



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

Issued by the Chief Inspector

Name of designated centre:	Carna Nursing and Retirement Home
Name of provider:	Teach Altranais Charna Cuideachta Neamhtheorata
Address of centre:	TEACH ALTRANAIS CARNA, Carna, Galway
Type of inspection:	Unannounced
Date of inspection:	20 September 2022
Centre ID:	OSV-0000398
Fieldwork ID:	MON-0037049

About the designated centre

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

Carna Nursing & Retirement Home is a single storey, modern, spacious, purpose built facility established in 2003 set in the Connemara village of Carna. It is located beside the sea and has view of the mountain-scape and a fishing harbour. The centre accommodates both male and female residents with nursing care needs, dementia, physical and mental care needs, respite care, convalescence and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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 20 September 2022	10:30hrs to 18:30hrs	Una Fitzgerald	Lead
Wednesday 21 September 2022	06:45hrs to 13:40hrs	Una Fitzgerald	Lead
Wednesday 21 September 2022	06:45hrs to 13:40hrs	Catherine Sweeney	Support
Tuesday 20 September 2022	10:30hrs to 18:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

During the two days of this inspection, inspectors spent time speaking with residents, and observing those residents who could not voice their opinions of the service provided to them. Inspectors spoke with over ten residents. In addition, the inspectors observed the interactions between staff and residents. Overall, the feedback from residents was poor. Residents told inspectors that there was not enough staff in the centre. While inspectors acknowledge that residents reported that staff as individuals were very kind, the residents were not happy with the number of staff on duty. When asked how this effected their lives, residents responded with examples of how they had to wait extended times to have care delivered. One resident told inspectors "I'm wasting my life here, waiting, I wait for everything". When the inspectors explored what the resident meant, the reply was given that they wait to have breakfast, wait to attend the day room and wait to have their call bell answered. This feedback was repeated from multiple residents.

Residents were observed spending extended periods of time in bed waiting to be assisted to get up for the day. One resident told the inspectors that they liked to be up early, at around 7am or 8am, but it was usually after 10am when they got up.

The residents and staff had been through a difficult time due to the COVID-19 pandemic. The residents told inspectors that they were tired of the restrictions. The residents were looking forward to returning to pre-pandemic ways. At the time of inspection, the inspectors found that there were unnecessary visiting restrictions in place. Visits were restricted and the restrictions were not risk assessed. For example, visitors were not freely permitted to enter the centre without an appointment. When visitors were allowed to enter the premises, they were permitted into the visitors room or with specific permission, to resident's bedroom. All visitors were required to have a temperature check and wear full personal protective clothing including gowns when they entered the centre.

These overly cautious restrictions had a direct negative impact on the quality of life of some residents. For example, a resident spoke about how they were "not allowed visitors" and did not feel able to challenge this instruction. The resident became visibly upset when talking about an overwhelming sense of loneliness. As previously stated, the restrictions in place, were not risk assessed and the rationale behind the restrictions was not identified. The centre has two large communal day rooms. One of the day rooms was not accessible to the residents due to inadequate levels of staffing to supervise the room. On the days of inspection, inspectors observed that the majority of residents spent their day between one communal day room and the dining room. Due to lack of space in the dining room, some residents were served their meals in the day room.

Inspectors observed residents spending extended periods of time with no social engagement. Over the two days of inspection, there was no activity scheduled and there was no staff member assigned to activities or social care due to the ongoing

staffing shortages. This meant that the only social engagement for residents was when they were receiving direct care. The staff were observed chatting with resident while bringing them from the dining room to the communal room. However, these interactions were rushed as the staff were observed to be under pressure to attend to the next resident that was waiting for assistance.

A small number of residents told inspectors that when art therapy sessions are on, they are enjoyed by all who attend. This activity is held one day a week for one hour. Outside of this activity, the residents spoken with told inspectors that the activities held were not of interest to them.

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

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors reviewed the action taken by the provider in relation to the non-compliance found on the last inspection in January 2022. Inspectors reviewed the staffing resources in the centre in the light of unsolicited information received by the Chief Inspector in respect of staffing levels and a subsequent provider assurance report in relation to staffing, submitted by the provider to the Chief inspector, since the last inspection.

