced the risk of cross contamination. The provider had made a number of improvements since the previous inspection however, actions were required to ensure there was effective oversight in relation to cleaning and maintenance of some parts of the premises. This is discussed further under Regulation 27: Infection Control.

Residents had access to an independent advocacy service and details regarding this service were advertised on the resident information board, displayed in the reception area of the centre.

Overall, inspectors found that residents rights were respected in the centre. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Minutes of residents meetings indicated that residents were consulted about the quality of activities and planned outings. Residents' feedback was also sought with regard to the quality and safety of the service, the quality of the food, laundry services and the staffing. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. However, inspectors found that access to television in twin bedrooms required review to ensure that residents had choice of television viewing and listening. This is detailed further under Regulation 9: Resident's rights.

Measures were in place to safeguard residents from abuse. The provider had implemented comprehensive safeguarding measures including policies and procedures and staff education however a small number of staff required refresher training in safe-guarding the vulnerable adult.

Visiting arrangements were being managed in the least restrictive manner and in line with national guidance. The inspectors observed that visitors were made welcome in the centre and residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate storage in their bedrooms and were able to access and maintain control over their clothing and personal possessions. Residents clothing was laundered in the centre's laundry on the ground floor and arrangements were in place to ensure their clothing was returned to them following the laundering process.

Judgment: Compliant

Regulation 17: Premises

A review of the premises found that the following areas were not kept in a good state of repair as required under Schedule 6 of the regulations:

- Floor covering in a communal bathroom was damaged and in need of required repair.
- There were holes in the ceiling surface of a toilet in the Farnham unit.
- Paint was damaged or missing on a number of wall and door surfaces in residents communal sitting rooms.

There was a lack of suitable storage space in the designated centre. This was evidenced by;

- One storage room contained cleaning chemicals, clinical supplies and incontinence wear, with no segregation of these items.
- Linen trolleys and residents assistive equipment were observed to be stored in one communal bathroom which posed a risk of cross- contamination.
- Lockable storage for chemicals was not available in two house-keeping rooms and a general store room which contained chemicals.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors saw that the daily menu was clearly displayed in the dining room. Residents knew the choices of dishes on offer and were complimentary of the food. Catering staff had good knowledge of individual residents needs and preferences.

Inspectors saw that the weekly menu was varied and included meat and fish dishes. Residents had access to fresh drinking water, refreshments and snacks at their request.

Resident nutritional needs were monitored. Inspectors saw evidence of food intake charts and completion of monthly nutritional assessments. Residents at risk of weight loss were referred to a dietitian. Additional nutritional supplements were provided when it was recommended by dietitians.

Judgment: Compliant

Regulation 27: Infection control

Further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). For example;

- A store-room and house-keeping room were very cluttered and many items were stored on the floor of these rooms, preventing them from being appropriately cleaned.
- A small number of staff were observed failing to wear the appropriate personal protective equipment (PPE) when providing personal care to residents.
- While there was a tagging system in place to show which equipment was decontaminated after use between residents, inspectors were not assured that this system was effective. Inspectors observed that tags were not removed from equipment between use by residents. The dates on tags viewed by inspectors indicated that not all equipment was decontaminated at regular intervals. This is a repeated findings.
- Wheel castors on resident equipment such as shower chairs were found to be rusted and this did not support effective cleaning.
- The infrastructure of the laundry room did not support functional separation of the clean and dirty phases of the laundering process and as such posed a risk of cross contamination. The person in charge assured inspectors that action was being taken to address the infrastructure of the laundry room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the improvements made since the last inspection in October 2022, the inspectors found that further improvement was necessary to bring the centre into compliance with Regulation 28: Fire Precautions

- The records of simulated night time emergency evacuation drills did not provide assurances all residents could be evacuated in a timely manner in the event of an emergency. Furthermore, a number of newly recruited staff who spoke with the inspectors had not completed an emergency evacuation drill. Further assurances were submitted by the provider following this inspection.
- Inspectors found that number of doors to utility rooms were wedged open. This meant that the self closure devices were ineffective and the doors would not close in the event of a fire in the centre. This is a repeated finding.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that the refrigerator used to store medication in the clinical room on the Farnham unit was unlocked and these medications were not stored securely. Furthermore, the clinical room was unlocked which meant that the medications were accessible which posed a risk to vulnerable residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors found that the quality of the assessments and care plans was inconsistent. Some care plans described resident's care needs and personal preferences in a detailed and person-centred manner, while other care plans lacked the detail required to guide staff to deliver effective, person-centred care. For example;

- Medication management care plans lacked detail on the requirements for PRN (pro re nata - as required) medication.
- Upon reviewing wound care records some wound assessments were not consistently completed at each dressing change.
- One wound care plan contained historical information regarding a dressing type which was no longer in use.

Where care plans were developed, the inspectors found that one residents' care plans was not being implemented by staff. The resident who was assessed as needing frequent supervision by staff was observed by inspectors to left unsupervised in a communal sitting room for ten minutes on the first evening of the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the resident's health or well being. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A number of staff working in the centre had not attended training, to ensure they had up-to-date knowledge and skills, appropriate to their roles, to respond to and manage residents' responsive behaviours. This is a repeated finding. The person in charge provided assurances to the inspectors that training was scheduled to take place following the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

- Residents in twin bedrooms shared one television. This did not ensure that each resident had choice of television viewing and listening. This is a repeated finding from the previous inspection.
- Inspectors were not assured that all residents could undertake personal activities in private due to one twin bedroom being adjoined to a communal bathroom.
- There was no signage to indicate that close circuit television system camera (CCTV) was placed in a number of areas within the centre. Therefore inspectors were not assured that residents were informed that CCTV was operating in the centre.

