



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

Issued by the Chief Inspector

Name of designated centre:	Nenagh Manor Nursing Home
Name of provider:	Foxberry Limited
Address of centre:	Yewston, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	19 August 2020
Centre ID:	OSV-0000422
Fieldwork ID:	MON-0029822

About the designated centre

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

Nenagh Manor nursing home is located a short walking distance of the town of Nenagh. It is set out over three levels and provides 24 hour nursing care. It can accommodate 50 residents over the age of 18 years and includes a dementia specific unit which accommodates 10 residents. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining rooms, day rooms, conservatory, hairdressing room and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in single and twin rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 August 2020	09:30hrs to 16:30hrs	Mary Costelloe	Lead
Thursday 20 August 2020	09:00hrs to 13:30hrs	Mary Costelloe	Lead
Wednesday 19 August 2020	09:30hrs to 16:30hrs	Brid McGoldrick	Support
Thursday 20 August 2020	09:00hrs to 13:30hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

The inspectors spoke with approximately 10 residents during the days of the inspection. The general feedback from residents was one of satisfaction with the care and service provided.

Because of the COVID-19 pandemic, the normal routine and schedules of the centre had been disrupted by the restrictions in place. This had resulted in residents spending extended periods of time in their bedrooms. Resident's reported that the group activities programme and visits from the local priest had been suspended. Residents stated while they missed these activities and group interactions they stated that they understood the reasons why they had not been taking place. They hoped that the regular group activities including mass and planned day outings would take place soon again.

Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. They told inspectors that staff visited them in their bedrooms to have chats about the pandemic and provide up-to-date information to reduce their anxieties and help them feel comfortable. They spoke about how staff had supported them to keep in contact and communicate with their families and friends through the use of telephones and a variety of media applications. Residents reported that they could raise issues if they had a concern.

Residents spoken with were satisfied with the care received. Residents told inspectors that they had not found living through all the recent restrictions too bad and were very thankful to staff who had cared for them well throughout the COVID-19 pandemic. Residents reported feeling safe in the centre.

Residents spoken with reported that they were lucky to have lots of staff who were very good to oblige and could get them anything that they wanted. Residents spoke highly of all staff and stated that they had a wonderful matron. The observation and interaction between residents and staff was positive, engaging, patient and kind.

Residents were happy with the choice of food offered. Inspectors observed that residents were offered a choice at mealtimes and menu boards were displayed. The inspectors observed some residents having breakfast which was nicely presented with a variety of juices, fresh fruit, cereal and yogurt.

Residents told inspectors that they were happy and comfortable in their rooms. Residents were actively encouraged to personalise their bedrooms. Inspectors observed that there were televisions in all bedrooms and many of the residents had personalised their bedrooms with family photographs, ornaments and plants.

During the inspection the inspectors observed that the activities coordinator on duty

visited residents in their bedrooms and assisted some with their hair styles. A game of bingo was observed taking place with a small group of residents in the main day room with appropriate social distancing in place. Some residents were observed to visit and have chats with one another in their bedrooms.

Residents said that they were supported to go outside for walks. Residents told inspectors that they enjoyed going for walks and spending time outside during the fine weather. Residents had access to well maintained enclosed garden areas which were accessible.

Inspectors observed that the main day and dining room which were two interconnecting rooms had been reconfigured since the start of the pandemic. This large room was now being used only by five residents who could sit and dine while maintaining social distance. Half of the room which had been in use as the dining room for residents was now being used by staff to facilitate handover and staff breaks. Staff informed the inspectors that they were using this room as their staff room was too small to facilitate social distancing.

Capacity and capability

This inspection was a short notice announced monitoring inspection conducted over two days. The inspection was carried out

- following an application to the Chief Inspector to renew registration of the centre
- to follow up on issues raised on the last inspection
- to review infection prevention and control measures in light of the COVID-19 pandemic.

The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents. This centre had a good history of compliance with the regulations in the past with the exception of fire safety and risk management identified during the last two inspections. The provider had since carried out extensive works to address these physical fire safety concerns.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Foxberry Ltd. The centre is part of a group of nursing homes. The senior governance and management structure is made up of the registered provider representative, an operations and compliance manager, facilities manager, human

resource and finance managers. They provided support to the person in charge who managed the day to day operation of the centre. The person in charge was also supported by the assistant director of nursing, two clinical nurse managers, nurses, care staff, activities coordinators, catering, housekeeping, laundry and maintenance staff.