The findings of this inspection were that staffing in the centre was critically low and that this was having a significant impact on the quality and safety of care being delivered to residents. In addition, inspectors found that the provider had failed to take the action committed to, within a compliance plan submitted to the Chief Inspector following the poor findings of the inspection in January 2022. Repeated non-compliance was found under;

- Regulation 15: Staffing,
- Regulation 16: Training and staff development,
- Regulation 23: Governance and Management,
- Regulation 5: Individual assessment and care plan, and
- Regulation 9: Residents rights'.

An urgent compliance plan, relating to the staffing levels in the centre, was issued to the provider during the inspection.

The governance and management of the centre was inadequate. The provider had insufficient resources to ensure the effective delivery of care, in line with the centre's statement of purpose. The staffing levels of nursing and care staff were not

adequate to meet the needs of the residents.

Teach Altranais Charna Cuideachta Neamhtheorata is the registered provider of Carna Nursing and Retirement home. The governance structure as outlined in the statement of purpose of the centre is made up of a director of nursing, who is supported by an assistant director of nursing and a general manager. At the time of inspection, there was no person in charge and no assistant director of nursing in post. Both positions were made vacant in the weeks prior to the inspection. There was a newly appointed senior nurse completing their own induction process on day one of this inspection.

The provider failed to ensure staffing levels were maintained during periods of planned leave, such as maternity or annual leave. Both nursing and care staff worked extra hours to ensure the residents remained safe. A review of the recruitment and human resources systems found that there was no staffing strategy in place.

A provider assurance report submitted by the provider in July 2022 gave a commitment to roster two nurses by day and by night. A review of the roster found that there was

- a total of three full-time nurses and two part-time nurses available to provide 24 hour nursing care, seven days per week.
- on the first day of the inspection there was one nurse on duty, allocated to delivering nursing care to 42 residents.
- there was one nurse rostered on by day and by night. Some days a second nurse would be available from 8am until 2pm, to assist with the administration of medicines. However, this support was inconsistent. For example, in the week preceding the inspection, a support nurse was available for four days per week.
- a nurse had worked a continuous 18-hour shift as there was no registered nurse made available to allow the nurse leave the centre. This was a direct risk to resident care.

The provider also gave a commitment within the assurance report that there would be no admissions to the centre until staffing levels had stabilised. A review of the directory of residents for the centre found that three residents were admitted since July 2022, further increasing the workload on staff.

The governance systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. The management systems in place were not used effectively. For example, the risk management system did not identify poor staffing levels, and therefore no appropriate controls or mitigation had been put in place. In addition, the system in place to ensure care delivery and documentation was not appropriate and did not ensure a high quality service was delivered to residents.

The systems in place to ensure records were managed in line with the regulations was poor.

Regulation 15: Staffing

The staffing level in the centre was not adequate to meet the health and social care needs of the residents or for the size and layout of the building. On day one of the inspection, there was one nurse on duty to deliver nursing care, including medication administration and all nursing care documentation, to 42 residents. This nurse was also allocated to the supervision of up to six care staff.

A review of the roster found that there was inadequate staff available to meet the needs of the residents in the centre. In addition, there was no extra capacity in the staffing numbers to cover staff on sick leave, maternity leave and annual leave. The impact of the staff shortage was evidenced by;

- residents spoken with voiced their concern in relation to the staffing levels. Residents spoken with reported having to wait a long time for care to be delivered.
- residents were observed spending extended periods of time in the dining room following their meals.
- residents could not be transferred to the day room as there was no staff available to supervise them.
- The social care needs of the residents were not met. Residents reported finding the day long, having nothing to do. There was no programme of activities available to residents over the two days of the inspection. Inspectors observed that the staff did not have time to support residents with their social care needs.
- a review of the daily care records for residents found that they did not have timely access to having a bath or a shower. Staff confirmed that showers could not always be facilitated due to lack of staffing.
- resident call bells were not always answered in a timely manner. Residents also reported that staff regularly answer their call bell to tell them that they would be back soon to attend to their request. A review of a call bell audit confirmed response times of up to nine minutes.

