



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

## Issued by the Chief Inspector

Name of designated centre:	Powdermill Nursing Home & Care Centre
Name of provider:	JCP Powdermill Care Centre Limited
Address of centre:	Gunpowdermills, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	02 November 2021
Centre ID:	OSV-0004456
Fieldwork ID:	MON-0034016

## About the designated centre

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

Powdermill Nursing Home and Care Centre is located close to the town of Ballincollig, which is approximately nine kilometres west of Cork city. It is a two storey premises with resident' accommodation on the ground and first floors. The upper floor can be accessed by both stairs and lift. Bedroom accommodation on the ground floor comprises 19 single bedrooms, one twin bedroom and three triple bedrooms. Bedroom accommodation on the first floor comprises four single bedrooms and two triple bedrooms. The centre offers 24 hour nursing care to both long term and respite residents that are predominantly over the age of 65 years.

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

Number of residents on the date of inspection:	35
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 2 November 2021	09:15hrs to 17:30hrs	Mary O'Mahony	Lead
Tuesday 2 November 2021	09:15hrs to 17:30hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

Residents who resided in Powdermill Nursing Home told inspectors that they were happy living in the centre and they felt that their rights were respected. Overall, residents were very complementary about the staff caring for them stating that they were very kind, pleasant and nice. One resident said they "would not accept a million pounds to leave the centre". Inspectors spoke with all residents throughout the day and with eight residents in more detail. In addition, inspectors met with three visitors who had scheduled and unscheduled visits. Residents told inspectors that staff always answered the call bells when they rang and that they were treated very well. Inspectors spoke with one resident who had been a nurse in her youth. She said that her close relative had a good experience in the centre which informed her own decision to live there. They spoke positively with inspectors about how they spent their days and they were seen to be happily occupied throughout the inspection day.

Inspectors arrived unannounced to the centre at 9.15am, and were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the senior nurse and the person in charge, inspectors were accompanied on a tour of the premises. The person in charge explained that the centre had been divided into two distinct, separately staffed zones to promote better infection control, which had prevented the spread of infection. At this time residents were observed in their rooms having breakfast in one of the two dining rooms or sitting in the conservatory area which looked out over the sport pitches in Ballincollig. Matches were played there throughout the day and residents told inspectors that they enjoyed seeing the players and the crowds at the matches. They felt they had "a front row seat". Residents said they were happy with the central location of the centre within a short distance from the village, which was convenient for visitors and for shopping trips. Inspectors observed that there were sufficient staff on duty to attend to residents' needs. In particular, there was a dedicated staff member on duty to ensure that the dining room experience was nice for residents. This had a positive impact on residents' care as inspectors observed that requests were attended to in a timely manner and there was time for social conversation with residents. Residents expressed their satisfaction with this approach and it was apparent that their preferences were known to staff. In relation to infection control, throughout the day staff were seen to wash their hands frequently, to use the hand sanitising gel appropriately and to wear personal protective equipment (PPE) such as masks, in the correct manner.

Residents told inspectors it was great to have free access to the outdoors to one of the nicely planted garden areas on both sides of the centre. The smoking shelter was located outside the door at the end of the front hallway and inspectors observed residents using this door to access the gardens. Inspectors reviewed records of residents' meetings which showed that residents were encouraged to go

outside, weather permitting. Bedroom accommodation was laid out over two floors, with the upstairs rooms used to accommodate the more mobile residents, for safety reasons. Inspectors saw that 25 of the 29 bedrooms had en suite facilities which supported residents' rights to privacy and independence. Each bedroom was seen to be personalised with photographs, pictures, books and small items of furniture, with the help of family and staff. Daily newspapers were available and were seen to be read throughout the day. Residents said that the centre felt 'homely' and they enjoyed the company of other residents in the various sitting and dining rooms. One resident told the inspector, "the care is wonderful", while another said that the "staff are so friendly and nice". A socially distanced group were seen to play a few games of bingo, board games and quiz during the inspection. Residents spoke with inspectors about the hairdressing service which had resumed following the initial restrictions. They were relieved that this had returned and they looked very well groomed as a result. There was a new beauty salon on the grounds which residents used for nail therapy and other beauty treatment. Residents spoke positively about this initiative and said they enjoyed the one to one attention during these treatments.

