



# 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 Charna, Cuideachta Neamhtheoranta, Carna, Connemara, Galway
Type of inspection:	Unannounced
Date of inspection:	24 February 2023
Centre ID:	OSV-0000398
Fieldwork ID:	MON-0038820

## 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 disability, respite care, convalescence and palliative care.

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

Number of residents on the date of inspection:	45
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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
Friday 24 February 2023	10:00hrs to 19:30hrs	Una Fitzgerald	Lead
Friday 24 February 2023	10:00hrs to 19:30hrs	Claire McGinley	Support

## What residents told us and what inspectors observed

Residents living in Carna Nursing and Retirement Home received a satisfactory standard of care from a team of staff who knew their individual needs and preferences. Residents told the inspectors that they felt at home living in the centre and one resident told inspectors that they "loved living in the centre". Residents were aware of ongoing staffing challenges and noted that the increase in the number of healthcare staff on duty delivering the direct care had been welcomed. The majority of residents spoken with were satisfied with the length of time it took to have their call bells answered. Residents clarified that when care could not be provided at the time the bell was initially answered, staff did return in a timely manner to provide assistance.

The inspectors were met by the person in charge on arrival to the centre. Following an introductory meeting, the inspectors walked through the premises with the person in charge. There was a calm and welcoming atmosphere in the centre throughout the inspection. In the morning, residents were observed relaxing and watching television in the communal day rooms. Staff were observed to provide continuous supervision in communal areas and were observed to be attentive to residents needs such as providing snacks and refreshments. Residents were observed walking independently along corridors and staff greeted them by name when passing. Inspectors spoke with some residents in their bedrooms who expressed satisfaction with the care they received and described the staff as very friendly and always up for a bit of "banter".

The design and layout of the centre supported the needs of the residents to move freely and safely. The corridors were spacious and there were handrails to support residents to mobilise freely. The building was warm and well ventilated. There was adequate natural and artificial light throughout the centre. Most residents spent their day in the main communal day room and a small number of residents chose to remain in their bedrooms. Residents' bedrooms were personalised with ornaments, family photos and personal items of significance. Residents had adequate storage available in their bedrooms for personal items. A review of the privacy screening in some double bedrooms was required as the inspectors found that the screening was poorly configured which meant that privacy could not be guaranteed.

Residents spoke about the daily activities. Overall the feedback was positive. Residents could attend religious ceremonies and mass was held on the day of inspection.

Residents told the inspectors that they knew the management team well and would not hesitate to bring a concern or complaint to the attention of the management team with confidence that the issue would be resolved. Residents told inspectors that their choice was respected with regard to the time they got up from bed and frequency of showers. Residents appeared well groomed.

The residents dining experience was observed to be a pleasant, relaxed and sociable occasion for residents who were able to sit at the dining tables. However, inspectors observed that residents who required specialised seating were all sitting together in a tight corner of the dining room. This observation was not conducive to an enjoyable dining experience and was highlighted to the person in charge during the inspection. Residents told the inspectors that they were satisfied with the quality and quantity of food they received at mealtimes and confirmed the availability of snacks and refreshments at their request. Inspectors observed that meals were freshly prepared and were appetising in appearance.

Inspectors spent time observing the interactions between residents and staff and observed that staff engaged with residents in a kind, respectful and caring manner. Staff were observed spending time with residents in their bedrooms chatting. Inspectors overheard polite conversation about local and national news and discussions on family visits. The communal sitting rooms are located at opposite ends of the corridor from the communal dining room. Inspectors observed that residents that were able to mobilise with assistance between rooms were actively encouraged to avail of the exercise. Throughout the day, the inspectors observed the staff walking with residents, chatting in a free and easy manner about topics of interest to them. The inspectors observed that the residents were not rushed.

The inspectors spent time observing residents with dementia and their engagement with staff. While none of the residents met with were able to tell the inspector their views on the quality and safety of the service, the inspector observed that the residents were relaxed. The communal rooms were supervised by staff.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service being provided to residents.

## Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- ensure the changes implemented following a risk inspection in September 2022 were maintained.
- follow up on the actions taken by the provider to address issues of non-compliance found during an inspection of the centre in October 2022 in relation to the governance and management of the centre.
- review an application for renewal of the registration of the centre.

