



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:	College View Limited
Address of centre:	Clones Road, Cavan, Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	21 July 2020
Centre ID:	OSV-0000128
Fieldwork ID:	MON-0029759

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 70 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:	53
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 July 2020	09:30hrs to 17:30hrs	Siobhan Kennedy	Lead
Tuesday 21 July 2020	09:30hrs to 17:30hrs	Naomi Lyng	Support
Tuesday 21 July 2020	09:30hrs to 17:30hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

Inspectors observed a relaxed atmosphere on inspection. The centre was bright, warm and homely. Residents who spoke with the inspectors recalled the disruption and difficulties of living through the COVID-19 outbreak in the designated centre. Residents spoke to inspectors about their experience of living through the COVID-19 outbreak. They were aware of the COVID-19 risks and the precautions they had to take to protect themselves and others. One resident spoke of their sadness of losing friends during this time.

Residents reported satisfaction with the care and services provided in the centre. One resident told the inspectors that staff helped to improve their experience during the COVID-19 outbreak when they were required to stay in their bedroom and felt staff were always available if needed. This experience was verified by a visitor who reported feeling reassured that their relatives social needs were being addressed, when visiting restrictions were in place during the outbreak.

All residents spoken to on inspection were complimentary about the quantity, quality and choice of food offered to them. One resident told inspectors that although they did not enjoy eating a modified diet they did recognise the efforts staff made to improve their experience. At the time of inspection meal times were being staggered in the dining room to ensure social distancing was maintained and some residents chose to have meals in their rooms. A relaxed atmosphere was observed in the dining room at lunch-time with residents chatting across tables and music playing in the background. Inspectors observed staff assisting residents in the dining room in a discreet and dignified manner. Residents were offered a choice by staff and menus were also displayed in the main reception. A resident with a sensory impairment was observed to have been provided with a drink in their bedroom that was not suitable for their needs. This was addressed promptly when staff were made aware.

Inspectors observed a number of residents taking advantage of the sunny weather and going for walks in the garden, both independently and with the assistance of staff. There were a number of recreational and seated areas throughout the centre and these were well used by residents throughout the day. One resident likened the main reception area to a hotel due to its tasteful decoration and background music. Another resident reported enjoying watching television in a small sitting room with their friends.

Activity coordinators were observed leading group activities in the morning and afternoon including a discussion on current affairs, poetry reading, exercises and a quiz. It was observed that one resident was assisted to paint when choosing not to engage in the group activity. Social distancing was observed during activities however in spite of the current restrictions staff managed to create a lively atmosphere which helped to motivate residents to participate.

Several communal rooms were decorated with residents' artwork and there were a

number of books, music and games available for resident use. There was evidence from activity records and conversations with staff and residents that one-to-one recreational activities were provided to residents in their own rooms. One activity coordinator spoke of the plan to purchase golf clubs to accommodate a newly admitted resident's interests.

Supervision of residents whilst they were using the communal areas required improvement. For example the inspectors observed a sitting room where eight residents were sitting and no staff were available. One resident was having difficulty with their walking aid while trying to return to their bedroom and there were no staff to support and supervise them to mobilise safely.

Inspectors observed a number of positive interactions between staff and residents on inspection. Staff were observed to communicate in a patient, caring and polite manner, and were understanding of the individual resident's needs. Residents were complimentary of staff, particularly during the pandemic and were full of praise for the care and attention they received during a difficult time.

Staff told the inspectors about the challenges of working through the pandemic. One staff member spoke of their extended sick leave and was keen to get back to see the residents. There was good morale among staff and many spoke of their enjoyment working in the centre.

On the day of the inspection, visiting restrictions were in place in the centre. Visits were limited to one nominated visitor for each resident once a week and were scheduled with staff. A seated area outside the centre was set up for visitors, and the oratory was re-purposed for residents to receive their visitors. Window visits were also encouraged, and residents were assisted to maintain contact with families via private phone calls. One resident was out visiting a relative during the inspection. The person in charge (PIC) acknowledged the need to have a flexible approach in order to accommodate resident and family needs in line with public health guidance so that these important relationships could be maintained.

Overall, residents reported satisfaction with living in the centre and told the inspectors that their needs were being met.

Capacity and capability

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre in March 2020. Unsolicited information of concern had been received by the Chief Inspector and this was used to develop some of the lines of enquiry for this inspection. These concerns related to the care and welfare of residents during the pandemic, standards of infection prevention and control (IPC), communications with families and management of complaints. In addition, inspectors reviewed the registered provider

representative's (RPR) application to renew the registration of the centre.

