



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

Issued by the Chief Inspector

Name of designated centre:	Youghal and District Nursing Home
Name of provider:	Gortroe Nursing Home Limited
Address of centre:	Gortroe, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	09 November 2021
Centre ID:	OSV-0000307
Fieldwork ID:	MON-0034165

About the designated centre

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

Youghal & District Nursing Home is a purpose built 54 bedded residential nursing home. All bedrooms are single bedrooms with en-suites. There is 24 hour nursing care available, therefore we can provide care for low, medium, high and maximum dependency residents. We can accommodate both female and male residents over the age of 18 years, who have the following care needs: general care, respite care, elderly care, palliative care and convalescent care. Admissions to Youghal & District Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours of admission. This will be individualised to set out your personal care needs and will provide direction to staff members caring for you. To enhance the care provided and enable you to fulfil your personal, social and psychological needs the following services and activities are available within Youghal & District Nursing Home: hairdresser, arts and crafts, live music & song, exercise, etc. Complementary therapy services are also provided: reflexology, homeopathy and acupuncture. Mass is held weekly on Friday. There is a resident's council operated on a 2 monthly basis or more frequently if deemed necessary. Youghal & District Nursing Home is committed to provide the most comprehensive nursing care in a relaxed but stimulating home from home environment where all of our guests feel valued and cared for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 9 November 2021	09:10hrs to 17:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking to residents, it was evident that this was a centre where residents were enjoying a good quality of life, and their rights were promoted and respected by kind, knowledgeable and dedicated staff. The inspector met with the majority of the 54 residents living in the centre on the day of inspection and spoke with seven residents at length to gain insight into their lived experience. The inspector met with two visitors during the inspection. The inspector observed that some improvements were required to ensure residents' safety was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival to the centre, the inspector was guided through the infection prevention and control procedures by the director of nursing (DON). An opening meeting was held with the DON who also accompanied the inspector on a walkaround of the centre. During the walkaround of the centre, staff were assisting residents to get up and dressed for the day. A number of residents were seen resting in the communal areas or finishing breakfast.

The centre was a large and spacious building set over two floors located in a scenic rural setting near Youghal. All rooms were single occupancy with 42 rooms having en-suite toilet and shower and 12 rooms with en-suite toilets. Bedrooms on both floors were observed to be spacious with plenty of furniture such as large wardrobes and chests of drawers for clothing and belongings. Rooms were seen to be decorated with residents' personal possessions and photographs. Bedrooms also had comfortable seating for residents and their visitors. One of the wings of the home had been recently painted and there was painting and varnishing of another wing underway on the day of inspection. The inspector observed that the centre was exceptionally clean.

There was plenty of communal spaces upstairs and downstairs in the centre, with three sitting rooms, a lounge and dining room on the ground floor and a sitting room and balcony area on the first floor. The first floor also had a bright, well decorated hairdressing salon with two sinks, hair salon type dryers and supplies. The hair dresser was available to residents every Friday in the centre. One of the sitting rooms on the ground floor was designated for activities and had plentiful supply of materials for arts and crafts as well as books for residents to read. The main sitting room on the ground floor had a piano, bookshelves and plenty of comfortable seating for residents to enjoy. One of the other sitting rooms had an exercise machine that residents were seen using throughout the day.

The centre had plenty seating dispersed through out the centre near windows looking out on to the grounds where residents could sit and chat or just rest during the day. There was a large well maintained fish tank as a feature on each floor. The inspector saw that there was a well maintained water feature at the front of the

centre and residents were out in the gardens for walks on their own or with staff during the day depending on their needs. The centre also had an internal secure garden area with raised beds, a bird feeder, a covered gazebo section with book shelves, outdoor seating, and had an old fashioned painted bicycle.

On the morning of the inspection, residents and staff were preparing for a family mass to remember and celebrate the lives of residents who had passed away at the centre. The sitting room was laid out with seating and an altar where a local priest said mass. The room was respectfully decorated with battery-operated tea light candles and mass was attended by many of the residents and staff. As family members could not attend the mass due to ongoing COVID-19 pandemic, one of the activity co-ordinators had arranged a zoom link to be sent to families who would like to attend. The residents told the inspector that they loved the mass in the centre and it had great meaning for them. Residents were provided with drinks and homemade baking following the mass.

The inspector saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. To facilitate physical distancing, the lounge room as well as the dining area were laid out with extra tables and a table plan so that residents could have a social dining experience in their pods. The inspector saw that a number of tables were also available upstairs for residents' mealtimes. All tables were decorated with tablecloths, condiments and tealights during mealtimes. The inspector saw that staff provided assistance when required, to ensure meals were consumed while hot and appetising. There were regular offerings of drinks and snacks throughout the day. Residents who spoke with the inspector were very happy with the range of food on offer and confirmed that choices were available at all times.

