



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

## Issued by the Chief Inspector

Name of designated centre:	Aras Mhic Shuibhne
Name of provider:	Drumhill Inn Limited
Address of centre:	Mullinsole, Laghey, Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	07 October 2020
Centre ID:	OSV-0000312
Fieldwork ID:	MON-0030653

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.

It provides twenty-four hour nursing care to 48 residents both long-term (continuing and dementia care) and short-term (assessment, convalescence and respite care) residents.

The centre is a single storey building comprising of 40 single en suite bedrooms and four twin bedrooms located in a rural area with local amenities close by. There is a specialist dementia unit Murvagh Suite accommodating 14 residents in single en suite bedrooms and Warren and Rosnowlagh suites are for the remaining residents.

The aim of the centre is to ensure the maximum possible individual care and attention for all of the residents living in the home.

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

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 7 October 2020	13:00hrs to 19:00hrs	Naomi Lyng	Lead
Thursday 8 October 2020	09:00hrs to 13:30hrs	Naomi Lyng	Lead
Wednesday 7 October 2020	13:00hrs to 19:00hrs	Mary McCann	Support
Thursday 8 October 2020	09:00hrs to 13:30hrs	Mary McCann	Support

## What residents told us and what inspectors observed

There was a calm and relaxed atmosphere in the centre. Over the two days, inspectors communicated with a number of residents as they went about their daily activities. Some residents spoke of how staff helped to make them aware of the ongoing COVID-19 pandemic and the changing restrictions in place across the country. While there had not been an outbreak in this centre, residents were aware that there were increased restrictions in County Donegal at the time of inspection. One resident spoke of how she worried for staff in the centre and hoped that everyone would be ok. Another resident told inspectors that she missed seeing her family as frequently as she would have liked, but that staff helped her to keep in touch with loved ones on the phone.

Residents were very complimentary of staff and described them as kind, helpful and "like family". Staff were observed engaging with residents in a positive and meaningful way, and were knowledgeable in the care and social needs of the residents. One staff member was observed taking her break with a resident in the dining room so that they could both have a cup of tea and chat together. Another resident was celebrating a birthday on the first day of inspection and a socially distanced party was taking place in the main sitting room. Residents were observed to maintain appropriate social distancing while enjoying the music and lively atmosphere created by staff.

Inspectors observed a number of small group activities taking place during the two days of inspection. These included exercise sessions, music sing-a-longs, sensory and reminiscence therapy. Residents reported that while they greatly enjoyed these activities, they didn't take place as frequently as they would like. One resident reported there was often nothing happening in the centre, and another resident reported that they were sometimes bored as "there was nothing on".

Residents told the inspectors that they had a lot of freedom and could move around their home as they wished. Resident meetings were occurring in the centre and enabled them to express their views about how the centre is run and how the services are provided. Residents were complimentary of the choice, quantity and quality of food provided. While the hairdressing service had not resumed, one of the carers had hairdressing experience and helped to ensure residents' hair was well groomed. One resident spoke of how a carer had painted her nails in her favourite colour.

Residents told inspectors they felt safe in the centre and were confident in expressing any concerns or any complaints they may have to a member of staff.

## Capacity and capability

This was a two-day announced inspection and related to the renewal of registration of the centre. It also provided for the assessment of the centre's preparedness for a COVID-19 outbreak. Inspectors followed up on actions from the previous inspection and observed that a number of actions had been completed. However, some areas continued to require review including training and staff development, complaints, residents' rights, the statement of purpose and risk management.

The person in charge and clinical nurse manager responsible for the direct delivery of care engaged with inspectors throughout the two days. There were arrangements in place to review the service and the quality of care delivered to residents, and this included consultation with residents and their loved ones. Staff communicated with on inspection understood the management structure, who they were accountable to and how to report concerns if they had any.

This centre had not had a COVID-19 outbreak prior to inspection, and management were keen to protect residents and staff. A self-assessment of preparedness for a COVID-19 outbreak had been completed for the centre, and a contingency plan was in place. While this was comprehensive and detailed, it failed to identify the staffing shortages in existence in the centre.