Documentation relating to residents' survey results and residents' meetings were reviewed. This indicated a high level of satisfaction with the management team, the staff and all aspects of care. Minutes of residents' meetings and copies of the monthly newsletter demonstrated that a wide range of issues, including the COVID-19 risks, were discussed at the meetings, as well as news from the community. Residents said that they were encouraged to maintain communication with family members throughout the visiting restrictions and were delighted to be able to meet their visitors in person again. Some residents said they were grateful for mobile phones, Skype and other technology which helped them to stay in contact with their families during the restrictions. Visitors were seen to be appropriately risk assessed on entering the centre. Those spoken with praised staff, the management team and the accommodation. One relative said that she was happy with all aspects of the care and the effective communication with staff.

The meals were nicely presented with choice available to residents. Their food preferences were known to staff and requests were recorded in the minutes of meetings. A review of these records indicated that the catering team addressed areas for improvement as identified by residents such as suggestions regarding food choice and meal times. The provider had provided a new kitchenette in the second sitting room which staff said was very convenient, as they could make a cup of tea for residents or relatives whenever they choose. Inspectors saw that the lunch and dessert served during the inspection appeared appetising and plentiful. Residents spoken with confirmed that food portions were generous and snacks were available between meals and at night time.

Inspectors were informed, and also saw that there had been ongoing improvements to the premises and the external grounds. The centre was clean and generally appeared to be in a good state of repair and decoration. Since the previous inspection a number of improvement had been made and flooring had been replaced in parts of the centre. However, inspectors saw that some furniture still had exposed wood, particularly the cupboards under sinks. The person in charge

told the inspectors they had planned a continuing redecoration of the centre including, repairs to cupboards and painting in the areas where wear and tear had occurred. Inspectors highlighted the importance of having furniture surfaces which could be effectively cleaned in line with infection control guidance.

Residents said that staff were supportive and they were thankful for the kind and respectful care they received. Residents informed inspectors that there was attentive medical care available and they felt safe in the centre. Residents spoke about the daily events which kept them occupied. They enjoyed the recent Halloween events and they were excited about upcoming Christmas celebrations. Inspectors saw that there was a varied activity schedule which included balance classes with the physiotherapist, pamper days, music, games and sensory activities aimed to address the needs of people with dementia. There was detailed information available in the care plans in relation to residents' previous lifestyles and hobbies to guide staff when planning the activity schedule. Residents told inspectors they were informed about the daily activities and could choose whether to attend or not. There were three enthusiastic staff members in the centre who shared the role of activity coordinator. Inspectors observed that residents had good levels of social contact and they were heard to engage and take part in the banter and fun generated by the activities.

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

## Capacity and capability

On this inspection, the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The management team had been proactive in responding to findings on previous inspections. Inspectors saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in regulatory notifications, as well as in premises, healthcare, fire safety, medicines and infection control, some of which are addressed under the quality and safety dimension of the report.

Powdermill Nursing home is operated by JPC Powdermill Care Centre Limited. There are two directors in the company who are involved in management of the centre. There is a clearly defined management structure in place with clear lines of authority and accountability. At operational level, support was provided by one director of the company representing the provider, who was present in the centre five days of the week. This member of staff also held the role of person in charge. She was found to be knowledgeable of the responsibilities of the role. She was supported in the delivery of care by senior nurses and a healthcare team, as well as household,

catering and administration staff. There are also two senior staff members operating as persons participating in the management of the centre, namely the general manager and the operations manager. Staff told the inspector that they were facilitated to communicate regularly with management personnel and were aware of their obligations in relation to safeguarding of residents.