Teach Altranais Charna Cuideachta Neamhtheorata is the registered provider of

Carna Nursing and Retirement home. Inspectors found that a compliance plan, submitted to the Chief Inspector following the last inspection in October 2022, was not fully implemented. While inspectors found that the person in charge was committed to a programme of quality improvement to enhance and improve the daily lives of the residents, the implementation of this programme was impacted by insufficient management support. A review of the daily roster of the centre found that due to a continued shortage of staff nurses, nursing management were supporting the service by delivering direct nursing care. This reduced the amount of time available for oversight and supervision of the service. For example, clinical and environmental auditing of the service had temporarily ceased as a result of a requirement for the assistant director of nursing to provide direct nursing care to residents which impacted on the governance, oversight and nursing supervision of the care provided to residents. The impact of these findings are discussed throughout the report.

Inspectors had found significant issues of non-compliance on a risk inspection in September 2022. A follow up inspection in October 2022 found that some action was taken to address the non-compliances. This action included the recruitment of health care assistants, and the rostering of two staff nurses, day and night in the centre. These actions were found to have a significant impact on the safety and care of the residents in the centre. However, the findings of this inspection were that, although staffing levels had been maintained, the governance and management of the service remained poor.

The overall findings of this inspection were that significant action continued to be required in the governance and management of the service provided to residents. An urgent compliance plan response was issued in relation to the findings under Regulation 28; Fire precautions. Inspectors found that ineffective systems of monitoring and oversight resulted in repeated substantial non-compliance or non-compliance under;

- Regulation 15, Staffing,
- Regulation 21, Records,
- Regulation 23, Governance and management,
- Regulation 5, Individual resident assessment and care plan.

In addition to the repeated non compliance's named above, inspectors found that the following regulations were either substantial non-compliance or not-compliance on this inspection;

- Regulation 3 Statement of purpose,
- Regulation 6, Healthcare,
- Regulation 16, Training and staff development,
- Regulation 27, Infection control,
- Regulation 28, Fire precautions.

Significant non-compliance with Regulation 23, Governance and Management, were identified during the last two inspections of the centre in September 2022 and October 2022 where the provider had failed to ensure adequate staffing levels in the

centre and had failed to have a staffing strategy in place to address this gap. Following engagement with the office of the Chief Inspector of Social Services, the provider gave assurances that the necessary action would be taken to comply with the regulations. While the inspectors found that on the day of inspection there were sufficient staff on duty to deliver the direct care, the overall finding from this inspection were that there remained a significant shortfall in the number and availability of registered nurses required to continuously staff the centre. For example; only 162 hours of the 336 hours required per week are covered by the centres own staff. This meant that agency staff were covering the shortfall of 174 hours per week. The inspectors acknowledge that the centre is utilising agency to ensure the rosters are complete. However, the provider did not present a clear time-bound staffing strategy to have sufficient nurses in place or no effective risk management systems in place to manage the risk.

The organisational structure of the centre remained unchanged since the last inspection of October 2022. The commitment given by the provider to have an assistant director of nursing on duty in a supervisory role for 29 hours a week to support the Person in Charge was not in place since January 2023. The assistant director of nursing was working two night shifts as the nurse on duty and one eight hour supervisory day shift per week. Inspectors found that this lack of support had impacted on the supervision of the quality and safety of the service. The management systems to monitor the quality and safety of the service provided included a schedule of audits. Inspectors reviewed a sample of completed clinical audits and found that the current audit tools in use were not effective in supporting the management team to identify risks. Following the last inspection, the provider had committed to engage with an external company to provide support in the completion of audits. However, up to the date of this inspection, minimal action was taken. Inspectors found that audits were poorly completed and were not effective in identifying risk and developing appropriate action plans to address any identified issues. For example, the audit on call bell response times was a list of the response times only. The audit did not identify if care was attended to at the time the bell was activated or if the resident was told the staff will return at a later time. Therefore, an effective or appropriate quality improvement plan could not be developed.