An urgent compliance plan was issued in relation to staffing following this inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff supervision arrangements were inadequate. Care staff could not be

appropriately supervised due to inadequate nursing staff levels. Following the last inspection in January 2022, the provider gave a commitment to put an system of induction in place to ensure that all new staff would be appropriately supervised and inducted into their roles. A review of staff files and the staffing rosters found that two newly recruited care staff had not received appropriate induction prior to commencing duty as part of the staffing numbers. The provider had failed to implement the induction system outlined in the compliance plan response following the last inspection. This is a repeated non-compliance.

Judgment: Not compliant

Regulation 21: Records

The provider had failed to take adequate measures to ensure that the system in place to record all money deposited by a resident for safekeeping included the date on which the money was deposited and returned. Inspectors found that transactions made were not clearly recorded and the records of the transactions were not held for a period of 7 years, as required under regulation 21. Residents money was stored in an envelop, in a safe. The record of any transactions was written on the envelopes. The envelopes were discarded when no longer in use, therefore the records of any transactions were lost.

Judgment: Not compliant

Regulation 23: Governance and management

The provider did not have adequate resources in place to ensure the centre was adequately staffed. Prior to this inspection, the provider had submitted a provider assurance report detailing the staffing levels required for the centre. In total, the provider identified the requirement of 336 nursing hours per week to meet the needs of the residents. Over the two days of the inspection, there was three full-time and two-part time nurses available to work 151 hours. There was no plan in place to address the immediate deficit of 185 hours per week, in the nursing levels in the centre.

The organisations structure in the centre was not clearly defined. There was no person in charge who met the requirements of the regulations. The previous person in charge had commenced a period of planned extended leave. The provider submitted notification of a proposed person in charge who did not meet the criteria, as set out in Regulation 14, Person in Charge.

The governance systems in place were poor and did not ensure that the service was

safe and effectively monitored. For example;

- The risk management system had not been updated since April 2021. Risks identified by staff and escalated to the management team were not managed in line with the centre's own risk management policy. A review of staff meeting notes found that concerns in relation to staffing were identified as a risk to residents, however, this risk was not documented as part of the risk register, controls were not put in place and the risk was not reviewed. Furthermore, the documentation of accidents and incidents that occurred in the centre were not risk rated and did not contain the detail relating to the investigation of the incident, the learning identified or the outcome of the incident.
- The systems in place to monitor the quality of care delivered were ineffective. There was clinical audits completed. However, the information collected was not analysed, and there was no quality improvement plan developed to address any deficits found in care delivery. For example, an audit of the call bell system listed the response times for each time the bell was sounded over a period of time. There was no evidence that the response times were analysed, or that other factors such as staffing levels were considered during the audit process. This meant that the information collected was not used to inform better practice, and improve the service delivery to the residents.
- The governance and management of the electronic documentation system in place was ineffective. For example, clinical information was inputted and signed for by non-clinical staff. In addition, updated care plans were entered by individuals that were not on duty and therefore could not have interacted with the resident to update the care plans.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notification of incidents, as required by Regulation 31, were not submitted to the Chief Inspector. The provider had failed to submit a notification relating to an injury that required medical treatment, and two incidents of alleged abuse.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had failed to ensure that complaints made by residents, and their families, were recorded and appropriately responded too. Inspectors found examples of complaints made by residents that were not logged in the complaints register. In addition, the inspectors were not assured that all reasonable measures

had been taken to address complaints.

Judgment: Not compliant

Quality and safety

The totality of the findings over this two day risk inspection was that poor governance and management and staffing levels had a significant impact on the quality and safety of the service provided to residents. These issues are addressed within this report under Regulation 5, Individual assessments and care plan, Regulation 11, Visiting and Regulation 9, Residents' rights.

Inspectors found that the provision of care was poor. The findings of this inspection were that the inadequate governance and management systems in place, and the continued staffing shortages, described previously, had a direct negative impact on the quality of the entire service. This poor quality was reflected in the delivery and documentation of care to residents' and in the ability to provide assurance that residents were safe in the centre. Residents voiced a dissatisfaction with the delivery of both health and social care.

The provider had failed to manage incidents and allegations of abuse, in line with regulatory requirements. Incidents were poorly documented, investigated and managed.