There was evidence that regular governance, management and staff meetings took place, where topics such as risk, human resources, COVID-19, complaints and incidents were discussed. Records of these meetings were reviewed which demonstrated a clear, comprehensive exchange of important information. Clinical governance meetings were documented also and the senior nursing team were seen to attend these along with the full management team. Inspectors met with a number of senior staff nurses who were part of the management team. They were found to be knowledgeable and capable. The staff members spoken with demonstrated knowledge of the regulations and standards for the sector and had been assigned management duties to support the person in charge.

A quality management system, which included reviews and audits, was in place to ensure that the service provided was safe and effective. The recording and investigation of incidents and complaints included an assessment of learning and a revision of practice, where necessary. Resources had been made available for a plentiful supply of good quality PPE, the provision of external changing rooms and two external visitor pods. These additions as well as increased staffing levels at night provided an optimal response to the outbreak risk and prevention in the future.

The annual review was available. A number of actions had been completed and an action plan for the remaining items was in place. Due to the pandemic some items had been understandably delayed. However, a clear plan was evident.

Records required to be available for inspection purposes were generally well maintained and easily accessible. A sample of four staff files viewed by inspectors contained the required documents set out in Schedule 2 of the regulations for the sector. An Garda Síochána (Irish Police) vetting (GV) was in place for all staff and the person in charge provided assurance that all staff members had the required GV in place prior to commencing their role.

## Regulation 14: Persons in charge

The person in charge worked full time in the centre. She engaged in continued professional development and held the required management qualifications.

Judgment: Compliant



## Regulation 15: Staffing

On the day of inspection the staffing levels in place were sufficient to meet the needs of residents. Following the previous inspection two nursing staff were rostered to work at night which extended a high level of care and supervision to residents at night-time. This practice also ensured optimal care in the prevention of cross infection and the maintenance of a high level of supervision in a centre where there was a diverse layout over two floors.

Judgment: Compliant

## Regulation 16: Training and staff development

There was evidence that newly recruited staff had received an induction which included fire safety training. Comprehensive documentation was available on staff files confirming the provision and understanding of this training. Annual appraisals were undertaken for staff.

A comprehensive training matrix was maintained and this indicated that a range of appropriate training was undertaken by staff. Safeguarding training, fire training and moving and handling training were seen to be attended. Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through in-house, and HSE online, training. The majority of staff had received training in the management of responsive behaviour (how residents with dementia may express a need or feel discomfort with their environment) and the remaining seven staff were scheduled to attend in the coming weeks.

Judgment: Compliant

## Regulation 21: Records

Records required to be available for inspection purposes were generally well maintained and easily accessible. These included incidents, complaints, medicine incidents, staff files, training records and residents' records.

Judgment: Compliant

## Regulation 23: Governance and management

While there were comprehensive management systems established, further managerial systems were required to address a number of outstanding issues :

Fire Safety issues:

- an immediate action was issued to the provider to undertake fire evacuation drills simulating night time staffing levels to provide assurance that residents in the largest compartment could be evacuated in a timely manner in the case of fire.
- The provider had proposals in place to replace the front stairs to provide an improved means of escape. The plans and a start date had yet to be finalised.

Infection Control Issues:

- the provision of a fully equipped janitorial room: the external room set aside for cleaning staff did not contain a janitorial sink or a hand washing sink. This meant that housekeeping staff had to empty their buckets in the sluice room and did not have a hand washing facility in their work area necessary because of the chemicals in use as well as the nature of their work.

Risk assessments:

- the risk register had not been updated for a number of years: this meant that new controls may not have been included in the risk assessments and new risks may not have been added to the register

Premises:

- some painting required upgrading and more storage space was required for large chairs which were stored within residents' rooms. This was particularly significant in the three bedded rooms as the large chairs took up a lot of space within the room.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Information in one complaint documented indicated that a key notification had not been submitted to the Chief Inspector as required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A summary of the complaints procedure was displayed prominently near the main entrance to the centre and was included in the statement of purpose. It included information on the appeals process and contact details for the ombudsman.

Inspectors reviewed the complaints book. It was evident that complaints had been addressed. There was a detailed account maintained of each complaint as well as the learning for staff. Residents with whom inspectors spoke were able to identify the complaints officer and felt that complaints were dealt with promptly. They said they felt confident that any complaints would be addressed.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations had been developed and updated on a three yearly basis in line with regulatory requirements.

