



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

## Issued by the Chief Inspector

Name of designated centre:	St. Eunan's Nursing Home
Name of provider:	St. Eunan's Nursing and Convalescent Home Limited
Address of centre:	Rough Park, Ramelton Road, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0000392
Fieldwork ID:	MON-0036046

## About the designated centre

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

The centre is a modern purpose built one storey residential care facility that can accommodate 42 residents who need long-term, respite, convalescent and end-of-life care. Accommodation for residents is provided in 22 single rooms and 10 twin rooms. All rooms have ensuite facilities of shower, wash hand basin and toilet. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

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

Number of residents on the date of inspection:	39
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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 17 May 2022	10:00hrs to 18:00hrs	Nikhil Sureshkumar	Lead
Wednesday 18 May 2022	09:45hrs to 14:15hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

During this unannounced two-day inspection, the inspector met and spoke with several residents and visitors and spent time in communal areas to gain an insight into the residents' daily lives and experiences living in the centre. The overall feedback from residents was positive, however, the inspector found that the oversight of the service did not ensure that care and services were effectively monitored to ensure the residents received appropriate care and support in line with their needs and that residents were adequately protected in the event of a fire emergency.

On arrival, a staff member guided the inspector through the infection prevention and control measures necessary before entering the designated centre. This included a signing-in process, hand hygiene and an electronic temperature check.

Following the introductory meeting, the person deputising for the person in charge accompanied the inspector for a walk around the premises. The centre has an adequate supply of alcohol sanitisers at key locations, and staff were found performing hygiene at appropriate intervals.

A number of residents praised the service and told the inspector that 'staff are good here, I can see my visitors now, and I am delighted about the arrangements, the food served here is excellent and a variety of food is available here.' However, some of the residents who were accommodated in the twin bedrooms reported that they did not have enough privacy, especially when they were carrying out personal care activities in their bedroom. Another resident told the inspector that the day room could be busy at times, and the noise prevented them from watching their favourite evening television program. The resident did not have access to a television in their bedroom.

During the walkabout on the first day of inspection, the inspector noted that several residents did not have access to an emergency call bell located close to their beds. This was a particular concern for those residents who spent their day in their bedrooms and who, without a call bell, could not summon staff when they needed care or support. This was evidenced when on the afternoon of the first inspection day, the inspector observed one resident in bed who needed assistance to meet their personal care needs. The resident was obviously becoming distressed and had no means to call staff for help. The inspector responded and contacted the deputy person in charge to arrange assistance for the resident.

On the first day of the inspection, the inspector observed that residents were not provided with opportunities to engage in meaningful activities in line with their preferences and ability to participate. Although some residents were listening to music in the day room, the residents did not appear to be enjoying the music being played in the room. One resident told the inspector that they did not know what activities, if any, were scheduled for the day and that they were not expecting to be

invited to participate in any activities that day. Although there was an activities schedule displayed at the door of the day room, this was out of sight for most residents, and they could not easily read the information displayed.

On the second day of inspection, improvements were noted, and a number of residents came out of their bedrooms and participated in group activities, which were organised and facilitated by the activities coordinator. The atmosphere in the day room was lively and sociable. Several residents who spoke with the inspector said that they were enjoying the day and the activities provided.

There was a well-laid-out indoor garden with miniature waterfalls and seating areas. The garden was accessible to residents, and residents were supported and encouraged to go out into the garden area. Many residents said that they enjoyed spending time in the garden.

The inspector observed the residents' dining experience on the day of the inspection and noted that the food served was of high quality and attractively presented. Residents who spoke with the inspector were complimentary about the food served in the centre. The inspector saw that the meals were served in an unhurried manner and that meal times were social occasions for residents.