The centre risk management policy detailed the management systems that should be in place for the oversight and monitoring of risk in the centre. As part of the risk management policy, a risk register to record all potential risks to resident's safety and welfare was required to be maintained. On the day of inspection, the management team in the centre could not clarify when asked who had responsibility to maintain the risk register and ensure it was updated with the biggest risk in the centre. Therefore, the effectiveness of controls in place to mitigate risks could not be measured or evaluated. This was evidenced by;

- the risk associated with the over reliance of agency staff were not recorded on the risk register,
- the risk associated with the significant gaps in staff training,
- Inspectors were informed that all new residents were required to remain in isolation for one week post admission. Inspectors requested to review the risk



assessment on the rationale behind this decision as it was not in line with the national guidelines. No risk assessment had been completed and the management on site on the day of inspection could not clarify why residents were required to remain in isolation despite having no symptoms of the virus and having received a negative COVID-19 test. This direction was an unnecessary restriction that had a negative impact on the residents.

Governance and management meetings had been held in October, November and December 2022. There was evidence that staffing challenges were discussed among the management team. However, records did not evidence that quality improvement plans were under development where deficits in the service were identified. In addition, records stated that staff training was in date. Therefore, it was not recognised that a significant number of staff did not have appropriate training in fire precautions, safeguarding, and manual handling practices. Some staff spoken with did not demonstrate appropriate levels of knowledge in what actions to take on the sounding of the fire alarm, or in the event of a fire.

The system in place to supervise staff was not effective. For example; inspectors observed poor practice in relation to manual handling practices on the day of inspection.

Inspectors reviewed the system of record management in the centre. The centre utilises an electronic documentation system to record all resident care plans. Poor practices identified on the last two inspections were again found on this inspection. For example; resident daily progress note entries were an exact copy of previous entries. Staff personnel files reviewed did not contain all of the information required by Schedule 2 of the regulations.

Notifiable events, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required by the regulations.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

#### Regulation 15: Staffing

While on the day of inspection there were sufficient staff on duty, insufficient progress had been made following the last inspection to sustain effective staffing numbers. Planned rosters could not be fully completed due to lack of availability of registered nurses. There continued to be inadequate registered nurses employed to

allow for two nurses on duty 24 hours a day.

Inspectors acknowledge that there was ongoing recruitment in progress. However, there was no clear staffing strategy in place to provide assurance that the centre could be safely staffed on an on-going basis. This is a repeated non-compliance from the last two inspections.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The training matrix that captures the training provided was reviewed and evidenced a lack of appropriate staff training. For example, gaps in the training records on annual fire training, the management of responsive behaviours, manual handling practices and safeguarding of vulnerable adults.

The redirection of the assistant director of nursing hours to nursing duties resulted in inadequate supervision of staff. For example:

- poor manual handling practices observed on the day of inspection that were not in line with professional guidance.
- Supervision of induction for agency staff - untrained staff were inducting staff on fire evacuation procedures
- Supervision of nurse documentation was poor. This was evidenced by duplicated entries in the residents care records.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Staff personnel files reviewed did not contain all of the information required by Schedule 2 of the regulations. For example; evidence of a person's identity,

documentary evidence of relevant qualifications and written references.

Continued poor practices in relation to resident records. This is a repeated non-compliance from the September and October 2022 inspections.

Judgment: Not compliant

## Regulation 22: Insurance

The provider had ensured a contract of insurance against injury to residents was in place.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had failed to ensure there was staffing resources in place to support the person in charge. The centre required a minimum of 336 hours per week of nursing hours. At the time of inspection, 162 of these required hours were worked by Carna Nursing and Retirement Home staff, with the remaining 174 hours being completed by agency staff.

This lack of staffing resource resulted in the requirement of the assistant director of nursing filling vacant nursing shifts, impacting on their role and responsibility in terms of management supervision and oversight.

