



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Breffni Care Centre for Older Person
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	28 October 2020
Centre ID:	OSV-0000489
Fieldwork ID:	MON-0030924

About the designated centre

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

The designated centre provides 24-hour nursing care to 18 residents over 65 years of age, male and female who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre is a single story building opened in 2001. Accommodation consists of four three bedded rooms, one twin bedroom and four single bedrooms. An additional bedroom is designated for the provision of end of life care. Communal facilities include Dining/day room, an oratory, visitors' room, hairdressing salon, smoking room and a safe internal courtyard. Residents have access to three assisted showers and a bathroom. A separate day care facility is also available during weekdays for maximum ten residents. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Wednesday 28 October 2020	08:30hrs to 17:40hrs	Manuela Cristea	Lead
Wednesday 28 October 2020	08:30hrs to 17:40hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

The inspectors communicated with a number of residents throughout the inspection, and the overall feedback received was that this was a good centre to live in. Residents told the inspectors that they felt safe and were well-cared for by staff who were attentive and kind. Inspectors also observed the engagement between staff and residents and found that their interactions were person-centred and respectful. Inspectors observed that staff knew the residents really well and that had long-established relationships of trust.

Residents appeared relaxed, neatly dressed and well-groomed. Inspectors spent time observing residents engaged in various activities throughout the day in the communal areas. There was sufficient space to facilitate social distancing in these areas. Some residents were watching television while others were sitting chatting to staff. Other residents chose to spend time in their rooms, reading newspapers or listening to radio. The inspectors observed good examples of positive staff engagement and interactions with the residents.

All residents spoke positively about the centre and particularly about the staff. They said they felt safe living there. Residents told the inspectors that they were facilitated to maintain their independence and that they had choice regarding all aspects of their care. Staff were observed assisting the residents in a kind manner and ensuring their dignity was maintained at all times. Staff respected residents' rights, including their right to privacy and choice.

Residents were very complimentary about the food they received in the centre.

Due to the national COVID-19 restrictions at the time of inspection there were no visitors and therefore the inspectors did not get to meet with any relatives or visitors. However there were no open complaints at the time of inspection.

Residents who spoke with inspectors said that they were happy with the window visits and the efforts made by staff to facilitate video and telephone calls to maintain regular contact with their loved ones.

Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Capacity and capability

This was a short-notice announced risk inspection carried out for the purpose of monitoring the centre's preparedness to manage a potential COVID-19 outbreak and to inform a decision to renew the centre's registration. Inspectors also followed up

on the action plans from the previous inspection and found that they had been largely completed. There had been no unsolicited information received by the Chief Inspector of Social Services since the last inspection.

The inspectors found that largely this was a well-managed centre, with good management structures in place to ensure the care delivered to the residents was of the highest quality and standard. However, this inspection identified that further improvements were required in respect of premises, infection control and the management and oversight of records. In addition, significant assurances were sought from the provider in relation to fire safety arrangements in the centre. An urgent action plan was issued to the provider in respect of night time staffing levels to ensure that there were sufficient staff on duty to safely evacuate residents in the event of a fire emergency. Written confirmation was received post inspection that the night time staffing levels had been increased pending a full review of the fire management in the centre. This is further elaborated under Regulation 28, Fire precautions.

On 1 May 2020, the inspectors had completed an assessment of the designated centre's contingency plan for the management of a potential outbreak of the COVID-19. The assessment found that the provider had achieved full compliance with the key regulations. Contingency plans had been developed prior to the COVID-19 pandemic. These plans included: actions required if there was a significant reduction in staff levels, the emergency contact details for relevant members of the management team, public health personnel and healthcare services. With the exception of one staff member who tested positive for COVID-19 at the fortnightly serial testing of all staff in October 2020, there had been no outbreak of COVID-19 in the centre. This inspection found that good contingency arrangements were in place to promote resident's safety in the event of an outbreak of COVID-19.

The registered provider was the Health Service Executive (HSE) and had established links with the local public health team, infection prevention and control specialists and the regulator. The person in charge was on site and facilitated the inspection supported by a senior staff nurse who was in a supernumerary position while deputising in a management role. They were both very experienced and well-known to residents and were observed interacting with them throughout the inspection. It was clear that they were familiar with residents' needs.