There was a mixture of single and twin rooms available for residents. Those residents who were accommodated in the single rooms told the inspector their rooms were comfortable and that they had sufficient space to store their personal belongings. However, the inspector observed that some of those residents who were accommodated in the twin rooms did not have access to sufficient storage space to store their personal belongings. In addition, the inspector noted that some residents in double-bedded rooms did not have privacy curtains in place between their bed spaces. The representative for the provider informed the inspector that they were in the process of replacing the privacy curtains and curtain frames which was why the curtains were not in place at all of the beds.

During the walk around, the inspector noted that dirt and dust had accumulated in several areas of the centre even after the area had been cleaned. The centre had a large footprint, and there was one cleaning staff on duty each day to clean all of the building, including 38 bedrooms.

Visiting arrangements were in line with the national guidance, and visitors were welcomed by the staff. The residents who spoke with the inspector commented they enjoyed the visits by their friends and family.

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

The inspector noted that the centre's governance and management processes did not ensure that the service was well managed to ensure good outcomes for the residents. Significant focus and effort were required to bring the designated centre into compliance with the regulations.

The centre's provider is St. Eunan's Nursing and Convalescent Home Limited. The person in charge of the centre, although rostered to work, was unavailable on the two days of inspection. The representative of the registered provider and the person deputising for the person in charge facilitated the inspection process over the two days. They informed the inspector that the person in charge was unavailable due to unplanned leave and was available on the other days in the centre. The representative of the registered provider informed the inspector that they were in the process of recruiting a new person in charge.

Although there appeared to be sufficient nursing and care staff available on the day of inspection, the inspector noted that the centre's staffing arrangement did not ensure that all of the residents received care and support in line with their assessed needs and the centre's own statement of purpose. In addition, there were not enough cleaning staff on duty to ensure that the centre was clean.

There was a complaint policy and a complaints procedure in place. However, the procedure that was being implemented at the time of the inspection did not ensure that complaints were being investigated within the time frame outlined in the complaints policy.

## Regulation 15: Staffing

The numbers and skill mix of staff were not adequate to ensure that residents' needs were met having regard to their dependency levels and the size and layout of the centre. This was evidenced by:

- There were not sufficient staff available to ensure that activities were provided in line with the planned activities schedule and as described in the designated centre's statement of purpose. Communications with the staff and a review of the staffing roster showed that one staff was allocated on alternate days to provide social care activities for 39 residents. No staff were available to provide activities on the remaining days, including weekends.
- One resident did not have their care needs attended to in a timely manner, and the inspector had to intervene to ensure that staff were found to attend to the resident.

Taking into account the size and layout of the designated centre, there were not sufficient cleaning staff on duty to ensure that appropriate cleaning and disinfection procedure were completed to a good standard.

Judgment: Not compliant

### Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles.

Judgment: Compliant

### Regulation 21: Records

The inspector found that the records were generally well maintained in the centre. These included staff files, incidents, medicine errors and complaints. Staff files contained all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider did not ensure that there were sufficient resources to provide care and services in line with the residents' assessed needs and the designated centre's statement of purpose. This is evidenced by the findings under Regulations 15 and 9.

The oversight of the service was not robust, which is evidenced by the high number of non-compliances found on this inspection that had not been identified by the centre's own audit and quality assurance processes. In addition the staffing of senior staff on the day of the inspection was not in line with the planned roster as the person in charge was not available in the centre to oversee the care and welfare of the residents.

Risk management processes did not ensure that risks were identified and addressed in a timely manner. For example:

- On the second day of inspection, the inspector observed that a spray bottle containing disinfectant was left in the day room and was unattended. This arrangement posed a risk of accidental injury to residents.
- Staff did not receive appropriate chemical safety training as identified in the centre's own risk control measures to prevent injuries.
- A resident's bed was placed close to a radiator in a double-bedded room and had no space between the radiator and the bed. This arrangement posed a risk of burn injuries occurring to the resident.



- Several residents did not have access to emergency call bells, and as a result, they were unable to call for staff assistance when they required to. This risk had not been identified and addressed by senior staff, and this resulted in poor outcomes for one resident.