A review of a sample of resident records did not provide assurance that residents' needs were met, in line with professional and best practice guidelines. The inspectors found significant gaps in the nursing documentation reviewed. There was an electronic care planning system in place, which was used by the nursing staff to record the assessments, care plans and daily progress notes of all residents. A review of the nursing notes of a number of residents who were recently admitted found that there was no care plan in place to guide their care. When there was a care plan in place, inspectors found that the information documented lacked person-centred detail and was not specific to the care needs of individual residents. Daily progress notes reviewed stated that care was delivered "as per care plan", when there was no care plan in place. In one file reviewed the progress note detail entered was an exact copy of three previous entries. Inspectors were not assured that the daily progress notes or care plans was reflective of the needs of the residents.

Visiting arrangements were found to be restrictive. The restrictions in place were not underpinned by any risk assessment and, therefore, the rationale for the restrictions were not clear. Residents reported that the restrictions had a negative impact on their quality of life.

There was no facility for occupation or recreation observed by inspectors over the two days of the inspection. Residents spent long periods of time without any social

interaction. Residents could not decide where they spent their day, as some communal areas were not available to them due to lack of staff to provide supervision.

Resident meetings were held in the centre. The conclusion of the minutes reviewed highlighted that residents would like more activities and improved staffing levels. This meant that the dissatisfaction voiced by the residents, to the inspectors, had been previously reported and was known to the provider. Despite this, timely action had not been taken to address the resident's dissatisfaction.

Regulation 11: Visits

Inspectors found that visiting restrictions were in place on the day of inspection. Visiting was scheduled by appointment only at specified times. Visitors could only visit residents in their bedrooms under specific circumstances, and then only when dressed in full personal protective equipment (PPE). The restrictions and the rationale for the decisions in place were not risk assessed. In addition, residents and families spoken with were not in agreement with the restrictions in place.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' electronic care records found that the assessment of residents health, personal and social care needs were not comprehensive and did not inform the development of a care plan. This meant that the information available to care and nursing staff did not contain the detail required to deliver safe and effective care. A review of records found that;

- resident assessments of health and social care need were not always completed on admission to the centre.
- where assessments were completed, there was then no care plan developed to guide the care needs.
- care plans were not updated to reflect the changing needs of residents.
- significant changes to the overall health of residents was not reflected in their care plans.

Judgment: Not compliant

Regulation 8: Protection

Inspectors found two incidents whereby allegations of abuse had been reported to staff. Inspectors were told that the incidents had been managed and appropriate measures taken. On the days of inspection, the detail of the investigation made and any action taken as a result were not available for review.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider failed to provide the residents with facilities for occupation and recreation and for opportunities to participate in activities in accordance with their interests and abilities.

Residents were restricted in relation to where and how they spend their day as a result of inadequate staffing levels to provide supervision and support. Shower and bath times were restricted to times when staff could be available.

While residents meetings were scheduled and documented, the feedback from residents in these meetings in relation to the staffing of the service and of provision of activities was not acknowledged or responded to.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Carna Nursing and Retirement Home OSV-0000398

Inspection ID: MON-0037049

Date of inspection: 21/09/2022

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:</p> <p>1. A PIC was appointed on the 26/09/2022 and an ADON Assistant Director of Nursing (ADON) was appointed on the 20/09/2022.</p> <p>Completed September 2022.</p> <p>2. Management supervision within Carna Nursing Home is now overseen 7 days a week. The Director of Nursing (PIC), General Manager and Assistant Director of Nursing are all responsible with regard to management supervision of staff.</p> <p>Completed October 2022.</p> <p>3. The Management Team completed an immediate review and assessment of the staffing levels and skill mix of staff. At all times, 2 staff nurses in Carna Nursing Home are rostered for each shift at a minimum. At present we currently have 8 nurses and agency staff nurses covering 336 hrs / week.</p> <p>Completed October 2022.</p> <p>4. Resources including Carna Nursing Home staffing plan are discussed at the Management Team meetings. Where staffing issues are identified, this is overseen and actioned by the Registered Provider, General Manager and Director of Nursing (PIC).</p> <p>Completed October 2022.</p> <p>5. Carna Nursing Home are actively recruiting 3 staff nurses with immediate effect. Nurse recruitment has been sought from external recruitment agencies on the 06/10/2022 in order to secure full time staff nurse positions. Agency staff nurses have been utilized since the 23/10/2022 & for the foreseeable until staff vacancies are filled.</p> <p>To be completed 28th October 2022.</p>	