Inspectors found there was a clear management structure in place and that staff were aware of their responsibilities and to whom they were accountable. Established systems to monitor the quality of care provided to the residents were being used with monthly key performance indicators completed in various areas such as falls, medication management, antibiotic surveillance and the use of restrictive practices to name a few. However, while the quality of nursing care metrics systems were very good, inspectors found that improvements were required in respect of the environmental and infection control audits to ensure they were effective and consistent in identifying areas for improvement.

Staff reported that they were very supported by the management and had good access to training and refresher courses to enable them to provide safe care for the

residents. The training records on the day showed that the majority of staff had completed the mandatory training and an updated training matrix was received following the inspection. Further improvements were required in respect of the oversight and record management in the centre as further described under regulation 21.

A complaints policy was in place which ensured that complaints were dealt with appropriately. There had been two complaints received by the centre in the past year, which were investigated and resolved promptly.

Documents such as Schedule 5 policies, the statement of purpose, the annual review and the residents' guide were all up-to-date and available for review.

Regulation 14: Persons in charge

The person in charge was an experienced registered nurse working in the centre in a full-time capacity. She held a post registration qualification in management in line with regulatory requirements.

The person in charge was known to residents and staff. In the interview with the inspectors the person in charge was knowledgeable and committed to ensuring a safe and quality service was provided to the residents living in the centre. Staff reported they felt supported by management. Residents were also able to identify the person in charge as the person to complain to should they want to make a complaint or provide feedback, and said that their concerns were always taken seriously and promptly addressed.

Judgment: Compliant

Regulation 15: Staffing

The nursing and care staffing levels and skill-mix were adequate to meet the care needs of the residents during the day. However, following a review of residents' dependencies and personal evacuation plans inspectors found that the night time staffing levels were not sufficient to ensure that in the event of a fire evacuation, each residents' safety could be ensured. This is discussed further under Regulation 28.

In addition, the housekeeping resource required review given the layout of the designated centre and the enhanced cleaning regimen currently required for adequate infection prevention and control measures. Inspectors acknowledged the prompt assurances received from the provider following the inspection that the household hours had been increased.

There was at least one registered nurse on duty at all times in line with regulatory requirements.

Safe recruitment practices were in place to protect the residents, including satisfactory An Garda Siochana (police) vetting disclosures prior to commencing employment.

There was one volunteer associated to the designated centre, however their service had been put on hold during the pandemic. Inspectors reviewed the files and found that appropriate vetting disclosures were in place and their role and responsibilities were clearly documented.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had good access to training to ensure they could meet the needs of the residents. In addition to the mandatory training in fire safety and safeguarding vulnerable adults, staff had also completed relevant courses in infection prevention and control, cardiopulmonary resuscitation (CPR) and dementia care.

Staff had also completed additional training related to COVID-19 including hand hygiene, donning and doffing (taking on and off) of Personal Protective Equipment (PPE), breaking the chain of infection and Infection Prevention and Control. Inspectors observed that staff utilised their PPE and performed hand hygiene appropriately during the inspection.

There was some evidence to show that staff were supervised in their work with new staff completing induction and probation reviews. However, the findings of this inspection show that stronger oversight was required to ensure that staff practices were appropriately supervised and that local policies were implemented in practice. For example, staff adherence to local uniform policy and the completion and recording of cleaning schedules in line with the centre's policies and procedures.

Judgment: Substantially compliant

Regulation 21: Records

The findings of this inspection show that not all records were accurately and contemporaneously completed and appropriately maintained in the designated centre. Further improvements were required as follows:

- Residents' clinical records were generally well-maintained however there were gaps in recording resident's participation (or refusal) in daily activities.

- The completion and recording of the cleaning schedules by housekeeping staff.
- There were some gaps in respect of the twice daily monitoring of staff temperature as per current guidance from 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*.
- A review of the training matrix was required to ensure it was maintained and up-to-date. An updated training matrix was submitted following the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with explicit lines of authority and accountability. There were good communication systems in place between the person in charge and the registered provider representative, who visited the centre regularly and attended the feedback meeting. The inspectors reviewed minutes of the monthly governance and management meetings where all the relevant issues regarding the designated centre were discussed and followed up by the management team.

While inspectors were assured of good governance arrangements, the findings of this inspection show that the designated centre was not appropriately resourced to promote and maximise residents' safety.