It was noted on inspection that the Person in Charge had covered nursing shifts on a number of occasions due to staff shortages. This had an impact on her ability to provide oversight of staff training and development, wound care and infection control. This is detailed further under regulations 5, 15, 16, 23 and 27.

An annual review for 2019 had been completed, and had evidence of resident and their loved one's input via two questionnaire surveys. While a quality improvement plan had been identified for areas requiring review, this had not been fully actioned at the time of inspection. For example, staff training and development needs had not been addressed satisfactorily, and records of complaints did not meet regulatory requirements.

## Regulation 15: Staffing

A review of the planned and actual rosters showed that there were two nurses and eight healthcare assistants including a day room supervisor available during the day, and one nurse and three healthcare assistants available at night. Inspectors observed that due to a shortage of nurses available, the person in charge had covered a number of nursing shifts including night-duty. Inspectors found this had a direct impact on oversight of other areas including staff training, wound care and infection control. The provider had acknowledged this shortage of staff and was actively recruiting two new staff nurses. These were due to commence employment in early December 2020 and January 2021. However, a plan was not in place at the time of inspection for interim cover of nursing staff.

Inspectors observed that staff were very busy with caring for residents. For example, a staff member had to discontinue assisting a resident during a meal-time in order to accompany another resident to the bathroom. Some residents reported that while staff were very kind and helpful, they sometimes had to wait for some time for their needs to be attended. One resident reported that they weren't able to go to bed at a time of their choosing due to the staffing available. Staff confirmed to inspectors that residents requiring the assistance of two staff to go to bed were often assisted to bed at a time based on staff availability rather than resident preference. There were insufficient activity staff to ensure residents had regular access to meaningful activities. These findings are detailed further under Regulation 9.

Judgment: Not compliant

### Regulation 16: Training and staff development

Inspectors reviewed the training matrix in the centre and communicated with the person in charge in relation to staff training and development. While there was evidence of staff training completed in 2020, a number of gaps were observed for example in medication management training for nursing staff, and safeguarding training. Inspectors observed that staff did not have access to training in the management of responsive behaviour, which was not in line with the centre's policy. This had been identified in the Quality Improvement Plan for 2020 but had not been actioned at the time of inspection.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This detailed the information required by the regulations for all residents.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector in a timely manner. These were kept in a manner that was safe and accessible.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in the centre and this included the registered provider representative (RPR), person in charge (PIC) and clinical nurse manager (CNM). Management staff were clear on their lines of authority and accountability, and were knowledgeable of their specific roles and responsibilities for all areas of care provision.

Management systems in place to ensure the services provided are safe, consistent and effectively monitored were compromised by insufficient resources in the centre. Inspectors found that the person in charge was required to cover a number of nursing shifts, including night duty, as a result of a shortage of nursing staff available. This impacted on her ability to meet the full capacity of her role as person in charge. As a result, inspectors found that oversight of care delivery in the centre was not sufficiently robust in infection prevention and control, staff training, wound care management and the management of responsive behaviour. Inspectors also found repeated non-compliance in complaints procedures had not been addressed by the provider and continued to require action on this inspection.

Inspectors found that residents did not have adequate access to meaningful activities. This was a finding on the last inspection and is reported under Regulation 9 and 15. Additionally, residents ability to go to bed at a time of their choosing was observed to be impacted by the availability of staff. This was not in accordance with the centre's statement of purpose and is discussed further under Regulation 9.

An annual review of the safety and quality of the service had been completed in 2019 in consultation with residents and their families and a copy of the review was available for review.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

The area requiring review as identified on the previous inspection had been completed.