There was a suite of infection prevention and control policies in place.

The centre's outbreak management plan defined the management and practical arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Judgment: Compliant

#### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, inspectors found that immediate improvements were required in relation to fire evacuation drills. Additionally improvements were required in premises, infection control, notifications and risk management.

As this inspection was taking place in the aftermath of a positive case of COVID-19, inspectors were mindful that this had been a stressful and challenging time for staff and residents. In relation to a case of COVID-19 careful management can mitigate spread of infection and limit the impact of infection on the delivery of care. Inspectors saw that the management team had followed best evidenced-based practice and there was good access to specialist expertise with respect to infection prevention and control advice.

Inspectors observed that residents appeared to be happy in the centre, well cared for and well dressed. Staff were seen to support residents to maintain their independence where possible, for example, staff were seen walking with residents both inside and outside the premises on the day of inspection. Residents' healthcare needs were well met by good access to a range of medical professionals, including psychiatric care, physiotherapy and the speech and language therapist (SALT). This health professional was present on the day of inspection and spoke with inspectors about the referral system for residents with swallowing difficulties. Residents had access to local general practitioner (GP) services and they gave positive feedback on the attentive care available to them. Residents' weights and vital signs (temperature and blood pressure) were monitored monthly and they were seen to be referred to the GP when necessary. Residents had their temperatures recorded twice daily at the present time, due to the risk of developing COVID-19. Each resident had a COVID-19 risk assessment and care plan in place to address their individual needs. A variety of validated assessment tools were seen to be in use and care plans were developed based on the needs identified using these assessments. Care plans were generally found to be detailed and personalised and guided staff in the provision of care.

Medicine management was audited and staff had undertaken training. A new electronic system was in use which was deftly demonstrated to inspectors by the nursing staff. Controlled drugs were carefully managed in accordance with relevant professional guidelines. All staff signed when medicines had been administered. Some improvements were required for clarity and safety as highlighted under regulation 29 in this report.

Residents were happy with the choice and frequency of meals on offer. These were now served at times which were in line with residents' wishes and an alternative choice of meal times was also accommodated for individuals. Inspectors found that mealtimes appeared to be leisurely occasions and appropriate assistance was offered in a discreet manner. The policy on the management of restraint seen by inspectors conformed with the guidelines in the national restraint policy. Audit had been undertaken on this practice with the aim of reducing the use of bedrails in the centre. Alternatives such as sensor alarms were made available where a risk assessment had indicated that this was required. There were systems in place to safeguard residents from abuse and training for new staff was ongoing. The centre did not act as a pension agent for any resident. Management staff stated that all staff had a valid An Garda Síochána (Irish Police) vetting disclosure in place before commencing work in the centre.

There was a system in place for monitoring symptoms of COVID-19 in both staff and residents. Residents and or relatives were made aware if any testing was required and protocols were followed where a positive test had been detected. Newly admitted residents were isolated for a specified period of time before joining the general population of residents. The centre had taken steps to prevent the likelihood of cross infection by dividing the centre into two distinct areas which were staffed both day and night by their own nurse and healthcare assistants (HCAs). This had invariably meant that the risk of cross infection had been greatly reduced as well as creating a more homely and socially distant living arrangement for both sets of

residents. On this inspection, the infection control practices were of a good standard. Household staff assigned to each section were found to be knowledgeable of the products they were using and the protocol to be followed when deep cleaning vacant bedrooms. Staff wore appropriate personal protective equipment (PPE) and hand sanitisers were readily available. The contingency plan for the management of an outbreak of COVID-19 had been reviewed and updated. Nevertheless, there were some improvements required which were highlighted under regulation 27 in this report.