Inspectors found that there were robust management systems in place for clinical oversight and for ensuring that residents living in the centre had a good quality of life and received a high standard of quality of care.

Although effective systems were in place to monitor many aspects of the service, more robust oversight was required in the areas of staffing, staff supervision, infection prevention and control processes, fire safety arrangements and the general maintenance of the premises. Furthermore, a proactive maintenance programme was required to ensure premises were maintained to a good standard.

Inspectors reviewed the annual review for 2019 and found that it was prepared in consultation with residents and included a quality improvement plan for the year ahead.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed at the entrance of the centre. The local policy included the designated complaints officer, the independent appeals process and the nominated person to oversee the process in line with regulatory requirements.

The number of complaints in the centre was very low and records showed that complaints were managed promptly and in line with policy. The outcome of the complaint was appropriately documented, included the complainant's level of satisfaction with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were made available to inspectors during the inspection. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within these policies remained current and in line with best practice.

There was a comprehensive COVID-19 policy in the centre that provided good guidance to staff and the infection prevention and control policy had been updated in respect of new information and procedures around COVID-19.

Judgment: Compliant

Quality and safety

The registered provider was striving to provide a good quality service to the residents living there. Inspectors saw evidence of individual residents' needs being met to a high standard, however further improvements were required in respect of fire safety, premises and infection prevention and control processes to ensure that residents' safety was maximised.

Inspectors were assured that residents had a good quality of life and received a good standard of medical and nursing care. All residents who communicated with the inspectors confirmed that staff were attentive, supportive and kind.

Overall, residents' care plans were person-centred, implemented, evaluated and regularly reviewed. They reflected the residents' changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes. Residents' weights were closely monitored and where required, interventions

were implemented to ensure nutritional needs were met. Sudden weight loss was investigated and managed in a timely manner. Wound care was well-managed with clear documentation of assessment and wound management details. Residents had access to appropriate equipment to meet assessed needs such as pressure relieving equipment or manual handling equipment.

Residents' safety and wellbeing was promoted through staff awareness of the arrangements in place to safeguard them from potential abuse. Staff who spoke with the inspectors were clear of the policy to follow in the event that they witnessed, suspected or had abuse reported to them and they confirmed that they had attended training in this topic.

There had been significant improvement since the last inspection in the use of restrictive practices in the designated centre, and it was evident that the registered provider was proactive in promoting a restraint-free environment in line with local and national policy. A restraint register was maintained and reviewed on a regular basis. Records showed that restraints were only used following a comprehensive risk assessment and there was evidence of alternatives trialled prior to their use.

The risk management policy and risk register detailed robust arrangements to mitigate any identified risks and hazards in the designated centre. The safety pause meeting was an embedded practice in the centre whereby every day at 3 o'clock staff from all the departments gathered for a brief update from the appointed safety champion for the day with regards to any identified risks including clinical, environmental, equipment or staff.

Inspectors found that the provider had made good efforts to ensure that the premises were homely and appropriately decorated to create a warm but stimulating environment for the residents. As an action plan from the last inspection, improvements had been made with regards to painting of the corridors to support way-finding, enhanced storage facilities and access to own television set in the multi-occupancy rooms. However, this inspection identified that further improvements in respect of storage, access to shower facilities and the overall upkeep and general maintenance of the building were required as detailed under Regulation 17.

Furthermore, a programme of enhanced cleaning was needed to ensure all areas were maintained clean and dust-free and that all fixtures supported effective cleaning practices. While inspectors were informed that a cleaning schedule and system was in place for cleaning all facilities and residents' equipment, based on observations on the day this system required full review to ensure alignment to minimum standards. Inspectors observed a number of items of furniture and residents' equipment that did not meet the required hygiene standards, such as wheelchairs, armchairs, bedrails, raised toilet seats and rollator frames.

In respect of infection prevention and control procedures and practices, the inspectors acknowledged that a number of appropriate measures had been implemented to ensure the safety of the residents, staff and visitors. However this inspection identified additional opportunities for improvement, which are discussed

further under Regulation 27.

Regarding the fire safety arrangements in place in the designated centre the inspectors saw evidence of regular servicing, testing and maintenance checks which were completed in line with regulatory requirements. There were regular fire safety drills conducted in the centre which showed good staff participation. However, these drills were conducted as a learning exercise rather than a simulated real-life scenario and did not provide the assurances of a safe and timely evacuation in line with local procedure. As a result, and given the layout and zoning of the centre, the inspectors were not assured that current evacuation procedures were sufficiently robust to maintain staff and resident's safety.