The person in charge worked full time in the centre, the assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The registered provider representative regularly attended the centre and met with residents and staff.

The nursing management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They were positive in attitude and demonstrated a willingness to comply with the regulations.

A documented Covid-19 emergency plan was in place and the risk register has been updated to reflect risks associated with the pandemic. The emergency management team had established links with the public health team and Health Service Executive (HSE) lead for their area. The management team had appointed a family/visiting liaison person to ensure that families were kept informed and updated.

The team had identified an area for isolation and cohorting of residents. The area located on the lower ground floor could accommodate six residents in four single and one twin bedroom. The single bedrooms had ensuite toilet and shower facilities. Toilet and shower facilities were available across the corridor from the twin bedroom. A separate entrance area, staff changing and staff toilet facilities had been identified.

The inspectors acknowledged that residents and staff living and working in centre has been through a challenging time. One resident had tested positive for COVID-19 in April 2020 following the testing of all residents. The person in charge outlined to inspectors how in line with the centres contingency plan, this resident was transferred and accommodated in the designated isolation area, separate staff were allocated to care for the resident and strict adherence to infection prevention and control guidelines were implemented. The resident in question did not have any symptoms and the virus had no negative impact on their health. To date they have been successful in ensuring that all other residents remained free of COVID-19. All residents that are transferred from the acute setting and all new admissions are kept in isolation for 14 days as part of the risk management processes in place to minimise spread of the virus.

There were no residents or staff with a diagnosis or presenting with symptoms of COVID-19 on the day of inspection. Weekly testing of staff for COVID-19 had been taking place. Staff had recently received training in the taking of swabs so that testing and results could be expedited.

Cautionary signage was seen throughout the centre. Up to date training had been

provided to all staff in infection control, hand hygiene, in donning and doffing of personal protective equipment (PPE) including the use and misuse of face masks.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. Staff files including the files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Inspectors assessed a total of 15 regulations, eight were found to be compliant and seven found to be substantially compliant.

Some improvements were required under the following regulations Regulation 15: Staffing, Regulation 27: Infection control and Regulation 6: Health care, Regulation 21: Records, Regulation 11: Visits and Regulation 9: Residents rights.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She was observed to have a strong presence within the centre and was committed to providing a good service. She demonstrated good clinical knowledge and knew the individual needs of each resident. The assistant director of nursing deputised in her absence.

Judgment: Compliant

Regulation 15: Staffing

On the days of inspection staffing levels and skill-mix were sufficient to meet the assessed needs of 42 residents, with the exception of housekeeping staff.

The number of care staff had recently reduced and therefore the current number of care staff did not accurately reflect that described in the statement of purpose. The person in charge advised that recruitment of additional care staff was on-going.

The person in charge undertook to ensure that staffing levels would be kept under constant review, taking into account the dependency of residents, the evacuation needs of residents and the care needs of residents.

The impact of a shortage of cleaning staff was apparent on the days of the inspection. There were two cleaners on duty Monday to Friday from 8.00 to 15.45 and one cleaner on duty at weekends. This centre is a large building set out over three floors. Inspectors found that parts of the building including vacant bedrooms and some equipment for use by residents such as shower chairs were visibly dirty. Inspectors had concerns that the entire centre and equipment could not be cleaned to the standard required during a COVID-19 pandemic by the current number of cleaners on a daily basis.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff, including recently recruited staff, had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control, hand hygiene and the management of responsive behaviours. Training completed also included falls prevention, end of life care and person centered dementia care. All nursing staff had completed medicines management training and some nurses had completed training on the pronouncement of death.

Inspectors observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner.

All staff had received up-to-date training in safeguarding vulnerable adults and had an An Garda Síochána (police) Vetting certificate on file.

Inspectors observed that some residents records were stored insecurely in the attic storage area. The person in charge advised that these were old records and had been moved while awaiting shredding.

While the person in charge and nursing staff confirmed that all residents were being monitored on a daily basis for symptoms of COVID-19, there were no systems in place to record or evidence that these checks were being carried out.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents. Substantial physical improvements required in relation to fire safety identified during the previous two inspections had been addressed.