Judgment: Compliant

### Regulation 3: Statement of purpose



A revised statement of purpose was in place and accompanied the application for renewal of registration as received by the office of the Chief Inspector. This required review to ensure it reflected current services available in the centre for example occupational therapy assessments on admission. It also required revision of the floor plans to provide an accurate narrative of the layout of the building.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place and the person in charge was the designated complaints officer for the centre. Inspectors observed that there were no complaints recorded for 2020. On discussion with the person in charge it was observed that while verbal complaints and concerns by residents or representatives for residents were addressed immediately by staff, a record of the complaint, the action taken and whether the complainant was satisfied with the outcome was not recorded. This had been a finding on the previous inspection and had also been identified in the Annual Review 2019 as requiring review.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the associated regulations had been updated in 2020. These were made readily available to staff.

Judgment: Compliant

### Regulation 14: Persons in charge

The Person in Charge had been in post since 2017, and was a suitably qualified and experienced nurse. She had a strong presence in the centre and was well known to the residents.

Judgment: Compliant

## Quality and safety

Residents living in the centre were supported by staff who were familiar with individuals' choices and preferences. Staff were attentive and inspectors observed residents being treated with kindness and respect. Pre-admission assessments were undertaken to ensure that the needs of a prospective resident could be met in the centre. Assessments were undertaken for risks such as falls, malnutrition and Covid-19 monitoring. In the sample of files examined, care plans were created where clinical risk was identified and were reviewed in response to changing needs and at regular intervals. Falls care plans and action plans initiated for falls required review to reflect best practice. Residents' medical and health care needs were met to a good standard. However, inspectors found that there was poor availability of physiotherapy and occupational therapy services, and infection prevention and control measures in the centre required review.

Institutional practices observed in the centre did not reflect residents' individual choice, such as the requirement of some residents to be assisted to bed at times determined due to staffing availability. Additionally, accessibility to the internal courtyard garden was not consistent for all resident units in the centre. This negatively impacted some residents' access to a secure, pleasant facility and fresh air.

The designated activity therapist worked from 10-13:00hrs 3 days per week. While some activities were provided and these were observed to be meaningful, varied and promoted good engagement from residents, there was inadequate staff time to provide enough of these activities regularly. This was reflected in what residents told inspectors over the two days of inspection. For example one resident reported that "there was little going on in the centre". Inspectors observed that some residents who were seated in the day room were not socially engaged. This was also a finding at the time of the last inspection in February 2019. The provider was aware of this deficit and was trying to recruit another activity co-ordinator.

Residents were weighed regularly and records reviewed showed that any residents with weight loss were monitored and referred for dietetic assessment. Catering staff were informed about each residents needs. Residents were offered choice at mealtimes and residents were complimentary of the meals provided. Residents were offered choice by carers in most aspects of their daily lives and permission was sought for any care activity. A "Key to Me" social care assessment was comprehensively completed for residents once they settled into life in the centre. This supported staff to get to know the individual resident and their likes and dislikes. Information with regard to residents hobbies and interests was used to inform a social care plan and the activity programme.

## Regulation 13: End of life

Staff provided end-of-life care to residents with the support of their GP and

community palliative care services as necessary. Although not actively involved with supporting any residents in the centre at the time of this inspection, links with the local palliative care team were established and staff confirmed that this was an excellent service. Inspectors reviewed a sample of end-of-life care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. Members of the clergy from various religious faiths were available to provide pastoral and spiritual support to residents as necessary. Where decisions had been made in relation to advanced care directives, such decisions were recorded clearly. On one file reviewed inspectors noted there was poor evidence of discussion with the resident.

Judgment: Compliant

### Regulation 17: Premises

Matters arising from the previous inspection had, in the main, been satisfactorily addressed. Inspectors observed that maintenance of some residents' bedrooms required review for example some rooms needed repainting to ensure that surfaces could be kept clean and an electrical socket in one bedroom needed repair.

The internal courtyard garden was not well kept. As a result the residents did not have access to a clean and safe outside space. However this was observed to be addressed by staff on the first day of inspection, and on the second day of inspection was found to be a tidy and pleasant place for resident and visitor use.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a policy and procedure in place that set out the identification and management of risks in the centre. There were a number of systems in place to record and monitor any identified risks such as a risk register and incident management recording system. A Major emergency site plan and a Covid- 19 response plan was available. However, the risk register did not identify the lack of nursing staff at the current time as a risk.