Judgment: Not compliant

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

The inspector reviewed a sample of residents' contracts and found that the fees were being charged for additional services such as activities. Although the additional fees were clearly set out in the contract, the contracts did not include an opt-out clause for those residents who chose not to avail of these additional services.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The provider had not ensured that the Chief Inspector was notified of all restraints being used in the designated centre in line with the requirements of the regulation. At all times on the occasions when restraints were used, and a record of such incidents was maintained in the centre's restraint register. As a result, the inspector was not assured that the restraints were only used in the centre when the risk could not be addressed by non-restrictive means. For example, the following restrictive practices in the centre were not identified as restraints in the centre's restraint register.

- Door locks to the main door and access to outdoor areas of the centre.
- Restriction for residents to access their own supply of cigarettes in the centre.
- The use of PRN chemical restraints (medicines only taken as the need arises) for the residents in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaint procedure of the centre was not sufficiently detailed, and the wording of the complaint procedure was different from the centre's complaint policy. As a result, the complaint procedure displayed in the centre was ineffective.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, were up to date and available in the centre.

Judgment: Compliant

#### Quality and safety

The inspector found that the quality and safety of care provided to residents living in the designated centre required significant improvement to ensure that residents enjoyed a good quality of life in line with their needs and preferences for care and support.

Emergency bells were inaccessible and damaged in several bedrooms and were unavailable to residents if they wanted to use them. Following the inspection the provider confirmed that this issue had been addressed and all residents had access to emergency call bells at all times.

The provider had not sufficiently reviewed the centre's fire precautions, and as a result fire safety procedures were not adequate and did not demonstrate that staff could safely evacuate residents in the event of a fire emergency in the centre. The provider was issued with an urgent action plan to address the fire safety risks found during this inspection. The provider informed the inspector following the inspection that they have engaged with their competent person to address the non-compliances with fire precautions in the centre. However, the provider's response to the urgent action plan issued following the inspection was not satisfactory and further assurances were required to be submitted to the office of the Chief Inspector.

The centre had Infection Prevention and Control (IP&C) measures in place. However, improvements were required to ensure that the centre's infection prevention and control measures meet the national standards. This is further discussed under Regulation 27.

The centre's recruitment practices did not provide adequate assurances that the safeguarding measures that were in place adequately protected the residents from abuse. The inspector noted that a newly recruited staff was rostered to work in the centre without a Garda vetting in place. The provider informed the inspector that the member of staff was working in the centre in a training capacity under supervision of senior staff until the outcome of the Garda vetting application was

received. However the provider was informed that this was not acceptable and did not ensure that all residents were adequately protected. The provider was required to take immediate actions to address the non compliance and the inspector received satisfactory assurances on the day of inspection.

The inspector noted that the layout of one double-bedded room was not suitable to meet the needs of the residents and is further discussed under Regulation 17. Several double-bedded rooms did not have privacy curtains, whereas some rooms had partial curtains. As a result, the double-bedded rooms in the centre did not ensure privacy and dignity for the residents. In addition, several residents in double bedded rooms did not have access to television to watch their television program of choice in private. Furthermore, some residents in the double-bedded rooms did not have sufficient space to store their personal belongings.

The inspector also observed that the arrangements for storing equipment around the building did not support residents to independently and safely move around the centre.

Improvements were required to ensure that the nursing assessments of the residents were completed and contributed to the development of person-centred care plan for residents in line with the regulatory requirements. In addition, appropriate and timely referrals were not made to the allied health professionals for those residents with recurrent falls and reduced mobility. Another resident who stayed in their bed had not been attended to meet their personal care needs. The inspector had to arrange staff to prioritise the residents' care needs. As a result, the residents did not receive timely health care.

The centres' arrangements to ensure safe medication management practices were not in line with the regulatory requirements. The medicines that had been dispensed to a resident but are no longer required by that resident were not stored, segregated and disposed of in a safe and secure manner. As a result, the unused medicines were not disposed of in accordance with national legislation.