6. Carna Nursing Home are actively recruiting HCAs. Posts have been advertised with recruitment agencies since 06/10/2022. Carna Nursing Home have recruited 6 HCAs, 5 of whom have completed their week of induction, there is currently one finishing her induction week ending 23rd October 2022. The HCAs have been inducted through our 'buddy' system which has been utilized since 23/09/2022.

To be completed 28th October 2022.

7. Supervisory duties including supervision of communal areas are assigned to members of the care team. Each specific duty is allocated by the Director of Nursing to members of the care team. A review of the allocated duties is completed.

Completed October 2022.

8. The Day Room Assistants will undertake an assessment and survey with each resident to ascertain their feedback regarding the activities that they wish to have in the nursing home. Following assessment of the resident's preferences a schedule of activities will be developed for consistent delivery of activities that are meaningful activities.

To be completed 28th October 2022.

9. Carna Nursing Home is committed to facilitating each resident to exercise choice and to continue a lifestyle that is consistent with their previous routines, expectations and preferences and satisfies their social, cultural, language, religious and recreational interests and needs. A Recreational and Social Care plan shall be completed for all residents includes each resident specific preference. The care plan audit scheduled will incorporate a full review of Recreational and Social Care Plan to ensure that each resident is provided with the opportunity to participate in activities in accordance with their interests and capacities.

To be completed 28th October 2022.

10. A relative survey was undertaken to ascertain feedback from the residents relative regarding the suitable and appropriate activities for residents. An analysis of the feedback shall be undertaken.

To be completed 28th October 2022

11. An audit to include meaningful activities will be completed and Carna House Nursing Home will continue to rigorously monitor this area to achieve full compliance.

To be completed 28th October 2022.

12. Call bell audits are now completed weekly within Carna Nursing Home. Review and follow up actions from the call bell audit are identified and implemented. The Management Team are responsible for the completion of call bell audits.

Completed October 2022.

13. Carna Nursing Home is committed to facilitating each resident to exercise choice, residents are offered if they would like a shower/bath on a daily basis. A daily check is completed for all residents to ensure that their hygiene needs and preferences have been met.

Completed September 2022

Regulation 16: Training and staff development

Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

1. Management supervision within Carna Nursing Home is now overseen 7 days a week. The Director of Nursing, Assistant Director of Nursing and the General Manager are all responsible with regard to management supervision of the multidisciplinary teams.

Completed October 2022.

2. Supervisory duties including supervision of communal areas are assigned to members of the care team. Each specific duty is allocated by the Director of Nursing to members of the care team. A review of the allocated duties is completed by the supervisor.

Completed October 2022.

3. Carna Nursing Home have implemented the 'buddy' system – this ensures that new staff starting will get 1 week of induction in a supernumerary capacity. This is guided by an induction booklet for staff to ensure that new staff are inducted accordingly. The booklet provides information that will aid new staff members to carry out their post effectively. It is our aim to ensure that staff induction is carried out by the same person through-out the week, thus providing effective monitoring of learning.

Completed October 2022

4. Carna Nursing Home have recruited 6 HCAs, 5 of whom have completed their week of induction, there is currently one finishing her induction week ending 23rd October 2022. The HCAs have been inducted through our 'buddy' system which has been utilized since 23/09/2022.

To be Completed 28th October 2022.

5. Carna Nursing Home ensures that all staff are appropriately educated and trained and that any needs are identified and addressed. The education and training provided is

relevant to each staff member's ability to meet resident needs and improve resident's outcomes. Individual training needs are reviewed on an ongoing basis specifically at probationary reviews and annual reviews. Where deficits are identified Performance Improvement Plans will be developed and implemented by the Director of Nursing or General Manager.

Completed October 2022.