Regulation 11: Visits

Arrangements were in place to facilitate window visits in line with current national guidelines for COVID-19. Visits were organized by appointment only. Each resident had four nominated visitors who could visit once a week for a maximum of 30 minutes duration. All residents were aware of the visiting arrangements and relatives were telephoned by the senior nurse to inform them of the visiting process.

Residents told inspectors they were satisfied with the visiting arrangements in place and they understood the current restrictions.

While there was no resident at the end of life at the time of inspection, staff confirmed that arrangements were in place to facilitate visiting on compassionate grounds. Staff described the visiting protocols in place to maintain residents' and visitors' safety, such as self-declaration and checking for symptoms, decontamination of all surfaces, appropriate hand sanitization and use of PPE.

The residents had unlimited access to telephone calls and the person in charge informed inspectors that electronic tablets were being set up to facilitate video calls.

Judgment: Compliant

Regulation 17: Premises

Overall the premises were laid out to meet the needs of the residents. The design and layout were dementia-friendly with good signage to support residents with cognitive decline to navigate their way around their home and create a stimulating and interesting environment for the residents. The atmosphere in the centre was calm and relaxed and the lived environment was warm and comfortable. The premises was homely decorated and had a welcoming feel.

Residents' bedrooms were personalised and personal items such as photographs,

ornaments and pictures which reflected their lifestyle and family connections were on display. Each of the three-bedded rooms had a small sitting area, in addition to an alcove that allowed for safe window visits to take place. In these multi-occupancy rooms residents' privacy and dignity was maintained with mobile screen panels around each bed space. Large wardrobe spaces and additional shelving had been put in place to ensure residents had access to sufficient storage for their personal belongings.

The internal courtyard was accessible from several points in the designated centre and had unrestricted access. It was safe and well-maintained with a number of benches available for residents who wished to spend time in the garden. Inspectors found that overall the centre was clean and maintained however some areas required attention to ensure that all of the centre was kept clean and maintained to a high standard. Maintenance services had been outsourced to the local general hospital and although they were available on call, there was no evidence of proactive maintenance and refurbishment plans. For example, inspectors noted that in some parts of the centre walls were marked and scraped, the floor coverings in some areas required repair and some items of furniture were chipped or in need of attention.

As a result the inspectors found that the following aspects of the premises required improvements to conform with Schedule 6 of this regulation:

- The identification and planning of regular maintenance works throughout the centre as some areas showed signs of wear and tear with torn, rusty or damaged surfaces observed on chairs, bedtables, door frames etc.
- The provision of adequate and suitable storage for equipment required immediate review. For example: numerous commodes were stored in the shower room rendering it inaccessible for residents; the mortuary facility in the centre was used as a deposit for storing beds and other unused equipment.
- There were not sufficient shower facilities to meet the needs of the residents. At the time of inspection one shower facility was used as a storage area, while another assisted shower was out of order awaiting completion of repair works. This meant that 18 residents had access to one shower and one bathroom.
- A review of soft furnishings was required. For example a number of chairs and a sofa were covered in a textile material that was not amenable to safe cleaning practices.
- Refurbishment of the splashbacks in the toilets and handwashing facilities was required due to visually unpleasant staining.
- The air ventilation in the smoking room facility was not effective.
- The floor lining was damaged in several locations throughout the centre.
- Access to the nurse call bell facility in one shower room was not within reach for the resident using this shower.

Judgment: Not compliant

Regulation 26: Risk management

There were effective arrangements in place to manage risk and protect residents from the risk of harm.

An up-to-date risk management policy and procedure was in place to inform the management of risk in the centre. There was a comprehensive risk register that was reviewed on a monthly basis and updated regularly. This was a live document including both the clinical and environmental risks, which were appropriately mitigated and escalated as required.

The COVID-19 contingency plan was a dynamic document which was regularly updated and adapted to reflect changes in public health guidance. The designated centre's safety statement had been recently reviewed and revised to include the COVID-19 response plan. An emergency evacuation plan was in place with a clearly outlined activation protocol and identified assigned roles and responsibilities.