The person in charge confirmed that the senior management team were very supportive and available for advice at any time.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. As a result the ethos of person-centred care was evident in staff practices and attitudes. Regular audits and analysis were carried out in areas such as medicines management, infection prevention and control, incidents including falls. The results of audits and areas for improvement were discussed at the monthly governance team meetings along with clinical audits, dependency levels of residents, staff training and self assessment against the National Standards for Residential Care Settings for Older People in Ireland. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

A report on the quality and safety of care of residents in the nursing home had been documented for 2019-2020 which included an improvement plan. Feedback from residents committee meetings, resident surveys, training needs analysis, reviews of incidents and complaints along with assessment of performance against the National Standards were used to inform the annual review of the safety and quality of care.

The management team now need to review areas where some improvements were required under the following regulations Regulation 15: Staffing, Regulation 27: Infection control and Regulation 6: Health care, Regulation 21: Records, Regulation 11: Visits and Regulation 9: Residents rights.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose dated 27 May 2020 submitted with the application to renew registration required updating to reflect the current number of care staff employed and to reflect the reduced numbers of residents that can be accommodated in bedrooms 53,54,57 and 58. An updated statement of purpose dated 21 August 2020 was submitted following the inspection.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. Many residents still remained in their bedrooms, visitor restrictions were in place, there was minimal group activities or religious ceremonies taking place in-house.

Staff have been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. Resident observations were monitored daily, as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Infection control practices were of a good standard and the inspectors saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre.

Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed indicated that residents needs had been assessed using validated tools and that up-to-date care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspectors provided good assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care

plans. Care plans were individualised, person centred and generally informative.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Allegations of abuse in the past had been investigated and managed in line with the safeguarding policy.

Residents finances were managed in a clear and transparent manner. The provider had systems in place to ensure that pensions collected on behalf of residents were in line with Department of Social Protection guidelines.

The building was set out over three floors with accommodation for residents provided on all floors. Bedroom accommodation is offered in single and twin rooms. Some bedrooms on the second floor are only suitable for more independent residents as outlined in the centres statement of purpose. The centre was well maintained, spacious, bright and nicely decorated. There was a variety of communal day spaces, including dining rooms, day rooms, conservatories, smoking room and residents had access to secure landscaped secure garden areas. There was a lift provided between floors which allowed residents to independently access each floor.

Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. There was a sign with a word and a picture for bathrooms, toilets, dining rooms, day rooms and gardens. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

Residents had access to advocacy services and information regarding their rights. Information and contact details of the advocacy services manager were displayed in the centre.

Following the previous two inspections, extensive works had been carried out to the building to ensure that the physical fire safety concerns had been substantially addressed.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. The person in charge confirmed that only ambulant residents were accommodated in bedrooms 53,54,57 and 58 due to their location on the first floor. Fire drills simulating both day and night time scenarios had taken place regularly and learning outcomes had been documented. Records of further fire drills undertaken were submitted following the inspection which provided assurances that residents could be evacuated in a timely manner. The importance of ongoing fire safety management in the centre was discussed with the person in charge, in particular the need to continuously manage the dependency level of residents in each compartment to ensure safe, effective and timely evacuation of residents and the need to continuously strive to improve and reduce evacuation times from compartments.

Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic the centre had been closed to visitors in accordance with national guidance from 06 March 2020.

Visiting restrictions had been eased in the centre during June 2020 in line with the guidance and recommendations from the Health Protection Surveillance Centre - *COVID-19 Guidance on visitations to Residential Care Facilities V1.1 21.07.2020*. Visiting had been facilitated in the conservatory area which was observed to be appropriate to accommodate social distancing. Visits were by appointment only and the appointed visiting liaison person facilitated residents to arrange visits from family members.

However, restrictions had been put in place again on the 8 August 2020 based on public health advice according to the management team because of the close proximity of the centre to the counties of Laois, Offaly and Kildare where restrictions had been put in place due to an increase in the number of COVID-19 infections.

At the time of the inspection, there were no visitors allowed except in exceptional circumstances such as visits would be facilitated to allow a family member sit with a resident in receipt of end of life care.

The management team now need to review the visiting arrangements in line with the latest guidance *COVID-19 Guidance on visitation to residential care facilities V1.2 24.8.2020* to reflect the importance of visiting for residents.