Inspectors found that systems that would ensure that the service delivered to residents is safe and effectively monitored were inadequate and that insufficient progress had been made following the last two inspections of September 2022 and October 2022. This was evidenced by;

- Poor monitoring of fire safety procedures. An urgent action plan was issued, following the inspection, due to the findings which are discussed in detail under Regulation 28; Fire precautions.
- Significant gaps in the training and supervision of staff.
- Poor oversight of the quality of nursing documentation. For example, incomplete information in the resident's care plan and nursing documentation.
- Inadequate oversight of records management. For example, staff files did not contain the information required under Regulation 21; Records.
- The provider had failed to implement the last compliance plan submitted following the October 2022 inspection. For example

- The assistant director of nursing role has been redirected into the direct provision of care with only one day of supervisory hours supporting the person in charge.
- The risk register was not updated and reviewed on an ongoing basis. On the day of inspection, clarity could not be given as to who had responsibility for the updating of the risk register.
- the commitment to source an external provider to provide support and aid implementation of policies and procedures and audits was not in place.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the information set out in Schedule 1 of the regulations. However, an updated version was requested as the detail specific for the arrangements made for dealing with complaints and how residents access independent advocacy services was not accurate.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspectors found that the interactions between residents and staff was kind and respectful throughout the inspection. Residents were satisfied with the quality of care they received and staff were observed to respond to residents requests for assistance in a timely manner. Nonetheless, inspectors found that non-compliance in relation to fire safety was a risk and impacted on residents' safety. Further action was also required to ensure compliance with Regulation 5; Individual assessments and care plans and Regulation 6; Healthcare.

Inspectors reviewed the documentation that supports the monitoring of fire safety in

the centre. Fire equipment such as fire extinguishers had been inspected by a competent person. However, the documentation that evidences the completion of fire drills did not provide assurances. The scenario created was not outlined. There was no detail of the size of the compartment evacuated. The management could not confirm what was the largest compartment of the centre. The number of staff that participated in the drill was not outlined. There was no detail of any lessons learnt or areas that require improvement. Staff spoken with were not clear on what action to take in the event of the fire alarm being activated. Inspectors cross referenced this information with the training records and found that only three registered nurses had received their annual fire safety training. This risk is further compounded by the fact that it was the nurses responsibility to ensure fire safety orientation to the agency staff when working night duty. Inspectors requested a record of the fire safety information given to agency staff prior to their duty, however, this information was not available to review.

Inspectors found that the daily direct care delivered to residents was of a satisfactory standard. Inspectors acknowledged that staff were knowledgeable with regard to resident's individual care needs and preferences. However, a review of the electronic document system identified incomplete information in residents assessments and care plan records. For example, information pertinent to guiding person-centred care was not evident in some care plans reviewed. Care plan reviews had not been consistently completed, in line with the requirements of the regulations.

A review of residents' records found that there was regular on site medical reviews occurring in the centre. Arrangements were in place for residents to access the services of allied health and social care professionals. However, there was evidence that advice received from external allied healthcare professionals was not sought in a timely manner specific to nutritional assessment. In addition, a review of a residents wound documentation found that recommendations had not been implemented.

There was adequate supplies of personal protective equipment available to staff and wall mounted hand sanitisers were placed throughout the centre and at the point of care. Areas occupied by residents, such as communal dayrooms and bedrooms, were clean on inspection. The findings identified non-compliance with regard to the oversight of infection prevention and control practices and were indicative of a lack of a robust infection prevention and control monitoring and auditing system. Further oversight of infection prevention and control was required and is further discussed under Regulation 27; Infection control.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings held in November 2022 evidenced that following the previous inspection, residents were consulted about the activities held, the satisfaction with the food served and the provision of laundry services. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were available.

<b>Regulation 11: Visits</b>
The registered provider had ensured that visiting arrangements were in place and were not restricted.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The centre is purpose built and the design and layout was appropriate to meet the needs of the residents living in the centre.
Judgment: Compliant
<b>Regulation 27: Infection control</b>
<p>The provider had failed to implement adequate infection prevention and control procedures consistent with the national standards for infection prevention and control in community services published by the authority. This was evidenced by;</p> <ul style="list-style-type: none"> <li>• Residents shared manual handling slings. This poses a risk of cross infection</li> <li>• Resident equipment that was stored away as ready for use was not visibly clean</li> <li>• Cleaning solutions on cleaning trolleys were not labeled or dated.</li> <li>• Clinical waste bins were used without the use of appropriate bin liners.</li> </ul> <p>Residents were routinely isolated for seven days on transfer or admission to the centre, which was not in line with infection prevention and control guidance. As previously stated, this practice was not risk rated.</p>
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
Fire precautions did not meet regulation requirements and posed a high risk for

residents. This was evidenced by;