Records showed that equipment including assistive hoists, profiling beds, bedpan washer etc were regularly serviced and maintained. Accidents and incidents were recorded, analysed, trended and appropriately escalated to the registered provider representative when required. As a quality assurance measure, designated safety champions carried out daily environmental checks and their findings were communicated to all staff.

Judgment: Compliant

Regulation 27: Infection control

There was a comprehensive infection control policy in place which included details around COVID-19 and had been updated from Health Protection Surveillance Centre (HPHC) *Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*. Although a number of infection prevention and control measures had been implemented further improvements were required to ensure consistency with national standards.

Training records confirmed that all relevant staff were up to date with infection prevention and control training which included hand hygiene, appropriate use of personal protective equipment (PPE), standard precautions and breaking the chain of infection to prevent transmission of COVID-19. There was a designated infection prevention and control lead in the centre. In addition, two staff nurses had completed a five-day dedicated course in infection control.

The person in charge was proactive in monitoring antimicrobial usage in the centre and promoting influenza vaccination uptake among staff and residents. The centre

had received an award for the highest uptake of flu vaccine among staff for the previous year, and for the current year the staff uptake had been even greater. The centre had implemented preventative control measures in relation to water-borne infections and a *Legionella* risk assessment had been completed.

Isolation precautions for residents returning from hospital were observed during this inspection and signage to communicate isolation precautions were in place, in line with current guidance. Appropriate waste and sharps disposable practices were observed.

Hand hygiene and PPE advisory posters and leaflets were displayed and alcohol hand rub gel and disinfecting wipes were available throughout the centre. Face protection masks were worn by all healthcare workers at the time of this inspection and the 'bare below elbow' policy was observed to be implemented.

Overall the general environment, communal areas and residents' bedrooms were tidy, however enhanced daily and deep cleaning regimen with regular high dusting of surfaces was required. One area of the centre that was not being actively used by the residents at the time of inspection was found particularly in need of cleaning and maintenance, which is discussed under Regulation 17.

A planned auditing schedule for environmental and infection prevention and control was in place. Overall audit results showed good compliance however through this inspection the need for further improvement was identified, as detailed further below:

- A more frequent and enhanced deep cleaning schedule was required and a review of hygiene service provision in terms of staffing levels, skills and knowledge of the housekeeping staff.
- The oversight and management of residents' equipment hygiene needed to be improved upon. Clear cleaning and decontamination processes were required in addition to a tag system to assist staff in identifying used from unused items of equipment.
- Although the laundry services had been outsourced to an external company, the catering and housekeeping laundry was still managed on site. Appropriate signage in the laundry room to clearly support the processes in place was required.
- The storage of equipment required improvement to ensure there was appropriate segregation between clean and dirty. For example an overhead hairdryer stand was stored in the housekeeping sluice room.
- The quality of finishes on some furnishings including armchairs and some of the surface areas in the centre did not support effective cleaning.
- Standard operating procedures for reconstituting and reprocessing cleaning products (including reusable spray bottles) were required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors found that significant improvements were required in relation to the fire safety arrangements in the centre for the purposes of safe evacuation of the residents.

Overall the registered provider had arrangements in place against the risk of fire including firefighting equipment, means of escape, emergency lighting and regular servicing of systems. Residents' support needs were clearly documented in their personal emergency evacuation plans which were up-to-date.

Although the main evacuation pathways were unobstructed and clearly signposted, the inspectors were not assured that the fire safety arrangements in the centre were effective in supporting staff to carry out a safe and effective evacuation in the event of fire.

The fire procedures and evacuation plans were prominently displayed at the entrance. The building itself had been appropriately certified and found compliant from a fire safety perspective. According with the structural design and zoning of the building for the purposes of fire safety, the residential area was part of one large fire compartment. In line with the progressive evacuation strategy, a full compartment evacuation of all residents was required in the event of fire. However the fire evacuation strategy was not clear and did not provide assurance that the procedure in place would effectively safeguard the residents in the event of fire.