Servicing records for hoists and other equipment were up to date and available.

Judgment: Substantially compliant

### Regulation 27: Infection control

On entry to the centre there was effective signage advising on the prevention of COVID-19 and promoting social distancing. There were hand hygiene facilities available throughout the centre, and staff were observed to practice good hand hygiene and assist residents to do so at appropriate times. Staff were observed to use personal protective equipment (PPE) effectively and were knowledgeable in what was required for different situations. Staff were observed to follow social distancing throughout the inspection, and encouraged residents to do so who were able for example when taking part in small group activities. Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out for each resident in line with HPSC guidance and residents' temperatures were recorded twice daily. Staff spoken with were knowledgeable on the escalation procedures should a resident or staff member present with signs or symptoms of COVID-19.

Housekeeping shifts had been increased during the COVID-19 pandemic. Floor cleaning procedures reflected best practice procedures and staff ensured that cloths use for surface cleaning and mops were changed between each resident's bedrooms. The provider provided a laundering service for residents' clothing and this reflected HPSC guidance to reduce the risk of cross infection. Each unit had a sluice room with a bedpan sanitiser.

While the communal areas in the centre were generally clean and uncluttered, inspectors observed a number of infection prevention and control practices that required review:

- Hoist slings were not designated for a single resident's use and were not stored appropriately in the units
- The wall surfaces in a resident's bedroom were badly stained and required review
- Sluice room facilities on one unit were not observed to be kept in a clean manner over the two days of inspection
- A raised toilet seat in a communal toilet was observed to be badly soiled and had not been identified by staff over the two day inspection
- Bed pans were observed to be stored inappropriately in a resident's bedroom
- The nurse's station on one unit was observed to be dusty and cluttered, and the open shelves were observed to contain open communal hygiene products and grooming equipment
- Maintenance of furniture, including resident chairs, required review
- The frequency of cleaning frequently touched surfaces such as door handles and hand rails required review to reduce the risk of cross contamination
- An open bin without a waste disposal bag was observed on both days of inspection to contain odorous waste

Judgment: Not compliant

Regulation 28: Fire precautions

Records were in place to show that servicing of the fire alarm, emergency lighting, fire extinguishers and other fire safety measures were being carried out at appropriate intervals. All staff were completing training annually, and those spoken with were clear of the action to take if the fire alarm was activated.

The largest compartment in the centre was observed to accommodate 8 residents. While records showed that drills had been completed, these were generally completed with 1-2 rooms being evacuated. There were no fire drill records available with regard to evacuating a complete zone with night duty staffing levels. Fire drill records did not provide evidence of review of the outcome and did not identify an action or improvement plan.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors observed administration of medication to a sample of residents during the inspection. Practices observed were compliant with best practice and in line with professional guidelines. A pharmacist was available and provided support as needed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter. Staff used accredited assessment tools to assess each resident's needs. A person-centred care plan was developed in consultation with the resident and their next of kin if the resident so wished. Information reviewed in a sample of six care plans informed inspectors of the care, support and assistance each resident required. Inspectors observed staff to be knowledgeable in each resident's current health needs and preferences as described in their care plans.

Nursing daily records for each resident were recorded in a tick box template twice daily. This detailed the resident's wellbeing, the care that was provided and treatments that were implemented. Of a sample reviewed, inspectors noted that this record did not consistently provide a good overview of how the residents care was delivered or their current clinical status.

There were two residents requiring wound care in the centre at the time of inspection. Effective documentation of wound care procedures was not observed to be implemented. For example, while wound and skin monitoring charts were in place for a resident requiring wound care, there was inconsistent recording of the

wound measurements and observations. As a result, it was difficult to evaluate the current status of the wound.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider had systems in place to ensure that residents had appropriate access to medical care and residents could retain the services of their own general practitioner (GP) should they wish to do so. There was access to allied health professionals, such as speech and language therapy, tissue viability nursing, dietetics, ophthalmic services and community palliative care.