Visiting had resumed in line with the Health Protection Surveillance Centre (HPSC) 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2021. Visitors were known to staff who welcomed them and actively engaged with them. Visitors were seen to arrive in the morning and throughout the day. There were two separate entrances to the centre which were used by staff as part of their COVID-19 precautions to prevent cross-over of staff. These were also used by visitors to prevent walking through the centre unnecessarily. A member of staff was allocated to carry out screening procedures for COVID-19 for visitors. Visitors and residents told the inspector that they were very happy with the arrangements in place for visits. The inspector spoke with visitors who were very complimentary of the care received by their loved ones. The inspector saw that one resident got great joy and delight from a visit from her pet dog who was a regular visitor to the centre. Residents told the inspector that they were facilitated to go on outings with family members. One visitor told the inspector about how the staff and management had arranged a celebration to mark a family event during one of their visits.

All of the residents who spoke with the inspector were complimentary of the service provided. They said that staff were quick to come to their aid whenever they needed help. A resident told the inspector that the centre was treated as "our home" by staff and management and "whatever way the residents want things done are how they are done here." The inspector observed that call bells were promptly answered

and staff maintained a calm atmosphere when attending to residents' needs. The inspector heard exchanges of meaningful conversations between residents and staff and it was apparent that staff knew the residents well. Residents told the inspector that they were well cared for by staff. Residents' independence was seen to be encouraged, for example encouraging residents to mobilise, eat and drink according to their ability. During the day a number of residents were seen independently using the spacious lift in the centre.

There was a varied schedule of activities on offer seven days a week. In the afternoon of the inspection, the activity co-ordinator held a "men's shed" type activity where a number of gentlemen were working with tools and ropes. There were also a number of bird feeders that were under construction. At the same time a number of other residents were participating in an art session. The residents along with one of the activity co-ordinators were making a chandelier style decoration for Christmas. Residents told inspectors that they loved the weekly music session that was held every Wednesday and boules, baking, quizzes and bingo were also loved by residents. Outings to local amenities had also been arranged for residents over the summer months.

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

Capacity and capability

There were effective management systems in place in this centre, ensuring the delivery of high quality care to the residents. The management team were proactive in responses to issues as they arose and used regular audits of practice to improve services. On this inspection some improvements were required in relation to fire safety and infection control.

The centre is owned and managed by Gortroe Nursing Home Limited who is the registered provider. There are two company directors, one of whom is also the person in charge. Both company directors are involved in the day-to-day running of the centre. There is a clearly defined overarching management structure in place. The person in charge is supported in his role by a director of nursing, two full time clinical nurse managers, a human resources manager and a team of nurses and healthcare assistants. The centre also has a dedicated activities, catering and domestic team. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge was supportive of their individual roles and had a visible presence within the centre daily.

Comprehensive systems were in place to monitor the quality and safety of the

service. The director of nursing monitored key performance indicators which were collected weekly and collated monthly on risks to residents such as falls, infections, pressure ulcers, dependency levels and complaints to ensure good oversight of care was being provided. An extensive schedule of audits was in place; actions plans were developed from these audit and informed continuous quality improvement. There was clear evidence that information collated by measuring key clinical indicators and of analysis of audits was acted upon and communicated to staff.

There were regular management teams including a health and safety meeting to discuss key operational issues impacting on the running and quality of care at the centre. Staff were seen to be knowledgeable about residents and regular staff meetings took place. Communication memos that were sent to staff had also been developed by the management team to keep staff up to date with any changes in the centre.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The Inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19. The centre had experienced an outbreak of COVID-19 which was declared over by public Health in February 2021 which affected 18 residents and eight staff members. During the outbreak, the centre had engaged with the local public health team for support and advice. The HSE had organised for a nurse with expertise in infection prevention and control to do an on site inspection during the outbreak. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives during the outbreak. A review of the management of the COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks. Contingency plans were in place should the centre experience another outbreak. There were no residents with confirmed COVID-19 in the centre on the day of the inspection.

There were sufficient staff available to meet the needs of residents. There was a minimum of two nurses on duty over 24 hours and night time staffing levels were sufficient to facilitate two separate care teams to operate to allow for cohorted care. The roster was organised so that there was a clinical nurse manager on duty each weekend to supervise staff.

Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene. Records viewed by the inspector confirmed that there was a high level of training provided in the centre. Training courses were a mixture of online and in-person through external training companies. All staff had received, or were scheduled to receive in the coming weeks, up-to-date mandatory training specific to their roles. Over 20 residents had also completed fire safety training that was held in

the centre.