Judgment: Substantially compliant

Regulation 17: Premises

The premises comprised a home set out over three floors including a separate 10-bed dementia focused unit on the lower ground floor. Issues identified at previous inspections in relation to the four three bedded rooms on the first floor had been addressed. These four rooms had been reconfigured to provide four twin bedrooms.

The premises were well maintained and nicely decorated. There was a good variety of communal day space such as dining and day rooms, smoking room, conservatory and visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. Additional seating was provided in the hallways and alcoves.

Access to and from the dementia focused care unit was secure. The physical environment was designed in a way that was consistent with the design principles of dementia-specific care units. A conservatory was also provided. Each resident had their own bedroom, which were individually decorated and attractive. Colour, lighting and cues were used to assist with perceptual difficulties and orient residents. For example, bedroom doors were brightly coloured, and colour and signage was used to assist residents to locate toilet facilities independently. The corridors were wide and bright and allowed for freedom of movement. The unit was well-maintained and pleasantly decorated with colourful art work on the walls that had been created by residents. Residents had direct access to a secure pleasant outdoor space.

There was a new call bell system which had been recently installed. A lift was provided between floors. Handrails were provided in circulation areas and on stairways and grab rails were provided in bath, shower and toilet areas. The flooring was in good repair throughout the centre.

Inspectors noted that on day one of the inspection, the hot water supply to some wash hand basins was found to be tepid. The temperature of the water was inadequate to ensure effective hand washing in line with infection prevention and control guidance. This was brought to the attention of the person in charge who arranged to have the hot water thermostats reviewed by the maintenance person. This issue was resolved on day two of the inspection.

Judgment: Compliant

Regulation 26: Risk management

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and contingency plans were in place in the event of an emergency or the centre having to be evacuated.

- A comprehensive risk management policy including clinical governance was in place and guided practice in the centre. The clinical governance committee led by the person in charge had responsibility for overseeing risk in the centre.
- Systems were in place to review and update the centres risk register.
- The management team had developed a COVID-19 preparedness plan to assist them in the preparing for and managing of a potential outbreak.
- The person in charge continued to assess residents in relation to their mobility and evacuation needs prior to offering accommodation in the second floor bedrooms.
- There were detailed reports and reflections completed on all incidents which included key findings, recommendations and actions required. Regular reviews of health and safety issues including all incidents and falls were carried out and they were discussed at the clinical governance team meetings
- All residents had a personal emergency evacuation plan (PEEP) documented

which outlined their individual evacuation needs.

- The call bell system in place had recently been upgraded in all rooms throughout the centre which facilitated residents to alert staff if they required assistance.
- Certificates were in place for servicing of equipment.
- Cleaning and disinfection of cold water tanks took place annually. Recent water test results dated June 2020 indicated that Legionella was not detected in the supply.

Judgment: Compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. All staff in the centre had completed infection prevention and control training. Staff knowledge of infection prevention and control was good. Nursing management supervised staff to ensure that training was implemented in practice.

Nursing management staff guided the inspectors through the infection prevention and control measures necessary on entering the centre to ensure the safety of all persons in the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness or otherwise, shoe coverings, hand hygiene, face covering and temperature checks.

On the days of inspection there were ample supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up to date guidance on it's use. All staff were observed to be wearing surgical face masks as per the relevant guidance.

Inspectors observed there was appropriate signage in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate. Alcohol gel dispensers were observed to be available and in use throughout the building. Inspectors observed good hand hygiene practices on the days of the inspection. Daily observations of hand hygiene were carried out by the nursing management team with good compliance indicated.

There was a separate staff changing area, staff changed into their uniforms prior to commencing and leaving work in the centre. The inspector observed that the uniform policy was being adhered to.

Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

The management team had identified a zone that would be used for the cohorting of residents in the event of an outbreak of COVID-19. A separate entrance area, staff changing and staff toilet facilities had been identified for use by staff

who would be specifically allocated to care for residents in this area.

Contracts were in place for the suitable disposal of clinical waste. There were adequate supplies of clinical waste bins as well as storage facilities available.

The action plan from a recent environmental infection control audit had identified a number of improvements were required. These actions together with improvements identified by inspectors on the days of inspection required attention.