Inspectors were satisfied that staff had completed training in fire safety on an annual basis and had attended fire drills to prepare them to safely evacuate the residents in the event of fire. However, records showed that fire drills were carried out as a training exercise where staff were tested on the evacuation of one resident from an area. This was also confirmed by staff who communicated with the inspectors. There was no evidence that staff has been tested in a more realistic scenario where a number of residents would need to be evacuated from a large compartment. Inspectors found that the fire drills did not provide sufficient assurances that staff could effectively carry out an emergency evacuation of the whole compartment in a timely manner. At the inspector's request further fire drills were completed with simulated night time staffing levels. The records of these drills were submitted to the inspectors and, again did not provide the required assurances. As a result inspectors issued the provider with an urgent action plan to increase night time staffing levels as an interim arrangement until a full review of the fire management procedures was carried out.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident files and found evidence that residents had a comprehensive assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Following admission, a range of validated assessment tools were used to assess cognitive decline, falls risk, skin integrity, manual handling, nutritional status and level of dependency. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements.

The nursing care plans were holistic and very person-centred, clearly reflecting the individual needs of residents. They were well-written and contained detailed, up-to-date and relevant information to guide care delivery. Care plans and assessments were reviewed and updated as residents' needs changed and at least on a four-monthly basis. There was evidence that where residents were reviewed by professionals, recommendations were recorded in resident care plans and implemented by staff.

Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided. There was recorded evidence of consultation with residents or their representative in relation to care plans. The centre had recently implemented and was transitioning to a computerized nurse documentation system. As a result, the consultation records were still filed in hard copy until they were integrated in the electronic care record system. An audit of the care planning system was in place.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were regularly reviewed by the general practitioner (GP) and appropriately referred to relevant community healthcare practitioners in order to promote their health and wellbeing.

The GP provided a daily service to the centre on a Monday to Friday basis. As a safety precaution regarding the spread of COVID-19, this service was mainly provided via telephone. However, the person in charge confirmed that if a resident required review, the GP visited the centre and saw the resident. This was also confirmed by the records reviewed. In addition, residents also had access to an out of hours GP service, which was available 24 hours a day.

Residents had access to physiotherapy, occupational therapy, speech and language therapy and dental services from the adjacent Primary Care Centre. Dietetics and chiropody were also available. Residents were reviewed by tissue viability specialist where required. The centre had strong links with local geriatrician, psychiatry of old age and palliative care.

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded at least twice a day. Residents were supported to

continue to access outpatient services during the pandemic.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider was proactive in ensuring a restraint-free environment was promoted in the centre. The centre had an up to date policy restraint policy. There were a small number of residents who had requested to use one bedrail as an enabler to enhance their function and mobility while in bed. Records available in this respect showed that appropriate risk assessments had been carried out.

Psychotropic medications were only administered as required and only as a last resort. This medication was part of the residents' overall treatment plan and was recommended following referral and review by specialist services.

The number of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was very low and appropriately managed. A person-centred care plan was in place which described the behaviours, potential triggers to such behaviours and identified strategies to support the resident. Staff spoken with had a good knowledge of residents' individual needs and were trained in the management of responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable in recognizing and responding to all forms of abuse. Residents confirmed with inspectors that they felt safe in the centre and would be comfortable to speak with staff if they had concerns.

Training records reviewed showed that all but nine members of staff had up to date training in safeguarding vulnerable adults. Inspectors were informed that due to current pandemic there had been delays in organising this training session, however this was being arranged. Inspectors accepted the written assurances received immediately following the inspection that all staff had completed the refresher training in line with local policy.

The centre acted as pension-agent for a number of residents and this money was kept in a designated residents' account, distinct from centre's own account. There was a robust system in place to manage residents' petty cash and all transactions

were recorded and signed by two signatories.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with opportunities to participate in recreational activities of their choice and ability either in the communal sitting room or their own bedrooms. Staff demonstrated good knowledge of the resident's preferences for social engagement. While the role of diversional therapy coordinator was vacant at the time of inspection, the person in charge ensured that this did not adversely impact residents living in the centre. Until this vacancy was filled, the person in charge had reviewed the staffing arrangements and ensured cover for this role was provided most days within the current staffing complement.

Records showed that resident's participation in daily activities had been generally well- recorded. However, since the activity coordinator position became vacant in July 2020, these records were not sufficiently well-maintained with many gaps evident. This is being judged under Regulation 21.

Nevertheless, residents told inspectors that they were satisfied with the level of activities and stimulation provided in the centre and that their choices were respected. On discussion with inspectors, staff knew the residents well, and were familiar with their life stories, hobbies and preferences. Staff were observed to engage in positive, person-centred interactions with residents. Residents also confirmed to inspectors that they were well-looked after.