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	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for College View Nursing Home OSV-0000128

Inspection ID: MON-0038433

Date of inspection: 20/04/2023

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: Staffing levels in the centre is reviewed on an ongoing basis to ensure that there is adequate staffing to meet the needs of the residents. A review will be undertaken of the allocations and workload in the evening times to ensure residents care needs can be adequately met. This will be completed by June 30th 2023.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In relation to safeguarding training all staff have completed their refresher training. This was completed in May 2023. In addition to the fire drills that have been completed since inspection fire safety training is scheduled for June 8th 2023. In relation to supervision of care staff and housekeeping practices in the home, a review will be undertaken of the governance structures to ensure that there is adequate supervision in the home 7 days a week. This will include the development of team leaders on every shift who will support the management team in supervision and oversight. A review will also be undertaken of the roles and responsibilities of all members of the management team. This will be in place by July 31st 2023.	

Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>While the information required was available on the electronic documentation system in use in the home, it was not adequately captured on the manual record of residents. The manual documentation has been amended to now include this information and new records ordered from the supplier. This will be in place from June 30th 2023.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review will be undertaken of the audit tools utilised in Centre 0000128 to ensure that they are adequately monitoring risks in infection prevention and control and fire. This review will ensure that actions required from the findings of such audits are developed and implemented appropriately. This will be completed by August 31st 2023.</p> <p>Actions from audits are discussed at Senior Management Team meetings in the centre to ensure oversight of same and escalation if required. This was completed by May 31st 2023.</p> <p>Audit training will be delivered to all members of the management team to ensure their understanding of all elements of the audit process. This will be completed by August 31st 2023.</p>	
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"> - A review was undertaken of the flooring in communal bathrooms and any flooring requiring replacement will be completed by September 31st 2023. - The holes in the ceiling surface of a toilet in Farnham unit was repaired and this was completed in May 2023. 	

- Communal sitting rooms within the facility will be painted and this will be completed by December 31st 2023.

- Review of storage facilities in the home will be undertaken and storage solutions identified to ensure adequate and safe storage of supplies within the centre. This will be completed by October 31st 2023.

Regulation 27: Infection control

Substantially Compliant

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

- A review was undertaken of storage facilities in the storeroom and housekeeping room and all items removed from the floor. Additional storage solutions will be identified and installed to ensure safe and adequate storage within these rooms. This will be completed by October 31st 2023.

- Education for staff on the use of PPE is to be delivered through the use of Toolbox Talks (short training sessions) as well as formal online training. Compliance with this will be audited in the home and all required actions managed by the management team. This will be completed with ongoing review by June 30th 2023.

- All staff have been communicated with about the correct use of the tagging system within the home. Additional spot checks are being conducted in addition to formal audits by the management team to ensure compliance with same. This was completed by May 31st 2023.

- A review to be undertaken of castors on resident equipment will be completed and a programme of replacement is underway in the home. This programme of replacement will require ongoing review but should be completed by January 31st 2024.

- While there is plans to review the infrastructure of the laundry room, in the interim a temporary segregation solution has been identified and will be implemented in the laundry to ensure functional separation of clean and dirty linen. This will be in place by July 31st 2023.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Simulated night time fire drills have been scheduled within the home and will be carried out on a regular basis to ensure all staff understand evacuation processes within the home. These drills will be completed in addition to fire drills completed by all staff during their fire safety training. These will be completed by July 31st 2023.

The practice of wedging doors open was stopped on the day of inspection. All doors in the centre are to be reviewed to ensure that self closure devices are present on all doors and the practice of wedging open is monitored by the management team on a daily basis. Reminders have been sent to all staff through electronic communication. This was completed by May 2023.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The lock on the clinical room door has been replaced. This was completed in May 2023. The lock on the refrigerator in the clinical room in the Farnham unit has also been replaced. This was also completed in May 2023.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A review will be undertaken of medication management care plans to ensure that all PRN medications are appropriately detailed for all residents based on their needs. An audit will be undertaken to ensure compliance with this process by the management team. This will be completed by August 31st 2023.

Training to be provided to all staff in relation to wound care documentation by the management team to ensure that all assessments are consistently updated at each dressing change. External woundcare training has been delivered to all staff since May 2023. Audits will be undertaken on woundcare documentation to ensure compliance. These will be completed by August 31st 2023.

All residents have been allocated a key nurse who is responsible for the review and update of their care plans. When a resident's care plans are updated they will be communicated to all staff through handover by the key nurse and this process will be

monitored by the management team to ensure it is being adhered to. Further communication with staff occurs at staff meetings. This was completed by May 2023.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Training in Managing behaviour that challenge has been scheduled for staff in the home, with 3 dates through June and July. Ongoing review will be undertaken to ensure that there is an appropriate mix of staff with adequate skills to manage behaviours in the home at all times. This will be completed by August 31st 2023

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The requirement for additional televisions in bedrooms will be assessed based on the needs and preferences within the rooms. If additional televisions are needed, they will be provided by the home. This will be completed by July 31st 2023.

A review was undertaken of any twin bedroom which was adjoined by a communal bathroom and new signage has been ordered to support the maintenance of privacy for residents when using the facilities. This will be in place by July 30th 2023.

Signage for CCTV has been ordered and will be in place in the centre and will be in place by July 31st 2023.

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	30/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	08/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Substantially Compliant	Yellow	31/12/2023

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	31/10/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/06/2023
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	31/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2023

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	31/01/2023
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.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	31/07/2023

	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.	Substantially Compliant	Yellow	31/05/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31/05/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/08/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	31/08/2023

	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 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/08/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/07/2023