Inspectors found that the person-centred approach to care planning meant that the preferences, activities and interests of residents were known to staff. Inspectors saw that a "first glance" laminated page of information was available in each person's file. This was colourful and immediately engaged the reader with key aspects of residents' lives. For example, one resident liked to read the farmer's journal: a picture of this paper was included on his "first glance" page. Staff said they found this information very useful when providing activities for social stimulation that met residents' needs and were meaningful to them. The staff spoken with were found to be knowledgeable of the holistic care needs and backgrounds of residents. The design of the premises was homely and an ongoing programme of maintenance was in place. The offices had been redesigned, new external visiting hubs, a beauty salon, a staff changing area and a janitorial room had been put in place. En-suite shower and toilet facilities were being fitted to two upstairs bedrooms and the upper floor shower room had been renovated and newly floored. There was a new carpet on the front stairs. However, some improvements were required in relation to areas on the premises that posed a risk such as, the repair of damaged under-sink cupboards, storage of large items of furniture, upgrade of painting, flooring and the provision of sinks in the janitorial room. All these aspects were significant particularly in that effective cleaning was impeded when surfaces were not intact or facilities were not optimal.

Residents told inspectors that they were enabled to make choices about their daily life in the centre and they felt that their concerns were addressed. There were adequate arrangements in place for consultation with relatives and families as evidenced in the minutes of meetings seen by inspectors. Relatives and residents' meetings were held on a regular basis and ongoing email and 'Zoom' communication was in place during the COVID-19 pandemic and its aftermath. A copy of the centre's monthly newsletter was made available to inspectors and it was evident that the content focused on the human rights and individuality of each resident. The October 2021 newsletter was seen to contain input from a resident and a staff member. This personalisation of the newsletter gave a sense of ownership of the document, and its contents, to residents and their relatives. Residents told the inspector that they enjoyed reading about the staff and their lives. In addition, staff said they liked to read the positive comments from residents about life in the centre and how their good care had such a positive impact on a daily basis.

## Regulation 11: Visits

Residents were aware of the visiting arrangements. Visitors were seen to visit within the centre and to use the external hubs also according to their choice.

They could book an appointment and a schedule of arranged visits was maintained.

Compassionate visits were accommodated. Visitors to the centre were seen to follow infection control guidelines.

Judgment: Compliant

### Regulation 17: Premises

Inspectors saw that sections of the wall paint was scuffed from the furniture, such as wheelchairs and some doors and skirting required painting also.

Two three bedded rooms were seen to be cluttered when the large chairs and other chairs, were stored in there.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The dining experience of residents was enhanced by the provision of dining tables in a number of areas which facilitated social distancing. Good communication was seen between the chef, staff and residents to ensure the correct diets were provided. Resident's were offered appropriate choice, variety and food at times and quantities that suited their needs. Food appeared nutritious and in sufficient quantities as seen by inspectors throughout the inspection

The speech and language therapist was in the centre assessing and reviewing a number of residents and she confirmed to the inspectors that dietary requirements and plans were implemented and followed by staff.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available in the centre which contained the regulatory information. A newsletter was printed monthly for residents' and relatives' use. Copies of these were seen in residents' bedrooms and they informed inspectors that

they enjoyed reading local, community and centre news. The residents' information guide, surveys and minutes of meetings indicated that residents were kept up-to-date with events and developments in the centre, particularly in relation to COVID-19.

Residents were seen to use their personal mobile phones throughout the day.

Residents had been informed and involved in their care plan review and they had signed in their care plan that they had been informed of the social and medical care available to them.

Judgment: Compliant

### Regulation 26: Risk management

The health and safety statement contained updated risk assessments and the risk management policy was available in the centre.

Judgment: Compliant

### Regulation 27: Infection control

The janitorial room available to housekeeping staff was not suitable: there was no janitorial sink or hand washing sink available in the room provided.

A number of the wall mounted hand gels were "topped up" with gel from a larger container. Best practice in infection control sets out the such gels should be provided in enclosed pouches to prevent cross contamination.

The location of the sluice room required review as it was situated in a narrow corridor opposite the staff changing and shower room facility. This could lead to a risk of cross-contamination when disposing of human waste products.