- Staff that have responsibility for the evacuation of the centre in the event of a fire did not have training.
- Untrained staff had responsibility to orientate agency staff on actions to take on the sounding of the fire alarm. Management could not confirm what information is provided
- Staff responses to what action they would take on the sounding of the fire alarm were inconsistent and did not provide assurance.
- Fire drills lack detail and did not provide sufficient detail to provide assurances that residents could be safely evacuated in the event of a fire.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Care plans did not meet the requirements of the regulations. For example

- A resident had been admitted eight days and did not have a care plan in place.
- A care plan for a resident with a chronic medical condition did not contain assessment-based information required to guide the care of the resident. This poor care plan documentation increased the risk to residents when agency staff were on duty delivering nursing care.
- Manual handling assessments completed did not reflect the resident's current condition and had not been updated since November 2021.
- Residents with observed bedrails in use did not have a completed risk assessment identifying the rationale for their use.

Judgment: Substantially compliant

### Regulation 6: Health care

Inspectors found that timely referrals were not made to ensure best outcomes for the residents. Appropriate action was not taken for residents who were assessed at being at risk of malnutrition. For example; three residents that were assessed as high risk of malnutrition in December 2022 had not been referred for specialist review until February 2023. Staff confirmed that weekly weights were not recorded for January 2023.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

A privacy screening for residents in double bedrooms was not appropriate. When screens were pulled they did not ensure that privacy of the residents was guaranteed. The design and layout meant that when the screens were in use, one resident had no option but to go behind the pulled screens of the second resident when entering the bathroom or on exiting the bedroom.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	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 9: Residents' rights	Substantially compliant

# Compliance Plan for Carna Nursing and Retirement Home OSV-0000398

Inspection ID: MON-0038820

Date of inspection: 24/02/2023

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Carna Nursing &amp; Retirement Home are continuing to actively recruit staff nurses for full time positions. Nursing agencies continue to be utilized to complete the nursing roster. Nursing positions for Carna Nursing Home are advertised on local papers &amp; online recruitment agencies. At present we are in contact with an agency that recruits from abroad and we have sought to employ 3 nurses to work on a full-time basis, this process continues at present. Since the previous inspection we have been able to recruit three new nurses with a WTE total of 2.7.</p> <p>Carna Nursing &amp; Retirement Home continues to use agency staff to fulfil the requirement of 336 nursing hours per week in the interim. We also continue to use agency staff from the same recruitment agencies to provide continuity of care for our residents. COMPLETED &amp; ONGOING: 14/04/2023</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff are now fully trained in fire training and on fire evacuation procedures. All staff are now competent to adequately induct agency staff on such procedures. COMPLETED: 02/03/2023</p> <p>A date was scheduled for manual handling &amp; CPR, all staff that required training were invited to attend, those that were not available not attend will be prioritized for the next scheduled training practical. A date is to be discussed with the external trainer to ensure</p>	

that new staff and current staff are up to date in CPR & Manual handling promptly.

TO BE COMPLETED: 10/04/23

All staff currently employed in Carna Nursing Home have now completed mandatory training in:

- Safeguarding of vulnerable adults
- Responding to behaviors that are challenging for staff and clients
- Best Practice in Infection Control in Residential Care Facilities
- End of Life Care

At present a new date is being organized for new staff members to comply with mandatory training requirements including Fire Training.

COMPLETED: 31/03/23

The assistant director of nursing is now working in a supernumerary capacity and is responsible for the supervision of staff on the floor.

COMPLETED: 06/03/2023

The assistant director of nursing's role is to supervise nurse documentation to ensure that there are no duplicate entries in the resident's care records and that assessments and care plans correlate & are recorded within the given timeframe.

COMPLETED: 03/04/2023

Regulation 21: Records

Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records: All staff personnel files have been reviewed & contain all the required information necessary to comply schedule 2 of the regulations to include evidence of person's identity, documentary evidence of relevant qualifications & written references.

COMPLETED: 31/03/2023

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The ADON is now working in a supernumerary capacity of a WTE of 0.8 to ensure safe & effective monitoring systems are in place. Her role is to have oversight and monitor care-

plans, assessments, and observation of work practices on the floor.

COMPLETED: 06/03/23

All mandatory training has now been completed for almost all staff, any staff that requires training and was unavailable to attend recent training days will be prioritized for the next upcoming training sessions.