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
 1. The General Manager has now transferred the log of all present monies & valuable belongings to a book on the 07/10/22 that will be held for a period of 7 years as per regulation 21. This log of monies/belongings in and out is required to be signed by the resident if they have capacity to do so or NOK and also signed by the General Manager and staff nurse and where the General Manager is not present it is signed by both staff nurses.

Completed October 2022

2. The policy and procedure for the safe keeping of residents' personal property personal finances and possessions has been updated to reflect the current procedure.

Completed October 2022

3. Staff within Carna Nursing Home have been informed and educated of the safe keeping of residents' personal property personal finances and possessions policy update. The policy has been circulated to all staff within Carna Nursing Home to acknowledge.

Completed October 2022

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. The Management Team completed an immediate review and assessment of the staffing levels and skill mix of staff. At all times, 2 staff nurses in Carna Nursing Home are rostered for each shift at a minimum. At present we currently have 8 nurses and

agency staff nurses covering 336 hrs / week.

Completed October 2022.

2. Resources including Carna Nursing Home staffing plan are discussed at the Management Team meetings on a weekly basis. Where staffing issues are identified, this is overseen and actioned by the Registered Provider, General Manager and Director of Nursing.

Completed October 2022

3. Carna Nursing Home are actively recruiting 3 staff nurses with immediate effect. Nurse recruitment has been sought from external recruitment agencies on the 06/10/2022 in order to secure full time staff nurse positions. Agency staff nurses have been utilized since the 23/09/2022 and will continue to be utilised until advertised vacancies have been filled.

To be completed 28th October 2022.

4. Carna Nursing Home are actively recruiting HCAs. Posts have been advertised with recruitment agencies since 06/10/2022. Carna Nursing Home have recruited 6 HCAs, 5 of whom have completed their week of induction, there is currently one finishing their induction week ending 23rd October 2022. The HCAs have been inducted through our 'buddy' system which has been utilised since 23/09/2022.

To be Completed 28th October 2022.

5. A clearly defined organizational structure has been developed and implemented in Carna Nursing Home. The organizational structure of Carna Nursing Home has been reviewed and updated to reflect the recent change of personnel (PIC and ADON).

Completed September 2022

6. A PIC has been newly appointed on 26/09/22 who is in a supernumerary role & who meets the requirements of the regulation 14, Person in Charge.

Completed September 2022

7. The following policies and procedures have been prioritised by Carna Nursing Home and shall be reviewed, updated and approved by the Carna Nursing Home Management Team. Policies include:

- o Responding to Complaints policy and procedure
- o Incident Reporting – Identification, Documentation, Rectification, Review and Communication policy and procedure
- o Risk Management
- o Audit Management
- o Document Development, Review, and Approval Policy and Procedure

To be completed 28th October 2022

8. The following training based on the updated processes shall be delivered to all staff:
- o Responding to Complaints
 - o Incident Reporting – Identification, Documentation, Rectification, Review and Communication
 - o Risk Management
 - o Audit Management
 - o Document Development, Review, and Approval Policy and Procedure

To be completed 28th October 2022

9. The Audit Programme in Carna Nursing Home shall be reviewed. On completion of audits, audit results shall be trended and analyzed and actions shall be implemented. This shall be monitored by the Management Team in Carna Nursing Home on ongoing basis.

To be completed 28th October 2022 and ongoing

10. As per Regulation 23, All risks reported are trended, analysed, and discussed at the Management Team meetings. Any variances identified to be overseen and actioned by the Registered Provider, General Manager and Director of Nursing.

To be completed 28th October 2022

11. As per Regulation 23, The risks management process shall be audited in line with the Audit Programme for Carna Nursing Home.

To be completed 28th October 2022

12. A review of the Carna Nursing Home Risk Register has commenced to identify and mitigate risks with regard to Corporate Services, Service Provision and Care, and Health and Safety.

Completed October 2022

13. The ADON has been allocated supernumerary hours in order to ensure that the electronic documentation system is monitored. Non-clinical staff have been made aware that they are not to input any documentation in a clinical capacity into the electronic recording system since 20/09/22.

Completed September 2022

14. In order to ensure that staff are not logging into the electronic recording system under other staff members they were advised to change their passwords and to ensure logout after use. Carna Nursing Home shall obtain a user report on a monthly basis.