Access to community physiotherapy and occupational therapy services was limited and did not reflect what was reported in the statement of purpose. Falls prevention management in the centre required review. For example, while falls assessments were observed to be carried out for residents at specified intervals by nursing staff, these were not observed to be routinely completed after a resident had a fall. Additionally, action plans following falls did not consistently reflect best practice and did not show evidence of multidisciplinary input.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Inspectors found that the rights and dignity of each resident was respected on most occasions. Staff were observed to respect resident's privacy, and gain consent prior to engaging in care provision. Residents had access to newspapers, radios, telephones and televisions.

However, there were a number of areas that required improvement to ensure that all residents were able to make choices about their daily routines and where to spend their time in the designated centre.

The action from the last inspection in regard to a lack of meaningful activities available still applied on this inspection. The provider reported that a 2nd activity coordinator had been employed during the summer months to address this, but had not been replaced on leaving.

While there was an internal courtyard available for resident use, access to this facility from the dementia specific unit was restricted by a keypad on the doors.

The residents guide required review to be accessible to all residents.

Inspectors observed that residents in the dementia specific unit were engaged in various activities with staff. Stimulation was provided in a calm, homely environment.

While televisions were on in sitting rooms some residents were unable to view the screen due to the position of their chairs. This was observed on a number of occasions during the two day inspection. This had been identified on the previous inspection and had not been addressed by the provider.

Not all residents were enabled to exercise choice in the time that they went to bed.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

There was a policy on managing responsive behaviours in place in the centre. While staff did not have access to training in the management of responsive behaviour, as detailed under Regulation 16, inspectors observed some positive practices in place. There was evidence that efforts were made to identify and alleviate the underlying causes of responsive behaviours. From discussions with staff and observations of interactions with residents, residents who presented with responsive behaviours were responded to in a dignified and person-centred way by the staff using effective de-escalation methods. Records kept on the management of responsive behaviour did not assure inspectors that the response taken was, in so far as possible, in a manner that was not restrictive. For example, one resident was administered PRN (as required) medication on one occasion but it was not clear what alternative less restrictive options had been trialled first.

The community mental health team provided support to some residents in the centre. This service assisted to provide support with the care of residents experiencing responsive behaviours associated with dementia or other conditions.

The use of restraint in the centre was low and inspectors saw that the provider and staff promoted a reduction in the use of bed rails as the centre "moved towards a restraint free environment." Alternative resources were made available to trial such as low low beds, crash mats and bed alarms. At the time of inspection two residents were using bed rails as per their own wishes, and inspectors observed this had decreased since the previous inspection.

Judgment: Substantially compliant

### Regulation 8: Protection

There was a policy in place that set out the approach to be followed if staff were

told about, suspected or witnessed abuse. While most staff had completed training in safeguarding adults at risk, there were gaps identified in the training records as highlighted under Regulation 15. Where an allegation of abuse had been reported to the Authority, inspectors found this had been managed appropriately.

Judgment: Substantially compliant

### Regulation 11: Visits

Inspectors observed that visiting restrictions were in line with public health guidance at the time of inspection. All residents are accommodated on the ground floor with an external window accessible to visitors. Window visits were observed to be in operation and were pre-arranged with the person in charge. Compassionate visiting was facilitated on-site for relatives and loved ones of residents in line with guidance.