COMPLETED & ONGOING: 31/03/23

The general manager has sought administration assistance to ensure that all staff files are up to date with the relevant documentation required to comply with regulation 21: records. The general manager is responsible for oversight of all staff files.

COMPLETED: 03/04/23

The general manager is responsible for ensuring that operational risks are in place and that they are updated and reviewed as required. The proprietor, DON & the general manager are all responsible for certain aspects of the risk register, each are aware of their own responsibility.

COMPLETED: 31/03/23

We have been able to source an external provider who will be able to help with audits and the implementation of policies and procedures.

ONGOING: 06/03/23

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

An updated version of the statement of purpose was submitted with changes made and recorded accurately to reflect who the person is that will carry out an independent review of a complaint if required. The statement of purpose was also amended to include accurate resident's independent advocacy services.

COMPLETED: 06/03/2023

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Residents' equipment that is stored away is cleaned & stored after every use & staff are reminded of infection prevention & control procedures relating to storing & cleaning of same.

ONGOING: 27/02/2023

A meeting was held by the general manger with the domestic staff on the 30/03/23. This meeting included the importance of ensuring that all cleaning solutions on the cleaning trolleys are labelled and dated daily & that all clinical waste bins in use have the appropriate bin liner in place and that they are promptly changed when required.

COMPLETED: 30/03/2023

A deep clean of the domestic store & sluice room was completed on the 08/03/23, this is now maintained by the domestic staff daily. A checklist sheet is now in place in both the sluice room & domestic room to ensure compliance with same.

COMPLETED: 03/03/2023

An order has been placed for manual handling slings and individual bath slings for those that require them to reduce the risk of cross infection.

COMPLETED: 03/04/2023

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff training was organized to include suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. This training has taken place on the 02/03/2023. The training was carried out by an accredited tutor. All staff nurses and carers who work for Carna Nursing & Retirement Home are now up to date with mandatory fire training.

COMPLETED: 02/03/2023

All agency staff are inducted by the staff nurse on duty and are informed of fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes and location of fire alarm call points that are relevant to Carna Nursing & Retirement Home. A renewed fire training checklist has been formed and signed by agency staff nurses. This is completed alongside a staff nurse who has completed fire training specific to Carna Nursing & Retirement Home.

ONGOING FROM: 02/03/2023

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:  The ADON has recommenced her post in a supernumerary capacity, this ensures clear oversight on resident care plans and assessments in Carna Nursing Home including those of new admissions. All staff nurses are reminded that assessments and care plans are to be initiated and in place within 48 hours of admission. Resident care plans are to be specific, detailed &amp; clear to thoroughly guide all staff included in the care process to ensure that care provided is safe and person centered. Manual handling assessments are renewed in the resident's room in addition to the online assessment being conducted and completed. All residents on admission are to have a restraint assessment completed within 48hours of admission to determine if restraints are required for safety purposes while residing in Carna Nursing &amp; Retirement Home.  COMPLETED: 26/03/2023</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  ADON is now in a supernumerary capacity to assist the DON in ensuring that timely referrals are made to all allied health professionals.  COMPLETED: 03/03/2023</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Since inspection we have reviewed our privacy screening for our residents in the double bedrooms. We acknowledge that the design &amp; layout of our screens when in use were not sufficient. We are now currently in the process of changing our screening systems so that privacy is maintained for both residents sharing a double room.  ONGOING: 30/04/2023</p>	





## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	14/04/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	02/03/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	06/03/2023
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	Not Compliant	Orange	31/03/2023

	and are available for inspection by the Chief Inspector.			
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	06/03/2023
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	06/03/2023
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	03/04/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre	Not Compliant	Red	03/03/2023

	to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	02/03/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	06/03/2023

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	26/03/2023
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.	Substantially Compliant	Yellow	26/03/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 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.	Substantially Compliant	Yellow	26/03/2023
Regulation 6(1)	The registered	Substantially	Yellow	03/03/2023

	<p>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.</p>	Compliant		
Regulation 6(2)(c)	<p>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.</p>	Substantially Compliant	Yellow	03/03/2023
Regulation 9(3)(b)	<p>A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.</p>	Substantially Compliant	Yellow	30/04/2023