Inspectors found that management of the centre made every effort to ensure that a good quality and safe service was being provided to residents. Staff had worked tirelessly as a team to provide person centred care to the residents and support relatives. However, some of the concerns highlighted during the pandemic were validated and although it was evident that management and staff had put measures in place to address the matters, the inspection found that further improvements were required to ensure that;

- up-to-date infection prevention and control (IPC) guidance was consistently implemented by all staff throughout the centre and
- there was adequate oversight of environmental risks in the designated centre to ensure that these were identified and managed appropriately.

Inspectors saw that there was a clearly defined management team. This included the registered provider representative (RPR), the person in charge (PIC) and two senior staff nurses to manage care and services provided to the residents. The RPR was not available on the day of the inspection. The PIC facilitated the inspection process and it was evident that she was fully involved in the management and governance of the centre and was accessible to residents, relatives and staff.

Records showed that the management team had planned and prepared for a potential COVID-19 outbreak in the designated centre. It was evident that they had communicated with statutory organisations, arranged remote access to external allied health care professionals, restricted visiting and trained staff in specific areas relevant to the pandemic. However, at the onset of the outbreak on 24th March 2020 the provider encountered a number of difficulties with; sourcing personal protective equipment (PPE), implementing frequently changing public health guidance and ensuring that staffing levels were maintained.

The management team worked with staff and the statutory agencies to ensure that care and services were maintained for the residents in line with the changing guidance of the time. The contingency workforce planning strategy was initiated which included the employment of agency staff, which had not previously been used in the designated centre. A communication strategy with residents and families was implemented and systems were put in place to routinely observe residents, refer staff and residents for testing and setting up procedures for testing in-house and isolating residents. This helped to ensure that best practice guidance was implemented throughout the service.

From an examination of the staff duty rota and communication with residents and staff, inspectors found that the numbers and skill mix of staff were sufficient to meet the needs of residents. A review of staff records showed that staff were recruited in compliance with employment and equality legislation, including the appropriate An Garda Síochána (police) vetting disclosures which helped to ensure that staff were appropriately vetted before they commenced their employment.

Staff had access to a range of ongoing training appropriate to their roles and responsibilities and they were supported to carry out their work by the provider and

the PIC. Staff were confident and willing to implement changes in care practices to ensure the safe delivery of services to residents. They had received mandatory training and participated in sessions related to standard infection prevention precautions and were scheduled for further training in this area.

Matters arising from the previous inspection carried out on 9th January 2019 and which related to safeguarding training, recruitment policy and contracts of care had been fully addressed. However, further review of the contracts of care highlighted that additional charges had not been individually agreed as per re-issuing the contract.

The person in charge acted as pension agent for nine residents. Inspectors found that there were appropriate arrangements in place which were in line with national guidance.

An accessible and effective complaints procedure was in place which helped to ensure that residents and their families knew how to raise any concerns or complaints that they may have and that these were heard and dealt with promptly.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the designated centre was seeking approval to accommodate 70 residents.

The inspectors reviewed the relevant information associated with the application, ascertained the views of residents and staff and observed the layout of the premises.

Inspectors judged that designated staff members, as per application, met the criteria for fitness and that the design and layout of the designated centre met the needs of residents with the exception of the matters highlighted under Regulation 17.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who holds a full-time post and has delegated authority from the provider for the oversight and management of the service.

The person in charge was knowledgeable about residents and their care needs and

had good systems in place to ensure that appropriate care and services were delivered to residents in line with their needs and preferences.

The person in charge maintained their professional development and attended mandatory training required by the regulations. They had sufficient dedicated time to manage the governance and administration duties required by the role.

Judgment: Compliant

Regulation 15: Staffing

The inspectors found that the planned staff rota matched the staffing levels on duty and that there were sufficient staff to meet the needs of residents in line with the statement of purpose.

The recruitment processes and a sample of documents in respect of persons working at the designated centre were reviewed and found to meet the requirements of the legislation.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that staff had access to education and training appropriate to their role and responsibilities. At the time of inspection, staff were up to date on mandatory training including fire safety, safeguarding of vulnerable adults, manual handling and food hygiene.

Staff working in the centre had completed training in the standard infection prevention and control precautions, in particular hand hygiene, respiratory hygiene and cough etiquette, along with training in transmission-based precautions (contact, droplet and airborne). Further training was scheduled to ensure implementation of the up-to-date guidance as outlined in the *"Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units"* version 5, 2 June 2020.