Some furniture items required sealing where the paint had worn off or the surface was worn: this would enable effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

An immediate action was required in relation to carrying out an evacuation drill of

the largest compartment while simulating night staffing levels. This was to ensure that staff gained competency and confidence in this practice with the aim to consistently improve on the time taken to evacuate residents to a safe place.

The provider had proposals in place to replace the front stairs to provide an improved means of escape.

Updated drawings and a start date for the project were required.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

In a sample of medicine administration sheets (MARS), which were the GP prescriptions used by the nursing staff, the times of administration were not identified. In addition, the format of some medicine for example, medicine which was meant to be dissolved was not specified.

Medicines 'to be crushed' were not individually identified which had the potential to lead to an error: for example, a steroid which was in a dissolvable form for one resident was on the same prescription where all medicines had been specified as suitable for crushing.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

End-of-life care plans required revision.

There was a lack of consistency in how choice for end-of-life wishes were recorded in a number of care plans. Some residents had no end-of-life care plan in place.

The nursing staff stated that these would be audited and amended to provide clarity in the case of an emergency situation and to ensure residents' wishes and choices in this regard were known and respected.

Judgment: Substantially compliant

### Regulation 6: Health care

Medical notes were not frequently updated by the reviewing professionals in the



sample of residents' files viewed.

Nursing staff regularly made entries in residents' care plans on behalf of other health care professionals. This was not in line with An Bord Altranais agus Cnaimhseachais na hEireann guidelines on 'Recording Clinical Practice Guidance to Nurses and Midwives', section 7.12.

This states that each individual on the healthcare team is responsible for his/her own record keeping.

Schedule 3 Part 4 (c) of the regulations places a regulatory duty on staff to follow professional guidance.

This was significant in the context of the residents' records being a legal document which was required to be retained for a period of seven years after the resident no longer resides in the centre.

Where each practitioner makes their own individual entries the record is clear, lacks any ambiguity and creates a permanent record of the professional advice relating to residents' care and healthcare needs.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

The majority of staff were trained in the updated knowledge and skills in managing the behaviour and psychological symptoms of dementia (BPSD).

Care plans had been developed for the management of behaviour associated with the effects of dementia, in a non pharmaceutical manner. Appropriate assessments were carried out when any behaviour escalation was identified, with the aim of de-escalation and learning to identify any needs being expressed.

Judgment: Compliant

### Regulation 8: Protection

Residents said they felt safe in the centre and that staff were good to them. On the day of inspection staff interactions with residents were seen to be kind and supportive. All staff had received training in the prevention, detection and response to abuse, according to the records made available for inspection. Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management.

Inspectors saw that each resident had their own personal lockable storage in their bedroom for money and valuables.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were very confident when speaking with inspectors. There was evidence that the rights and diversity of residents were respected and promoted. Activities were undertaken which interested and engaged residents. Gardening, bingo, exercise, art, quiz, singing and mass were some of the activities discussed with inspectors.

Residents had access to TV, radio, computer and internet access and many residents got an individual daily newspaper delivered to them in the morning. Inspectors saw residents reading their preferred newspaper and also playing some of the new board games on the day of inspection. Residents were delighted with the choice of prizes on offer for bingo. One resident was seen to request two prizes which caused great laughter among the other residents.

Residents said that they had a choice of when to get up and go to bed, what to wear and where to have their meals. Visitors were welcome and residents were supported to make private phone calls. Mobile phones were seen to be plugged in to charge and staff were heard to engage with residents in a respectful and dignified manner. Residents were well dressed in their individual styles and their hobbies and past lives were known to staff and supported by the pictures, care plans, books and conversations in the centre. Community involvement was evident and staff said the local community were very supportive during the pandemic. Residents were also seen to wear their glasses and hearing aids which were labelled, to prevent loss.

Visitors spoken with praised the staff and the care. They said that communication was good at the time of the restricted visiting and they felt confident that any concerns would be addressed.

One resident said "nothing is ever too much trouble" for staff and one staff member was described as a "guardian angel".