Written policies and procedure as set out in Schedule 5 of the regulations were in place and in date. The centre had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Overall, there was a low level of complaints in the centre. A review of the complaints log and from speaking with residents showed that complaints were investigated and well managed in line with the centre's own policy and procedures.

A comprehensive annual review of the quality and safety of care provided to residents in 2020 had been prepared in consultation with residents. This included an action plan for 2021.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff in the centre was appropriate to meet the assessed needs of residents in accordance with the size and layout of the centre. From a review of the rosters and speaking with staff, it was evident that there was a minimum of two registered nurses on duty every day and night, supported by senior staff during the day. There was a regular pattern of rostered care staff, household, catering and laundry staff on duty every day. The centre had two cleaners on duty seven days a week for 12 hours each day. Staff were allocated to work in separate teams to minimise contacts with residents and other staff members.

Judgment: Compliant

Regulation 16: Training and staff development

From speaking with staff and from a review of a comprehensive training matrix, it was evident to the inspector that the management team ensured that staff were provided with ongoing training. There was evidence that mandatory training was completed along with other relevant training such as dementia care and end of life care. All staff had completed online infection control training on standard and transmission based precautions including hand hygiene and donning and doffing PPE. The director of nursing was undertaking a professional qualification on infection prevention and control to support her in her role as lead for infection prevention and control for the centre. The management team in the centre had also arranged for face to face training to be provided for all domestic household staff in practical cleaning and decontamination in October 2021 which both staff and management reported as beneficial. Comprehensive induction programmes were in place for new

staff. There was evident of good supervision and staff development.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles and detailed responsibility for all areas of care provision. There were robust management systems in place to ensure that the service provided was safe appropriate, consistently and effectively monitored. Regular residents meetings and surveys of residents and relatives ensured residents views were taken into account in all aspects of the service The registered provider had ensured that a comprehensive annual review of the quality and safety of care delivered to residents had been completed for 2020 with an action plan in place for 2021.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre logged incidents and accidents electronically and these were reviewed by the inspector. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector. Incidents such as falls were regularly analysed and reviewed to identify any trends and minimise the risk of reoccurring at the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaints policy was displayed in the reception and included the nominated complaints officer. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to-date. The most recent HPSC guidance, *Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities in Residential Care Facilities* was also available to staff working in the centre.

Judgment: Compliant

Quality and safety

Supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' needs were being met through very good access to health care services, opportunities for social engagement and a well designed and maintained premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that some improvements were required in aspects of fire safety and infection control during this inspection.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Residents had a choice of General Practitioner's (GP's) in the centre and residents could choose to retain the services of their own GP where possible. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist and chiropodist. A physiotherapist was onsite once a week to assess and review residents as required. Nurses had access to expertise in tissue viability when required.

Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they

wished. Visiting was facilitated in the centre in line with national guidance.

The layout of the centre allowed for safe physical distancing in the communal areas and during group activities. The centre was bright and well decorated.

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. There was good uptake of COVID-19 vaccination and influenza vaccination among residents and staff in the centre. There was good oversight of infection prevention and control measures through regular audit. Protocols were in place in line with the HPSC guidance to ensure the ongoing safety of residents and staff. Procedures were in place to facilitate isolation of residents should the need arise. There were adequate hand sanitizer dispensers in all areas of the centre and along corridors and personal protective equipment (PPE) were readily available throughout the centre. The centre was observed to be very clean. Some improvements required are addressed under Regulation 27.

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Over 20 residents had participated in fire safety training held in the centre. Person emergency evacuation plans were in place for residents. While regular fire safety drills were undertaken, more evacuations of compartments with simulated night time staffing levels were required to be assured that all staff could complete an evacuation in a timely and safe manner. Improvements required in relation to fire safety is discussed under regulation 28.

Regulation 11: Visits

The inspector saw that visits were taking place in line with current Health Protection and Surveillance (HPSC) guidance and visitors were screened on arrival for symptoms of COVID-19 and provided with surgical masks. Residents and visitors who spoke with the inspector confirmed that there was sufficient time and access in place for visits. Visiting generally took place in residents' bedrooms and residents were seen coming and going on the day of inspection.