### Regulation 11: Visits

There were procedures in place to protect residents and visitors unfamiliar with public health guidelines on safe visiting. Alternative areas to residents' bedrooms were available and used to facilitate residents to meet with their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Some residents in double-bedded rooms did not have access to suitable storage

facilities to keep their personal possessions. For example:

- Some residents had to use the window sills to store personal possessions like cuddle toys and photo albums and had no space to keep their photo albums at their eye level. The inspector noted that the residents had to stick their family photos on the out layer of the wardrobes to keep them at eye level.
- One resident in a double-bedded room had no storage space to keep their television and had no access to a television in the double-bedded room. The resident's television was found on the floor near their bed.

Judgment: Substantially compliant

## Regulation 17: Premises

The layout and design of one twin bedded room were not suitable to meet the needs of the residents. For example:

- One resident who was accommodated in a twin bedroom did not have adequate space around their bed space to ensure their moving and handling needs could be met. Their bed was placed close to the wall and to another bed. This layout meant that the hoist could not be used safely to transfer the resident from bed to chair. This room was not suitable for a resident with higher dependencies.
- The layout of the room meant that when the second resident pulled their privacy curtain the second resident in the bedroom could not see out of the window.

Several residents did not have access to nurse call bell facilities which could be accessed from their bed or chair.

There were not enough handrails in residents' toilets and at hand wash basins in the residents' bedrooms.

There was not enough storage space in the centre to store equipment. For example:

- Equipment was stored in communal bathrooms and in residents' toilets, and this has affected residents' ability to independently access these facilities.
- On some occasions, equipment was stored in the sluice room, and this made it difficult for staff to access the sluice area and the hand wash facility in the sluice room.

Judgment: Not compliant

## Regulation 27: Infection control

Infection prevention and control in the centre required improvement to meet national standards and other national guidance. For example:

The centre's clinical hand washbasins did not meet the standards for clinical hand wash facilities.

Access to the hand washbasin in the sluice facility was blocked due to the storage of several waste bins.

The centre's mechanism to clean equipment was not sufficient and posed a risk of cross infection to residents and others. For example:

- There were no mechanisms to ensure that the hoist slings stored on the hoists were cleaned after each use and labelled to clearly show staff that they were ready for re-use.
- Equipment such as urinals, bedpans and hoists that were shared by residents were visibly dirty and were stored in communal areas and shared bedrooms.

Cleaning procedures including general cleaning and disinfection did not ensure that the centre was clean in all areas. This was evidenced by:

- The cleaning trolley was visibly dirty. In addition, dirty mops were stored on the cleaning trolley after the cleaning process was completed creating a risk of cross contamination.
- Dust and food debris had accumulated in several areas of the bedrooms and corridors and had not been removed during the cleaning processes.
- Some soft furniture was damaged and was not repaired which made the surfaces difficult to clean.
- There were gaps between the flooring and the skirting board in several areas of the building, and dust had accumulated in these gaps which made cleaning of floors difficult.
- Laundry practices did not follow good infection prevention and control procedures. For example the dirty linen was placed directly on the floor following bed making procedures.
- Alcohol sanitisers were decanted into the dispensers, and the centres' arrangements did not ensure that the risk of cross-contamination due to this practice of decanting alcohol sanitisers was managed.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had failed to take adequate precautions to ensure that residents could be evacuated to a place of safety in the event of a fire emergency. The centre's largest fire compartment can accommodate 12 residents, and on the day of inspection, 11 residents with high dependency needs were accommodated in this

area. Records showed that a recent simulated fire drill carried out in November 2021 with night time staffing was completed in a time of 24 minutes. This was not an acceptable evacuation time, and the risk associated with this drill record had not been identified and addressed by the provider to reduce the drill times and ensure residents could be evacuated safely.