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Powdermill Nursing Home & Care Centre OSV-0004456

Inspection ID: MON-0034016

Date of inspection: 02/11/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A number of the non-compliances outlined are restated under the respective regulations within the report and therefore specific actions to bring these into compliance are stated in full there. To ensure there is on-going operational and clinical oversight in these areas each of the elements will be monitored at quarterly management meetings under specific agenda items as follows:</p> <ul style="list-style-type: none"> <li>• Fire – to include the number and detail of fire drills completed including specific learning/ actions required and tracking of the progress of proposed fire safety works</li> <li>• Maintenance - to include budgets, planned works (new and upgrading works) and any unforeseen issues arising</li> <li>• Risk Management – the newly formed risk management committee will provide reports/ updates on developments and recommendations and request sign off on the updated risk register</li> </ul>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• The omission to notify the regulator regarding one specific incident has now been rectified - complete.</li> </ul> <p>The PIC has reinforced the regulatory requirements to the nursing team in the areas of incidents/complaints that require notification as per HIQA guidance - complete.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The areas identified during inspection have all been painted – complete. Due to the high level of wear and tear in a busy center the Operations Manager will do a weekly walk about to ensure high standards are maintained and this will be monitored at monthly management meetings. Painting is ongoing weekly.</li> <li>• The large chairs in the three bedded rooms identified were the personal property of a resident who had just passed away. These have been collected by the resident’s family. There were only 2 residents occupying the room on the day of inspection- Complete</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• A janitorial sink and handwashing sink have been ordered for the housekeeping store room and will be fitted by 28th Feb 2022.</li> <li>• Hand gel dispensers have been changed throughout the building. All dispensers now have individual enclosed pouches – complete.</li> <li>• The worn furniture in question is currently being upgraded to ensure effective cleaning – 6 Rooms have been identified and will be upgraded by March 31st 2022</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Two evacuation drills were completed on the 3rd of November (Ground Floor largest compartment) and on the 5th of November (First Floor). Both of these drills were sent to our lead inspector by email on the 9th of November. – complete. The drills in these compartments will be repeated in line with our ongoing program of fire drills with the focus of improving the time taken to evacuate and reinforcing the procedures with staff.- Complete</li> <li>• A detailed report was prepared by our architect on the 5th of August 2021 with the specifications of the stairs that can be fitted due to the design of the building. This report was sent to our lead inspector on the 10th of August but we did not receive a response.</li> </ul>	

When a response is received confirming that the specification as outlined will meet HIQA requirements in line with the Care and Welfare regulations a plan will be put in place to replace the stairs. Due to the level of building works and disruptions envisaged we have opted to undertake this work in the spring, when the weather has improved so that it reduces the potential impacts on residents. We therefore aim to replace the stairs by 30th June 2022.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The medication electronic cardex has been rectified to show that:
  - o specific medication for crushing is each labelled individually
  - o times of administration are clearly identified
  - o the format of each medicine and/or route of administration is clearly identified – cardex changes are complete
- Medication audits have been amended to ensure this information is now monitored on an ongoing basis- complete

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The care plans for End-of-Life care and Resuscitation will be amalgamated into one document for more clarity and ease of retrieval in the case of emergency situation and ensure residents wishes were carried out – 31st Dec 2021.
- Where residents have different wishes for different future potential scenarios then these will be clearly specified.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- All visiting allied health and multi-disciplinary teams have been provided with individual log in and passwords to the electronic care planning system for entry of their notes, medical notes and other specific instructions pertaining to the care of an individual resident. This has been put in place a few days after the inspection. - complete
- All nurses have been provided with the An Bord Altranais agus Cnaimhseachais na hEireann guidelines on Recording Clinical Practice Guidance to Nurses and Midwives to ensure they are fully aware of their professional responsibilities and that proper documentation is adhered to in the Centre. 31st Dec 2021.
- Record keeping audits have been amended to ensure they capture and monitor these issues on an on-going basis – Complete



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	13/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	13/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/03/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	13/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice	Substantially Compliant	Yellow	13/12/2021

	provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	13/12/2021
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	31/12/2021
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	Substantially Compliant	Yellow	31/12/2021

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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