Judgment: Compliant

Regulation 17: Premises

The premises and external grounds were very well maintained and ongoing improvements were taking place. The centre had plenty well decorated communal spaces where residents could rest in private. The inspector saw that bedrooms were spacious and well furnished with plenty storage space for residents' personal belongings. All bedrooms were single occupancy with ensuite toilets and hand wash basins provided in each room. The centre had a suitable secure outdoor space for residents' use. The inspector was informed that there were plan to convert the balcony on the first floor to an additional dining and communal space. There were also plans to build a new laundry but that these plans had been delayed as a consequence of the COVID-19 pandemic.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place that met the requirements of the regulation. There was an emergency plan in place to respond to major incidents. The risk register was maintained and updated to manage the risks in the centre.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practices in relation to infection control at the centre, however the following areas required improvement:

- There was no routine deep cleaning schedule available for bedrooms, bathrooms and other areas of the centre to provide assurance that all bedrooms were deep cleaned on rotation.
- A schedule for steam cleaning of carpets and soft furnishings was required to provide assurance that they were effectively cleaned regularly.
- One of the surfaces on the medication trolley was chipped and could not be effectively cleaned
- The clinical hand wash sinks in dirty utility rooms and treatment rooms did not comply with current recommended specifications.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to the following to ensure adequate precautions against the risk of fire;

- Maps for use in the event of fire used throughout the centre required review so that they indicated the user's location in the centre and to provide direction to the nearest fire compartment or escape route.
- The inspector noted that two fire doors had gaps that had the potential for smoke to escape in the event of fire. The provider provided assurances to the inspector that a competent person would conduct an immediate assessment of fire doors in the centre.
- While regular fire drills were undertaken at the centre by day and night, simulations of evacuations of the largest compartments with night time staffing levels had not occurred to ensure that all staff could complete an evacuation in a timely and safe manner in the event of fire. This was completed the day after inspection. The provider was requested to complete these simulations with all staff until such time as they were assured that all staff were competent in evacuation procedures.
- The inspector saw that there was no signage in place to indicate where oxygen concentrators were stored to alert staff in the event of fire. This was immediately addressed by the director of nursing during the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that medication was administered and controlled drugs were checked and counted at each shift change in line with professional guidelines. There was a system in place for storage and disposal of medication that was no longer required or out of date. The inspector saw that crushed medications for one resident did not clearly indicate that the medication should be crushed. This could lead to errors with staff administering medications in the wrong format. This was brought to the attention of the director of nursing during the inspection and was immediately rectified.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of records and speaking with residents relatives and staff it was evident that the standard of care planning was good. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. A comprehensive

assessment was completed for residents within 48 hours of admission in line with the regulations. The inspector saw that assessments and care plans were updated when residents' condition changed.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre were provided with appropriate evidence based healthcare. They had good access to their general practitioners (GP). A physiotherapist attended the centre one day a week and there was evidence that residents were referred to other health and social care professionals such as occupational therapist, dietitian, speech and language therapist and podiatrist as required. Tissue viability expertise was also available to support nursing staff with the management of wound care. Access to dental and ophthalmic services for residents was also facilitated at the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the director of nursing and the staff in the centre and observations of the inspector, there was evidence that residents who presented with responsive behaviour were responded to in a very dignified and person-centred way by staff using effective de-escalation methods. This was also documented in care plans which involved the multidisciplinary team. The usage of bedrails was monitored at the centre and staff told the inspector, they were only used when alternatives and other interventions had failed. Nine residents had bedrails at night to prevent falls or because residents requested them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and choice were promoted and respected in this centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There were two activity co-ordinators in the centre who provided a varied and stimulating activities programme every day such as arts and crafts, boules, baking, quizzes, bingo and a weekly music session. One-to-one sessions also

took place to ensure that all residents could engage in suitable activities.

Residents had access to media such as radio, television and wireless internet access. Formal residents meetings were held at the centre and there was evidence that residents issues were discussed and actioned. Residents surveys were also undertaken to seek their views on their satisfaction with the centre. Facilities promoted privacy and service provision was directed by the needs of the residents. Residents were facilitated to go on outings from the centre with their families and outings to local amenities had been arranged by the provider during the summer months.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Youghal and District Nursing Home OSV-0000307

Inspection ID: MON-0034165

Date of inspection: 09/11/2021

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have reviewed and modified our deep cleaning schedule to ensure that all bedrooms, bathrooms and other areas are included.</p> <p>A schedule for deep cleaning of all carpets and soft furnishings has now been completed.</p> <p>A new medication trolley has since been purchased and is now in use.</p> <p>On replacement of clinical handwashing sinks, the current recommended specifications will be adhered to.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Current maps are being updated to identify the user’s location and to provide instructions to the nearest fire compartment/fire exit.</p> <p>An external company has been contracted to complete an assessment of all fire doors in the centre. On receipt of this report, doors that do not meet compliance will be replaced.</p> <p>The planned fire drill was scheduled and completed the day after inspection. On completion of the report this was sent to HIQA. Regular fire drills will continue to ensure that our team maintains their competence and ability to safely evacuate residents in a timely manner.</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 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	17/12/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	06/12/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/01/2022

	maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	12/11/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/01/2022