Access to fire exit doors was partially blocked due to the storage of equipment along one corridor. This was brought to the attention of the provider and was addressed at the time of the inspection.

The inspector was not assured that the building services were maintained to protect residents in the event of a fire. For instance, correspondence issued to the provider from the local fire authority dated 18 April 2019 stated that the provider was required to ensure proper compartmentation of the building and required the provider to make a clear building layout available to staff so that staff were aware of the compartments in the event of a fire emergency. These actions had not been completed at the time of the inspection. Following the inspection, the provider undertook to engage with their competent person to address the issues required by the local fire authority.

The building layout displayed on the fire alarm panel was different from the building layout map kept in the fire register. In addition, staff who spoke with the inspector were unable to clearly identify the actual compartment boundaries in the building, which may prevent them from taking appropriate actions in the event of a fire emergency.

There was no signage outside the room where oxygen cylinders were stored to alert staff regarding this storage.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

One resident did not have a comprehensive assessment completed before and after admission into the centre. As a result, the inspector was not assured that the care plan made for the resident actually reflected their care needs.

The provider had not sufficiently reviewed residents care plan to meet their current needs. For example:

- A resident with a history of responsive behaviour did not have an appropriate care plan. In addition, changes in the residents' condition were not appropriately recorded in the progress notes, and a record of appropriate assessments was not available to substantiate the use of PRN psychotropic drugs (medicines only taken as the need arises).
- A resident who was on antimicrobial therapy had not been timely reviewed when the resident's laboratory results indicated that the microorganism was

resistant to the prescribed antibiotics. As a result, the resident did not receive the most appropriate medical treatment. There was no evidence in the resident's progress notes, drug kardex and care plan regarding the review of antimicrobial therapy.

Judgment: Substantially compliant

### Regulation 6: Health care

The personal care needs of a resident who remained in their bed during the late afternoon were not attended to until the inspector intervened when the residents appeared distressed and informed the person in charge to source staff to attend to the care needs of the resident.

Three residents with recurrent falls had not been referred to an appropriate specialist health care professional to provide specialist assessment and additional support.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

However, the inspector was not assured that all restraints in use in the designated centre were managed in line with evidence-based best practice and national guidelines. For example, the person in charge did not ensure that a record of all restraints was maintained in the centre's restraint register with clear records in relation to risk assessments and alternatives trialled before the restraints were implemented. These included;

- Door locks to the main door and access to outdoor areas of the centre.
- Restriction for residents to access their own supply of cigarettes in the centre.
- The use of as required (PRN) chemical restraints (medicines only taken as the need arises) for the residents in the centre.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider had not taken all reasonable precautions to protect the residents from abuse. For example, a newly recruited member of staff was working in the centre without a Garda Siochana vetting in place.

Judgment: Not compliant

## Regulation 9: Residents' rights

The layout of the centre's twin rooms did not ensure that the residents accommodated in those rooms could carry out personal activities in private. This was evidenced by the observation that several bedrooms had no privacy curtains in place. In addition, two residents who spoke with the inspector said they wished to have privacy curtains put back up in their bedrooms.

Some residents in the twin bedrooms did not have access to a television in their room to watch their choice of television programs in private.

Residents did not have access to meaningful activities in line with their preferences and abilities to participate because there was not sufficient staff made available to provide this aspect of the service in line with the centre's statement of purpose.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had not ensured that a pharmacist responsible for dispensing residents' medicines was facilitated to meet their obligations to the residents in line with their regulatory requirements and professional guidance. For example, the inspector noted that the centre's pharmacist had not been facilitated to visit the centre since the start of the COVID-19 pandemic. Therefore, the medicine storage procedures were not monitored by a pharmacist.

In addition, the inspector noted that unused medicine was stored in the drug trolley and was not appropriately disposed of. For example, an unused antibiotic that was no longer required for a resident was left in the drug trolley and was not segregated from the medicines that were in use for the residents.