In addition nursing staff had been trained in collecting a viral swab for testing for COVID-19 so that any suspected cases could be tested in house and the swab results obtained quickly.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose.

There were clear lines of responsibility at individual and team level. All staff working in the service were aware of their responsibilities and to whom they reported. The leadership and management ensured that care and services were person centred in line with the centre's statement of purpose and stated objectives.

There were systems in place to monitor and audit care and services provided for the residents. For example, audits were completed to review any accident or incident. Falls were reviewed to identify the location and time to assist in correlating events to allow for trends to be easily identified, identify repeat falls and ensure learning for all staff.

However, some management systems were not robust and oversight needed to improve. This included the management of risk in the centre, oversight of infection control practices and ensuring that appropriate fire safety precautions were taken throughout the building. For example the current oversight of risks in the designated centre did not ensure that hazards were identified promptly, assessed by the appropriate person and mitigation measures put into place to manage those risks. This was particularly relevant to hazards identified by the inspectors on a walk-about of the premises including fire safety on the first floor of the building. In addition managers had not identified the infection prevention and control hazards that were found by the inspectors during this inspection.

The annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families. However the review did not contain a quality improvement plan.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided and the fees. However, some contracts did not identify that recent additional charges had been individually agreed as per re-issuing the contract for review and signatory.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information set out in Schedule 1 of the regulations. The facilities and services described in the statement of purpose corresponded with the findings on inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy/procedure was in place regarding the management of complaints and it met the requirements of the regulations.

There was evidence from records and discussions with residents that complaints were managed in accordance with the policy. Records showed that where concerns or issues were raised these were often resolved locally and in the case of formal complaints these were followed up by the complaints officer as appropriate.

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Judgment: Compliant

Regulation 4: Written policies and procedures

Some key policies and procedures had not been reviewed in line with the most up-to-date infection and prevention control guidance, (*Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*).

The resuscitation policy did not state how frequently decisions made regarding end of life care should be reviewed. As a result practice in this area required improvement. For example when inspectors reviewed a sample of do not resuscitate orders in place for residents a number of these had not been reviewed since 2018, despite significant changes having occurred in these residents' conditions.

Judgment: Substantially compliant

Quality and safety

The care and support received by residents was of a good quality and ensured that residents' needs were met. However, some improvements were required in relation to; infection control practices, securing the services of appropriate allied health care specialists for the current residents, identifying and managing environmental risks and premises.

Since the Department of Public Health (DPH) confirmed that the designated centre had recovered from the COVID-19 outbreak on the 29th June 2020, every effort was being made to normalise residents' lived experiences including accessing the communal areas with appropriate social distancing in place. Inspectors observed good interactions between staff, residents and visitors which helped to create a positive, welcoming atmosphere and a relaxed environment for residents.

The inspectors reviewed a sample of care plans and found that the information in relation to assessment, treatment plans and reviews was relevant and well recorded. A new system of recording was in the process of being introduced. However, inspectors found that not all residents had access to the full range of health and social care services as some General Practitioners (GP) and allied health care professionals were not doing on site assessments and consultations. As a result the inspectors found that some of the more recently admitted residents had not had a GP review since their admission to the centre. Records showed that end-of-life care was well managed in the centre and the residents' end-of-life wishes were recorded in their care plans.

Staff were knowledgeable about those residents who may display responsive behaviours (how some residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspectors found that staff responded and managed responsive behaviours in a manner that was not restrictive. There was clear evidence that the centre was actively working towards a restraint free environment in line with national best practice guidance.

Overall the design and layout of the premises was appropriate for residents, met their needs and ensured their privacy and dignity. The premises was homely and comfortable. However the following findings required review and improvement;

- one single room was located at a distance from the nearest toilet and bathroom.
- one single room was located close to an open stairwell and a fire risk assessment was not available to assure inspectors that this room was suitable to be used as a bedroom.
- there were not enough hand rails in some bathrooms and toilets
- signage for communal areas was not clear and did not ensure that residents could navigate the premises.
- there was not enough storage for items of equipment such as hoists.

The inspectors found that infection prevention and control practices required improvement to ensure that they were in line with the current guidance (Health

Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance) and in order to ensure the safety of the residents.

The facilities for meaningful occupation and entertainment activities met the needs of the residents and reflected their preferences and interests. An activity staff member provided a range of small group and one to one activities based on the residents' abilities to participate.