- Some equipment for use by residents such as shower chairs were not clean.
- The waste outlets from a number of showers were not clean
- Some vacant bedrooms were not visibly clean with dust noted on surfaces.
- The arrangements for the segregation and flow of clean and soiled laundry in the laundry room required review to minimise the risk cross contamination.
- The floor to the laundry room was defective and required to be replaced as it could not be effectively cleaned and decontaminated.
- There was no separate refrigerator available to store specimens.
There was no suitable area identified for preparing medicines.
- There was a lack of clinical wash hand basins on corridors and adjacent to nurses stations.
- Soiled laundry was being stored in bags on the laundry trolleys located in the communal day areas.
- Some bed linen was found to be worn and needed to be replaced.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was a fire safety policy and strategy in place. There was evidence of daily, weekly and monthly fire safety checks being carried out. All fire exits were observed to be free of any obstructions. Staff had received ongoing fire safety training which included evacuation and use of equipment. A fire alarm system with repeater panels on each floor had been installed and recently serviced in June 2020. The fire equipment had been serviced in December 2019. Fire plans were displayed throughout the building. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents files and also nursing documentation which was maintained on a computerised nurse documentation system. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents.

Each resident's needs were assessed on admission and at regular intervals thereafter. Inspectors reviewed the care plans of a number of residents including end of life care, wound care, residents in isolation, at high risk of falls and with restraint measures in place. Care plans were maintained under regular review, and the sample reviewed by the inspectors provided good assurances that a high standard of nursing care was provided to the residents. The care plans of current residents were up to date and contained all of the information required to guide care.

There was evidence that residents and their relatives were involved in the development and review of care plans.

Judgment: Compliant

Regulation 6: Health care

During the recent COVID-19 pandemic, general practitioners (GPs) had been providing a service remotely and advised staff over the phone. This included remote prescribing of medicines. Inspectors reviewed the files of residents and found that the nursing team had communicated with GPs by telephone and medications were prescribed and administered to ensure that residents needs were appropriately managed.

Residents had a choice of GPs and inspectors noted that most GP's were now visiting the centre and having face to face consultations with residents, however, there were a number of residents including a resident who had been admitted to the centre on the 5 August 2020 who had not been provided with timely access to medical review.

Residents had access to allied health services and visits by health care professionals including physiotherapist, chiropodist and speech and language (SALT) had resumed at the time of inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding training was in place for all staff and all new staff had undergone satisfactory Garda Vetting. The person in charge confirmed that all staff and persons

who provided services to residents had Garda Vetting in place.

The provider acted as a pension agent on behalf of a small number of residents. Pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines. Small amounts of money and valuables were kept for safe keeping on behalf of some residents. Inspectors were satisfied that residents money was managed in a clear and transparent manner, with two signatures recorded for all transactions. All residents had a secure lockable storage area in their bedroom should they wish to store valuables securely.

Residents had access to advocacy services. An advocacy manager was appointed, the contact details of whom were displayed in prominent places around the centre.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Inspectors spent time observing residents and staff engagement. The inspectors found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. However, many residents spoken with wished for more normal routines to return such as the programme of activities including religious activities, day trips and visits from family.

The inspectors noted that the privacy and dignity of residents was well respected by staff. All residents had single or twin bedrooms, many with en suite toilet and shower facilities. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

CCTV cameras had been installed since the previous inspection. Signage indicating the use of CCTV cameras was located at the front entrance area advising that images were being monitored for the purpose of crime and public safety. However, the location of CCTV cameras in all of the communal dining and sitting areas compromised the privacy and dignity of residents using these areas. There was inadequate signage in these areas and no policy available to clearly outline the rationale for its use.

Four three bedded rooms on the second floor had been reconfigured to provide four twin bedrooms which greatly enhanced the privacy and dignity of residents accommodated in these rooms. The inspectors noted that a two meter space could be maintained between beds and residents had adequate space to carry out personal activities in private. Two of these bedrooms 54 and 57 had ensuite shower and toilet facilities. However, the shower room used by residents of the other two bedrooms 53 and 58 was located a distance away(25 walking steps approximately) and potentially impacted on these residents' privacy and dignity. This was discussed with the registered provider representative. On the second day of the inspection the facilities manager showed the inspectors draft plans which included two new assisted shower rooms adjacent to bedrooms 53,54,57,and 58 which they proposed to provide in order to address the issue.