Judgment: Substantially compliant





## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

# Compliance Plan for St. Eunan's Nursing Home OSV-0000392

Inspection ID: MON-0036046

Date of inspection: 18/05/2022

## 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:                      The provision of Activities within the statement of purpose is documented as daily, this has been reviewed , until a further activities assistant can be recruited.                      The Barthel score for allocation of staffing hours are completed monthly and reviewed as a person’s needs change, and the amount of staffing hours are in excess to the needs of the residents.                      Management are currently researching and implementing a new dependency scoring system that is more comprehensive than the modified Barthel system. Staffing levels and skill mix are being adjusted accordingly.                      A head housekeeper will be appointed to facilitate two cleaning staff in the centre daily. The head housekeeper as part of their role will implement new cleaning schedules and document the same.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:                      When a member of staff is unable to attend, their rostered shift, this is documented on the rota at the time                      As per statement of purpose in the absence of the PIC, the CDON and CNM deputize, both were present on both days of the inspection.</p> <p>Designated staff will be allocated on the floor and carry out a daily documented walk around to ensure that the areas of noncompliance are adhered to.                      Two weekly Management meetings will be carried out and documented. The registered</p>	

provider will conduct a documented monthly quality and monitoring visit, and as part of this will meet with the Director of Nursing and provide feedback. A documented monthly clinical governance meeting will be held to review clinical indicators. As part of these meetings a lessons learnt section will be documented.

A more robust auditing system will be introduced by the Director of Nursing and action plans will be completed, added to the Whole Home audit and action will be created and signed off when complete to strive for continuous improvement.

Health and safety risk assessment has been completed for staff and the current risk register has been independently reviewed by an external competent individual.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  
 The contract for provision of services will be reviewed to incorporate an opt out clause for optional services.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  
 HIQA's Guidance on promoting a care environment that is free from restrictive practices ...March 2019 was reviewed by DON and changes made accordingly.

The PIC shall provide a written report to the Chief inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of schedule 4