Regulation 11: Visits

During the pandemic visiting was restricted in line with guidance outlined in the document "Visits to residential care facilities during the COVID-19 pandemic", Version 1.0, 15 June 2020. Since then, restrictions have eased and at the time of the inspection residents had access to a comfortable spaces to receive visitors in private.

Judgment: Compliant

Regulation 13: End of life

There was an end-of-life policy in place. The care plans reviewed were person centred and it was evident that the residents and their next of kin were involved in the development and review of these care plans. Some improvements were required to ensure that the residents wishes for support and care at end of life were kept up to date.

Judgment: Compliant

Regulation 17: Premises

Overall the premises were clean and comfortable and provided a homely environment for the residents who lived there. A walkabout of the premises found that the premises was laid out as per the floor plans and statement of purpose that had been submitted as part of the provider's application to renew the registration of the designated centre.

Residents were accommodated in three distinct units in single and twin bedrooms. Some bedrooms had en-suite showers while others had an en-suite toilet and wash

hand basins.

Two of the single bedrooms required further review in relation to their suitability for residents. One bedroom was situated in the service corridor of the designated centre and the resident occupying this bedroom had a distance to walk to access the nearest toilet and communal shower room as these were located on the other side of the reception area.

The other single bedroom had en-suite facilities but was located on the first floor. This room was not occupied on the day of inspection. The room was accessed via an open staircase using a stair lift. The open staircase might in the event of a fire pose a risk of smoke inhalation. In addition the nearest fire exit for this bedroom was positioned halfway down the staircase. The inspectors required the provider to obtain a fire safety review by a competent person as to whether additional fire safety precautions were required for this bedroom.

Residents had access to a number of communal areas. The communal space outside was well laid out for residents including outside courtyards and a pleasant seating area at the front of the building which overlooked the surrounding countryside.

The corridors in the nursing home were wide with hand rails on either side. However inspectors observed that the hand rails were interrupted at numerous points along the corridors by items of furniture and care equipment such as hoists which were stored in the corridors. As a result residents mobilising along the corridor had to let go of the handrail and walk around the object in their path which increased their risk of falling. In addition the signage in relation to communal areas was not adequate to ensure that residents could safely find their way around the designated centre either independently or with the help of staff.

Inspectors found that while the assisted communal toilets and bath and/or shower rooms were large and clear from any obstructions, there were insufficient hand rails available to keep residents safe and to promote their independence. For example there was just one hand or grab rail available at the wet floor showers and no handrails were available next to the toilets or wash hand basins.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy and procedure in place. However improvements were required in the identification and management of risks in the designated centre in order to ensure the safety of residents. For example there was a risk register in place however it had not been updated since October 2019 and the risk register did not include a number of risks observed by inspectors during the inspection:

- furniture and equipment blocking the hand rails along some corridors.

- lack of hand and or grab rails in bath/shower rooms and toilets.
- lack of appropriate equipment in the sluicing facilities
- light weight curtains on a number of final fire exit doors which may impede a timely evacuation of residents in the event of an emergency
- inadequate supervision of residents occupying the communal areas.

The provider and the person in charge had completed a 'Review of the Business Continuity Plan' and had submitted this to the Office of the Chief Inspector. It highlighted the areas of concern raised during the COVID-19 and identified the actions required to resolve these, in order to be better prepared for a future outbreak. Management were in the process of implementing the action plans from this review.

Judgment: Not compliant

Regulation 27: Infection control

Staff who communicated with the inspectors had a good knowledge of the signs and symptoms of COVID-19 and were able to tell inspectors what they would do if they had any concerns about a resident. Staff were observed to follow good hand hygiene practices. However improvements were required to ensure that all staff were consistent in ensuring that the current guidance was implemented at all times in order to protect the residents.

The following issues were identified:

- inconsistent practices in relation to personal protective equipment (PPE) usage.
- inconsistent and unclear signage on the bedroom doors of residents in isolation
- no waste disposal bins available in respect of residents in isolation (for staff to dispose of their PPE)
- pedal operated waste disposal bins not always in use
- poor organisation and layout of PPE external to residents' bedrooms
- insufficient wall mounted sensory hand sanitizers available throughout the nursing home
- lack of detailed cleaning check lists for communal areas and frequently touched surfaces
- no PPE available in some sluice rooms
- lack of racking in sluice rooms
- sluice room doors being left open
- hoist slings left on hoists which were being stored in corridors.