Completed October 2022

15. New quality and safety audits have been sought from an external source on

06/10/20220 which aid in analyzing the information gathered & thus helping the development of a quality improvement plan guiding safe, effective patient care. We are waiting to obtain same.

To be completed 28th October 2022

16. The ADON & PIC will provide clinical oversight to ensure that all residents assessments & care plans have been completed and are individualized and person-centered by the 28/10/2022.

To be completed 28th October 2022

17. Call bell audits will be completed weekly within Carna Nursing Home. Review and follow up actions from the call bell audit are identified and implemented. The Management Team are responsible for the completion of call bell audits.

Completed October 2022

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

1. The newly appointed PIC is aware of her requirement to notify incidents within the required regulatory framework & will notify such incidents accordingly.

Completed October 2022

2. Outstanding incidents requiring notification have been submitted

- a. NF06 – submitted on 30/09/2022
- b. NF06 – submitted on 03/10/2022
- c. NF03 – submitted on 30/09/2022

3. All incidents reported within the nursing home are notified to the Assistant Director of Nursing / Nurse in Charge and communicated to the Director of Nursing as required. The Director of Nursing and in their absence, the Assistant Director of Nursing are responsible for ensuring all notifications are submitted within the required time frame.

Completed October 2022

4. Audits on the incident management procedure to be completed on a regular basis as part of Carna Nursing Home's audit programme and quality improvement plans put in place for any non-conformances.

To be completed 28th October 2022

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>1. The complaints procedure has been reviewed, updated and approved.</p> <p>Completed October 2022</p> <p>2. Responding to complaints training based on the updated processes was delivered to all staff.</p> <p>Completed October 2022</p> <p>3. All complaints reported are trended, analysed, and discussed at the Management Team meetings on a monthly basis. Any variances identified to be overseen and actioned by the Registered Provider, General Manager and Director of Nursing.</p> <p>Completed October 2022</p> <p>4. Audits on the complaints procedure to be completed on a regular basis as part of Carna Nursing Home's audit programme and quality improvement plans put in place for any non-conformances.</p> <p>To be completed 28th October 2022</p> <p>5. Lessons learned will continue to be formally provided to staff through ongoing communication and scheduled multi-disciplinary care and support team meetings, where a complaint or issue of concern is received.</p> <p>Completed October 2022 & ongoing</p> <p>6. The PIC, GM & ADON are visible & accessible to residents ensuring that have an opportunity to discuss any issues, concerns or suggestions. As visiting is now no longer restricted relatives have greater access to staff and management to discuss any issues, concerns or suggestions they also may have.</p> <p>7. Carna Nursing Home have reminded staff, residents & relatives to make suggestions in the suggestion box.</p> <p>Completed October 2022</p>	

Regulation 11: Visits	Not Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:

1. Our visiting policy has been updated on 04/10/22 to comply with the most recent guidance on visiting in nursing homes. All residents & relatives have been informed of current open-door policy. Appointments are no longer required. We have risk assessed the requirement for wearing of facemasks during visits and temperature check on arrival.

Completed October 2022

2. Visiting policy and procedure has been updated on 04/10/22 to comply with the most recent guidance on visiting in nursing homes (Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities, HSE 2022). Appointments are no longer required. This reviewed and approved policy and procedure was communicated to all staff.

Completed October 2022

3. Risk assessments were carried out on the wearing of facemasks during visits and temperature checks on arrival.

Completed October 2022

4. All residents & relatives have been informed of current open-door policy via email and post.

Completed October 2022

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. Nurses have been educated on how to electronically record comprehensive resident records. The ADON has completed a nurse's education session for nurses to ensure they are educated on where to record and update residents care. This session is scheduled for 20/10/22. The ADON is also responsible for oversight of care-plans & assessment to ensure that their health, personal & social needs are met.

This training discussed in detail the Care Planning Cycle, including:

- a. Assessment
- b. Diagnosis
- c. Planning
- d. Implementation
- e. Evaluation

To be completed 20th October 2022

2. An external source has been contacted to avail of a careplan audit to ensure clinical oversight in relation to same. Monthly specific assessment and care plan audits, for example, pain management, wound management, and positive behavioural support to be completed by ADON as part of the nursing home's audit programme. Quality improvement plans put in place for any non-conformances.