Residents had access to internet, television, radio and newspapers. As an action plan from the last inspection additional television sets had been installed in most of the multi-occupancy rooms, with another set due to be installed in the twin room. The person in charge told inspectors that the centre had received a donation of four electronic tablets, which were being introduced to assist residents to communicate with their families via video calls.

Multi-occupancy rooms had arrangements in place to ensure the privacy and dignity of each residents was maintained.

Resident's meetings occurred on a quarterly basis and records showed good levels of attendance from the residents. Prior to the pandemic, these meetings were also attended by a volunteer who acted as an independent advocate for the residents. Inspectors found that resident's feedback and suggestions regarding the décor and furnishings of the centre were incorporated into the redecoration of the centre.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Breffni Care Centre for Older Person OSV-0000489

Inspection ID: MON-0030924

Date of inspection: 28/10/2020

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Night time staffing levels have been reviewed with a particular focus on safe and timely evacuation of residents. This will be reviewed again when additional capital works are completed in the center.</p> <p>Hours available for cleaning have been reviewed and increased.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A more robust monitoring and oversight system has been put in place to ensure staff are appropriately supervised and to ensure that local policies are implemented in practice. This will involve regular spot checks by the Area Director of Nursing, Person in Charge, and the IPC Link Nurses, who will carry out regular spot checks and audits to ensure that all assigned tasks are completed. These will be documented and available for review.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p>	

A robust system of monitoring and auditing of all records within the center has been put in place to ensure that all records are accurately and contemporaneously completed and appropriately maintained in the designated centre. This includes resident's records, staff records and all relevant records within the centre.

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

Staffing and staff supervision – A comprehensive system of supervision has been put in place under the direction of the Area Director of Nursing and the Person in Charge.

Infection Prevention Control -IPC processes have been reviewed. MEG audit is now active within the unit and IPC Link nurses have now defined responsibilities including auditing environment and monitoring related work practices and to give advice to staff as need arises.

Fire Safety Arrangement – Fire evacuation procedures have been reviewed and strengthened. Night time staffing levels have been reviewed with a particular focus on safe and timely evacuation of residents. This will be reviewed again when additional capital works are completed in the center. Fire Evacuation Policy has been reviewed and updated and this is communicated to all staff using the daily safety pause.

General Maintenance of the Premises – A rolling programme of maintenance for the premises will be agreed with the maintenance manager.

The PIC will ensure that environment, equipment and facilities for residents and staff will be provided and maintained in good working condition thus ensuring resident's and staffs' safety.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
General Maintenance of the Premises – A rolling programme of maintenance for the premises will be agreed with the maintenance manager.

The following areas have been addressed.

All damaged equipment and furniture has been removed and replaced.

The maintenance programme will address the general of wear and tear of some equipment fixtures fittings and floor coverings.

At the time of inspection repair works were being carried out in one of the bathroom areas. This work has now been completed and the shower room is available for use by the residents.

All Splash backs in the toilets and hand washing facilities will be replaced as part of the center’s rolling maintenance programme.

The Air ventilation system in the smoking room has been checked and is functioning effectively.

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

A more robust cleaning schedule has been put in place within the center to include the provision of additional cleaning equipment a new system of tagging of equipment and clear signage in the laundry room.

Regular audits of cleaning schedules will be carried out and will be available for inspection within the center.

All equipment not in use in the center and some with finishes that do not support effective cleaning has been removed.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Night time staffing levels have been reviewed with a particular focus on safe and timely evacuation of residents.

Weekly evacuation drills are carried out utilizing night time staffing levels and these allow management to review the time taken to effectively evacuate residents in a timely manner. These weekly drills are timed and recorded and are utilized by management for

learning and improvement and are available for review within the center.

Additional capital works will be carried out within the center early 2021 which will involve the installation of 2 additional cross corridor fire doors. These additional works will provide staff with 3 separate compartments within the center and will allow for more comprehensive and effective evacuation of residents in the event of a fire.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/10/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/01/2021
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	30/11/2020

	ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/10/2020
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	30/12/2020
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	30/12/2020
Regulation	The registered	Substantially	Yellow	04/12/2020

28(1)(c)(ii)	provider shall make adequate arrangements for reviewing fire precautions.	Compliant		
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	29/10/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/03/2021