Residents had access to a telephone, and staff assisted residents with video calls and Whatsapp to keep in contact with their loved ones. In a review of questionnaires completed by residents' relatives in 2019, all reported feeling welcome 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 14: Persons in charge	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 11: Visits	Compliant

# Compliance Plan for Aras Mhic Shuibhne OSV-0000312

Inspection ID: MON-0030653

Date of inspection: 08/10/2020

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Prior to inspection the person in charge had to do nursing shifts as we were unable to get a full-time nurse or a agency nurse. The person in charge made the decision to do the nursing shifts in the best interest of the residents.            Since the inspection one new nurse has been employed by the nursing home. Two nurses are to take up employment in the nursing home 1 in December and 1 in January 2021.            The activities coordinators hours will be extended to five days per week from 10'oclock to 4'oclock effective from 4/01/2021 An extra activities coordinator will commence employment on the 6/01/2021.</p> <p>On a small number of occasions, a resident may have to wait a little while to go to bed as there are 48 residents in the nursing home. Aras Mhic Shuibhne does not provide one to one care and as a result, bedtimes can be affected by the immediate needs of other residents. However, Aras Mhic Shuibhne promotes a culture of choice for each individual resident in our care. Going forward the practice of bedtimes in Aras Mhic Shuibhne have now changed with immediate effect. The new practice that Aras Mhic Shuibhne is now engaging in enables each resident to advocate on their own behalf. Each resident is now asked individual what time they would like to go to bed at in a timely manner from 18.30 onwards as this meets the needs of the residents. Planning bedtimes has proved to be a more organized, person center approach, which enables the staff to meet the requested bedtimes of the residents.</p>	
Regulation 16: Training and staff	Substantially Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Medication management was out of date since July. All nurses are now up to date with their medication management. All staff have completed their safeguarding training. Management of responsive behaviors will be complete by all staff by 31/01/2021.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Prior to inspection the person in charge had to do nursing shifts as we were unable to get a full-time nurse or a agency nurse. The person in charge made the decision to do the nursing shifts in the best interest of the residents.</p> <p>Since the inspection one new full time nurse has been employed on the 30/10/20 by the nursing home. Two more full time nurses are to take up employment in the nursing home 1 in December and 1 in January 2021. All staff are up to date with training in medication management, safeguarding. All staff will have training in responsive behaviors and Infection control by the 30th of January 2021. The activities coordinators hours will be extended to five days per week from 10'oclock to 4'oclock effective from 4/01/2021 An extra activities coordinator will commence employment on the 6/01/2021. On a small number of occasions, a resident may have to wait a little while to go to bed as there are 48 residents in the nursing home. Aras Mhic Shuibhne does not provide one to one care and as a result, bedtimes can be affected by the immediate needs of other residents. However, Aras Mhic Shuibhne promotes a culture of choice for each individual resident in our care. Going forward the practice of bedtimes in Aras Mhic Shuibhne have now changed with immediate effect. The new practice that Aras Mhic Shuibhne is now engaging in enables each resident to advocate on their own behalf. Each resident is now asked individual what time they would like to go to bed at in a timely manner from 18.30 onwards as this meets the needs of the residents. Planning bedtimes has proved to be a more organized, person center approach, which enables the staff to meet the requested bedtimes of the residents.</p> <p>All complaints are now documented effective from 09/10/20</p>	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of	

purpose:  
 New floor plans have been provided which includes an accurate narrative of the layout of the building.

Regarding residents having access to occupational therapy, the HSE had withdrawn their service to Aras Mhic Shuibhne two years ago.  
 Person in charge has spoken with the local HSE occupational therapists and they have agreed that we can now send in referrals to the service and they will come out and assess our residents as required. This is with immediate effect.  
 A Physiotherapists will also be available to our residents from January 2021.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 All complaints are now log into the complaints folder effective from 09/10/2020

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Painting has commenced of all rooms that required repainting. This will be completed by 30/01/2021

When electrical sockets need repair our electrician in contacted immediately. The electrical socket that required repair on the day of inspection has been repaired.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:  
 A new nurse has commenced employment since the inspection. She commenced her employment on the 30/10/2020.  
 Two more full time nurses are to take up employment in the nursing home 1 in December and 1 in January 2021.