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The complaints procedure will be reviewed to define an appeals process.	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>On enquiry and preadmission stage, room amenities and facilities will be discussed with the potential residents and representatives. Admission to a Room will be agreed with the resident prior to admission.</p> <p>The HIQA residents questionnaire has been issued to all residents, and any concerns will be addressed as far as reasonably practical.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All residents have access to a call bell system. A new supplier has been identified to upgrade the current call bell system.</p> <p>All twin room sizes follow current HSE guidelines with greater than 1.6m between beds. The layout of the room and the needs of the residents will be evaluated and recorded in their personalized care plan to allow compliance with regulation 17 paragraph 2 and schedule 6 paragraph 3 subparagraph f and g. Residents who are currently in double rooms, satisfaction will be measured and if any reconfiguration is required this will be carried with resident involvement and documented within their care plans.</p> <p>The regulation does not state the amount of handrails required. All bedrooms and communal toilets, bathrooms except the assisted shower, have grab rails insitu, Handrails will be added to the assisted shower. Should an individual require further grab rails, this will be actioned as necessary. Within the business plan a review of grab rails will take place based</p> <p>Storage areas at the exterior of the building have been reviewed and cleared to create further space. Equipment when not in use is not being stored in communal bedrooms or residents toilets, and all equipment not in use on a daily basis has been removed from the Home. This will be monitored on the daily documented walk around. And the monthly quality and monitoring visit</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The bins in front of the sink in the sluice have been removed. Other sinks in the home comply with Health Building note 00-10.</p> <p>Cleaning hours have been reviewed and two cleaning staff will be rostered daily, Cleaning schedules have been reviewed and a head housekeeper is currently being advertised to ensure adherence with new Cleaning schedules and equipment maintenance.</p> <p>Each resident who requires a full sling for moving and handling have their own individual slings. Slings that are used for the sit to stand aid are not individual but are cleaned using sani wipes between use. Staff have been reminded to follow policy on cleaning and storage of care equipment within the home. This will be checked and documented by daily management walkaround. A disposal bin accompanies the care staff on their care rounds to ensure no dirty linen is placed on the floors.</p> <p>A risk assessment has been carried out to ensure that the dispensers are cleaned between refills.</p> <p>Floors are currently being addressed through the business plan and will continue, dining room floor was replace last year ensuring this issue was resolves and the management were aware of this in replacing the new floor.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Two further fire drills since inspection have had times of less than 9 minutes. The fire drill in November 2021 were part of a team building exercise and did not reflect the current residents or control measure in place. A fire safety engineer has been employed and has carried out a full fire risk inspection. Actions from this assessment are being carried out, and progress reports have been sent to the HIQA estate and fire inspector. The fire evacuation map have been updated to replace the correct evacuation zones. This has been communicated to all staff</p> <p>Signage has been erected on areas where O2 is stored. A secure O2 cage is being purchased.</p> <p>All requests by local fire authority after an extensive inspection dated in letter from April 2019 have been completed and a response was sent early in 2020 to ensure these were completed, ensuring compliance with local fire authority.</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>The current electronic method used for progress note writing is being extended out to all care staff, so staff will be able to write progress notes at the point of care.</p> <p>Care plans on responsive behaviors are being further developed and training put in place. PRN protocols on all medications are being individually tailored to each resident.</p> <p>Process has now changed to ensure that the clinical manager receives all lab results as far as reasonably practical. However on the occasion that the inspector mentions in the report, This was already in place and the Staff were waiting on a medical review. Dates of the GP being made aware will be documented within the care plans at the time.</p> <p>The restraint folder is being updated. Notifications will be sent to the Chief inspector quarterly.</p> <p>Every resident will have their pre admission assessment transferred onto the epicare electronic system.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Documentation will be completed to ensure staff have attended to residents needs. An hourly documented comfort check will be carried out, and checked.</p> <p>Referrals have been made to relevant professionals, documented, dates, times and outcomes.</p> <p>Allied health specialist within the HSE are not always available to see residents in nursing home and referrals to OT and other departments have been declined in the past on previous referrals, inspector was made aware of this on the day. A new service called Nursing Home Outreach has just started last April in Donegal and referrals were sent to the Clinical Nurse Specialist Gerontology Residential Care Facility Liaison.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant



<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  Challenging behaviour care plans are being developed.  Restraint register being updated to reflect alternatives trialed before restraint being used.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  Director of Nursing is responsible for recruitment going forward. A new recruitment procedure is being implemented. Administrator will assist in this process. A monthly staff file audit will be implemented.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The statement of purpose is reviewed to reflect the current activity provision until further staff can be recruited.</p> <p>Documented discussions will be held with residents in twin rooms as to how we can further assist and support them in as far as reasonably practical carry out their choice of personal activities in private.</p> <p>As per the regulations all residents have access to radio, television, newspapers and other media (streaming services and wifi)</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The pharmacist had carried out their reviews remotely as per national guidelines. Pharmacist has visited in June and carries out 4 monthly reviews. Medication that has been discontinued has be removed from the drug trolley and stored in a separate area.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	10/08/2022
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	01/09/2022

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	19/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	18/08/2022
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.	Not Compliant	Orange	10/08/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	10/08/2022

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	10/08/2022
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	10/09/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Not Compliant	Orange	04/08/2022

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	27/05/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	27/05/2022
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.	Not Compliant	Red	27/05/2022
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	10/08/2022
Regulation 29(6)	The person in	Substantially	Yellow	10/08/2022

	charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Compliant		
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	10/08/2022
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure,	Substantially Compliant	Yellow	10/08/2022

	and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.			
Regulation 34(3)(b)	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 (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	10/08/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	10/08/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	10/08/2022



	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	10/08/2022
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	10/08/2022
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	10/08/2022

	ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	10/08/2022
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	10/08/2022