To be completed 28th October 2022

3. An informal staff nurses meeting was held and nurses were informed that assessments & care-plans need to be implemented within 48hours of admission, a formal staff nurses meeting is scheduled for 20/10/20.

To be completed 20th October 2022

4. Nurse allocation of resident care-plans has been revised on the 28/09/22 to ensure that nurses knew whose care plans specifically they were responsible for, nurses were informed that if any change occurred in resident care then they were too responsible to alter same in resident care plans.

Completed October 2022

5. Nurses have been made aware of the importance of care-plans and their necessity to guide resident care in the nursing home. The ADON has met with all staff nurses and guided them on how to accurately develop, review & evaluate care plans in order to guide safe & effective resident care.

Completed October 2022

6. As per Regulation 23, a review of all individual residents' observations, assessments and care plans has commenced. The focus of this review is to ensure the highest quality of care outcomes for all residents.

Completed October 2022 & ongoing

7. A weekly resident assessment and care planning report is extracted from the resident electronic management system to ensure there are no overdue residents' assessment or care plan review and evaluations.

Completed October 2022

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Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

1. The two allegations of abuse specified were investigated by the Director of Nursing & measures were put in place to safeguard residents from abuse. Both incidents were reported to HIQA as NF06's on the 30/09/22 & 03/10/22. Action taken has been documented. Further such incidents will be recorded & reported to HIQA accordingly.

Completed September & October 2022.

2. Carna Nursing shall review and update the Management of Notifications Policy and Procedure.

To be completed 28th October 2022.

3. Detection and prevention of and response to abuse training to be delivered to all staff.

To be completed 28th October 2022.

4. Safeguarding and Protection audits to be completed on a regular basis as part of the nursing home's audit programme and quality improvement plans put in place for any non-conformances.

To be completed 28th October 2022.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The Day Room Assistants have undertaken an assessment and survey with each resident to ascertain their feedback regarding the activities that they wish to have in the nursing home. Following assessment of the resident's preferences a schedule of activities will be developed for consistent delivery of activities that are meaningful activities Care staff will undertake training on the delivery of meaningful activities for residents specific to the residents' preferences and to increase the availability of one-to-one meaningful activities.

To be completed 28th October 2022.

2. Carna Nursing Home is committed to facilitating each resident to exercise choice and to continue a lifestyle that is consistent with their previous routines, expectations and

preferences and satisfies their social, cultural, language, religious and recreational interests and needs. A Recreational and Social Care plan shall be completed for all residents includes each resident specific preference. The care plan audit scheduled will incorporate a full review of Recreational and Social Care Plan to ensure that each resident is provided with the opportunity to participate in activities in accordance with their interests and capacities.

To be completed 28th October 2022.

3. The two dayrooms are now currently operating daily. An activity schedule has been developed on a Monday to Sunday basis, both dayrooms are operating off different schedules.

Completed October 2022.

4. Actions shall be identified from Resident Committee Meetings. A copy of the actions identified from resident committee meetings and resident feedback shall be made available to the residents. The Management Team are responsible for completion of actions.

To be completed 28th October 2022.

5. Carna Nursing Home is committed to facilitating each resident to exercise choice, residents are offered if they would like a shower on a daily basis. A daily check is completed for all residents to ensure that their hygiene needs and preferences have been met.

Completed September 2022

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Not Compliant	Orange	31/10/2022
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	Red	26/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff	Not Compliant	Orange	28/10/2022

	are appropriately supervised.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/10/2022
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Not Compliant	Orange	31/10/2022
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.	Not Compliant	Orange	28/10/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Not Compliant	Orange	28/10/2022

	all areas of care provision.			
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	28/10/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	28/10/2022
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	28/10/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure	Not Compliant	Orange	28/10/2022

	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.			
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.	Not Compliant	Orange	28/10/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	28/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Not Compliant	Orange	28/10/2022

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	28/10/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	28/10/2022
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.	Not Compliant	Orange	28/10/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the	Not Compliant	Orange	28/10/2022

	designated centre concerned.			
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