Risk register has been updated.	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>This issue has been addressed with all staff. All staff have been advised of the importance of the adherence to the strict guidelines to infection prevention. All staff will have additional training in infection prevention and control in January 2021. Housekeeping are doing extra cleaning of frequently touched surfaces. The IPC team from the HSE have visited the nursing. All recommendations have been taken on board and implemented  Painting of bedrooms will be complete by 30/01/2021  Extra hoist slings have been ordered</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire drills using nighttime staffing levels to evacuate a complete zone have been carried out. Fire drills are ongoing.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Our daily nursing notes which is a tick box template covers all the activities of daily living. Going forward each nurse will provide a detailed synopsis of how care was provided and the residents current clinical status. Effective since 12/10/2020  With regard to wound care careplans documentation was unclear and did not reflect the care that was being carried out. Going forwarded, all nurses will ensure that all documentation will be comprehensive and fully descriptive. Care notes will include all care provide in line with specific guidelines from the tissue viability nurse. Effective immediately.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Occupational therapy is now available to all residents  Physiotherapy will be available to all residents by 30/01/2021.  With regard to falls assessments, all residents have a falls assessment carried out every 3 months or early if their needs should change. Going forward all nurses will ensure that a falls risk assessment will be carried out immediately if a resident should have a fall. With immediate effect.  When a resident has a fall, an immediate referral will be sent into the physiotherapist/ O.T. depending on the need of the resident.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The activities coordinators hours will be extended to five days per week from 10'oclock to 4'oclock effective from 4/01/2021 An extra activities coordinator will commence employment on the 6/01/2021.  The residents guide will be reviewed and made accessible to all residents. This will be completed by 30/01/2021.  Extra televisions have been put in place in the day rooms so that all residents can see it regardless of where they are sitting.  Access to our internal courtyard is not restricted by alarms on the door residents can freely go outside if they wish. In our Alzheimer's unit the door leading to the courtyard is opened by keypad by the staff.</p> <p>On a small number of occasions, a resident may have to wait a little while to go to bed as there are 48 residents in the nursing home. Aras Mhic Shuibhne does not provide one to one care and as a result, bedtimes can be affected by the immediate needs of other residents. However, Aras Mhic Shuibhne promotes a culture of choice for each individual resident in our care. Going forward the practice of bedtimes in Aras Mhic Shuibhne have now changed with immediate effect. Prior to the visit from Hiqa, residents promoted their own bedtime and this often resulted in many residents choosing to go to bed at the same time. The new practice that Aras Mhic Shuibhne in now engaging in enables each resident to advocate on their own behalf. Each resident is now asked individual what time they would like to go to bed at in a timely manner from 18.30 onwards as this meets the needs of the residents. Planning bedtimes has proved to be a more organized, person center approach, which enables the staff to meet the requested bedtimes of the</p>	

<p>residents. Residents in the alzheimers unit have access to the internal garden via door using a keypad which a staff member has to open.This keypad is no longer active with immediate effect.</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Management of responsive behaviors will be complete by all staff by 31/01/2021.</p> <p>Residents that require P.RN. medications alternative options would have been trialled first. A P.R.N medication is then given. All alternative options are documented. Effective from 12/10/2020.</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All staff are up to date with safeguarding training. All certs are in their files, effective from 05/12/2020</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 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.	Not Compliant	Orange	30/01/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/01/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/10/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	30/01/2021

	provide premises which conform to the matters set out in Schedule 6.			
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.	Not Compliant	Orange	30/01/2021
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	30/10/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/10/2020
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	Substantially Compliant	Yellow	30/10/2020

	control the risks identified.			
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	30/01/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, 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.	Substantially Compliant	Yellow	30/11/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/01/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and	Not Compliant	Orange	09/10/2020

	<p>effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</p>			
Regulation 34(2)	<p>The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.</p>	Not Compliant	Orange	09/10/2020
Regulation 34(3)(b)	<p>The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph</p>	Substantially Compliant	Yellow	09/10/2020

	(1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	12/10/2020
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/01/2021
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	30/01/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and	Substantially Compliant	Yellow	12/10/2020

	respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	05/12/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/01/2021
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	30/11/2020