The person in charge addressed a number of these issues during the inspection however the issues had not been identified by the management team prior to this inspection and as a result inspectors found that oversight of infection prevention

and control practices in the designated centre required improvement.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents had a pre-admission assessment on file. They were assessed on admission and four months thereafter. Care plans were person centred and reflected the care needs of residents.

Judgment: Compliant

Regulation 6: Health care

There was evidence of medical reviews and reviews by members of the allied health care team being conducted over the telephone during the COVID-19 outbreak. However, following the pandemic, arrangements had not been put in place to secure the services of all the allied health care team for the current residents including newly admitted residents to the centre.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspectors demonstrated a good knowledge of how to manage residents who may display responsive behaviours (residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were able to identify potential triggers for behaviours and which interventions would best support the resident if they became agitated or distressed. This was reflected in the resident's person centred care plan.

Care records showed that residents with these behaviours had been reviewed by psychiatry of old age and were receiving a high standard of care.

There was a minimum use of restraint in the centre and there was clear evidence that the service was moving towards a restraint free environment. This was facilitated by the provision of alternative non restrictive equipment and

additional staff training and support.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place and staff had participated in training.

The issues identified on the last inspection were followed up and were found to be satisfactory. Staff files were reviewed and all staff had appropriate An Garda Síochána (police) vetting disclosures in place.

Staff spoken with had a good knowledge of what constituted abuse and what they would do if they witnessed any form of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

All residents spoken to on inspection reported being happy that their needs were being met and they enjoyed living in the centre. Activities were provided across the three units and were reflective of the different interests and abilities of residents.

Efforts were made to make communal areas more accessible with signage eg. picture signs for communal bathrooms, but this was not consistent throughout the centre.

Resident forum meetings were being held on a monthly basis and the minutes were recorded. However, it was noted that there was low attendance at these meetings. Advocacy services and support groups, including name and contact details, were advertised via posters in numerous locations in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for College View Nursing Home OSV-0000128

Inspection ID: MON-0029759

Date of inspection: 21/07/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The premises is being reviewed to meet the regulation and assessed needs of the resident</p> <p>Additional control measures have been put in place in relation to IPC.</p> <p>The Annual review will contain a QIP.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All families were written to regarding the additional charges before they were introduced.</p> <p>New contracts are being issued to include the additional charge.</p> <p>All new residents have this charge included in their contracts.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies	

and procedures:

The resuscitation policy has been updated and states that a residents resuscitation status is reviewed 4 monthly together with the care plans or sooner if indicated. The Resuscitation status of each resident is discussed with the resident, or the next of kin via phone (due to the Covid 19 pandemic) by the GP who in turn replies via email. This information is located on 'Healthmail'. If the resident's resus status has changed from the previous review it is documented in the care plans by the nurse, otherwise it remains unchanged.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The premises is being reviewed to meet the regulation and assessed needs of the resident

Furniture and chairs have been removed from various areas to allow access of hand rails (these chairs were put in place to allow residents sit down, if they needed while walking) in the corridors and also as meeting points for residents.

Hoists are stored in the store rooms, staff are aware not to impede the hand rails with care equipment and additional hand rails are being put in place

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The risk register is being reviewed and updated.

Furniture and chairs have been removed from the corridors which was for the purpose of having rest areas for residents while walking the corridor if they so needed.

Additional hand rails are being put in place

Additional equipment is being put into the sluice rooms

Voiles which were put in place to enhance the areas and provide some privacy for residents have been removed

The fire evacuation pathway has been checked by our fire training officer with the registered provider and he is satisfied that the furniture in this area is not causing an obstruction as it is not in direct line with the opening fire door.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Additional staff training has been provided for staff which is on-going. Additional pedal bins and wall mounted sensory hand dispensers have been sourced.</p> <p>Additional cleaning schedules which are in place have been updated.</p> <p>Racking being sourced for sluice rooms.</p> <p>It was also noted that IPC Guidelines from HIQA on the day of inspection were not the same as IPC Guidelines received by staff from training sessions.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Services of all allied health care teams have again been asked to conduct medical reviews.</p>	

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.	Not Compliant	Orange	05/11/2020
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	05/11/2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant		05/11/2020

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	05/11/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2020
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant		30/09/2020
Regulation 6(1)	The registered provider shall, having regard to	Substantially Compliant	Yellow	30/09/2020

	the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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