Residents had access to information and news, daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones, SKYPE and video calls to keep in contact with friends and family particularly when the visiting restrictions were in place.

Residents' religious rights continued to be facilitated during the pandemic. While the local priest had not visited since the start of the pandemic, residents were facilitated to view religious ceremonies on the televisions.

There were two activities coordinators employed, however, the usual activities programme had been suspended since the start of the pandemic. On the days of inspection, there was one activities coordinator on duty. Inspectors observed that she visited individual residents in their bedrooms and also facilitated bingo with a small group of residents in the day room.

Residents continued to be kept informed and consulted in the running of the centre. There were regular resident and relatives meetings, minutes of meetings were recorded. The inspectors reviewed the minutes of a recent meeting held in June 2020. Issues discussed included an update on COVID-19, staff changes, menus, laundry, fire safety management and how group activities were being replaced by increased 1:1 visits.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Nenagh Manor Nursing Home OSV-0000422

Inspection ID: MON-0029822

Date of inspection: 20/08/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There will now be two cleaners allocated at the weekend to ensure all areas of the home and equipment used by residents are cleaned to a standard during a COVID 19 pandemic. A recruitment process is underway.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Notes that required shredding are now stored in a secure locked area. Staff record daily observations and symptom checks for each resident on the residents daily notes section of their care plan. The PIC and the group Clinical Governance Team complete regular reviews to ensure compliance.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Management team comprising of the RPR team and home PIC met following this inspection and staffing, Infection Control, Health Care, Records Management and Visits and Residents Rights were all reviewed to ensure the home would be in compliance.	

Staffing level are reviewed with the PIC on a two weekly basis to ensure level meet the required needs of the residents. The PIC completes an infection control audit review and it is over seen by the RPR team. Audits continue in all areas of the residents care plans and daily notes to ensure compliance. All residents' records are correctly stored. Visits to the home are reviewed in conjunction with the HPSC guidance documents latest version, V1.3 26th September 20. Our dedicated resident Advocate meets with residents and relatives on a regular basis to ensure all residents rights are upheld and that residents are happy and safe in the home.

--	--

Regulation 11: Visits	Substantially Compliant
-----------------------	-------------------------

Outline how you are going to come into compliance with Regulation 11: Visits:
 The PIC and RPR team continue to review the visiting policy using the Guidance on visitations to RCF V1.0 5TH June 20, with effect from the 15th June 2020, V1.1 on the 21st July 20 and V1.2 on the 24th August 20 V1.3 26th September 20. Our visiting Policy updates are communicated to all residents and their families.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 27: Infection control:
 Since the inspection a deep clean of the following areas has taken place, all equipment used by residents, waste outlets in showers, all vacant bedrooms are cleaned on daily basis. Bedlinen that appeared worn has been replaced. The arrangements for the flow and segregation of clean and soiled linen is in place to minimize the risk of cross infection. Flooring to be replaced in the laundry room. Dedicated fridge for specimens now in place. Area identified in drug room for medicine preparation. Additional hand sanitising units will be put in place.

Regulation 6: Health care	Substantially Compliant
---------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 6: Health care:
 Each admission to the nursing home is planned. The PIC will liaise with the nominated Resident GP and ensure a review with the GP within 72 hours of admission. Each

resident GP is requested to review their residents every 3 months. The PIC will endeavor through the GP review Audit that this remains in compliance.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Through the residents meeting held since the inspection changes to the home routine and access to activities has improved.

The use of CCTV and location of the cameras was reviewed and signage is now in place to indicate the location. CCTV review of footage can only be accessed on foot of a serious incident occurring and permission must be sought from the RPR team prior to review. This is to ensure there is no compromise of the privacy and dignity of the residents. RPR team have approved a policy on the use of CCTV to clearly outline the rationale for its use.

The RPR team have submitted an outline plan for the provision of two wet rooms each incorporating a shower, toilet and wash hand basin for the top floor adjacent to bedrooms 53, 54, 57 & 58 which will better meet the needs of the residents located in this area. We have engaged an architectural practice to review the structural implications of these modifications and devise a construction drawing and a schedule of works for this refurbishment.

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(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	05/10/2020
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	09/11/2020
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	05/10/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	05/10/2020

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	05/01/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	05/10/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Substantially Compliant	Yellow	30/04/2021

	personal activities in private.			
--	------------------------------------	--	--	--