



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

## Issued by the Chief Inspector

Name of designated centre:	Loughshinny Residential Home
Name of provider:	Bartra Opco No. 1 Limited
Address of centre:	Blackland, Ballykea, Loughshinny, Skerries, Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	18 August 2020
Centre ID:	OSV-0006616
Fieldwork ID:	MON-0029614

## About the designated centre

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

Loughshinny Residential Home is a designated centre registered to provide 24 hour health and social care for up to 123 male and female residents usually over the age of 65. It provides long-term residential care, convalescence and respite care to people with all dependency levels and varied needs associated with ageing and physical frailty as well as palliative, dementia care and intellectual disability care. The philosophy of care as described in the statement of purpose is to provide a person-centred, caring and safe alternative for older people and to enable each resident to maintain their independence and thrive while enjoying a more fulfilled and engaged life.

The designated centre is a modern two storey purpose-built nursing home on the edge of the village of Loughshinny in North County Dublin. Accommodation is provided in 123 single bedrooms, each with its own en-suite facilities and decorated to a high specification standard. There are a wide range of communal areas including dining rooms, sun rooms and lounges available to residents as well as an Oratory and a hairdresser facility. There are several enclosed, safe, wheelchair accessible gardens available for residents to use during the day. There is ample parking available for visitors.

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

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 18 August 2020	09:15hrs to 15:00hrs	Manuela Cristea	Lead
Wednesday 19 August 2020	09:15hrs to 13:50hrs	Manuela Cristea	Lead

## What residents told us and what inspectors observed

Throughout the two days of inspection, the inspector communicated with many residents and relatives who were unanimous in their views that the quality of care provided in the centre was outstanding and that the staff were deeply committed to ensuring residents living in the centre had a good quality of life. One relative reported that the designated centre should get credit for the hard work and dedication to work through the pandemic and that they were deserving of a 'ten out of ten'.

Some residents shared with the inspector their experience of living through the COVID-19 outbreak. Some had recovered themselves from the illness and were very grateful for the care and attention they received while they were ill. Overall, residents described their experience as a positive one, and mentioned that there had been 'trying times' when they were worried for their families and staff. Residents were aware of the COVID-19 risks and the precautions they had to take to protect themselves and others. They said staff were patient, answered their every question, reassured them and put their minds at ease.

Residents confirmed that they felt very safe in the centre and that staff were attentive and kind. One resident proudly showed the inspector her bedroom, and said that the level of 'cleanliness was next to godliness' in the place and that staff were going in several times a day to wipe surfaces clean. The inspector observed that all residents were well groomed and that staff knew them well and were very respectful and kind in their interactions. All residents were very appreciative that the staff spent time chatting with them whenever they needed and reported that their call bells were always answered promptly.

The inspector observed residents engaged in a scheduled programme for activities throughout the two days. Some residents were in their bedroom reading the newspapers or watching television, others were attending the hairdresser, who had recently resumed services. Other residents were eagerly awaiting their visitors.

Residents were satisfied with visiting arrangements in place and reported that when families could not physically visit them, staff had found creative solutions to ensure they could communicate with them. All relatives who spoke with the inspector confirmed that they trusted the provider and were assured that their loved one was well-looked after. Some relatives became visibly upset and reported anxiety at the thought of another potential increase in visiting restrictions and the impact that this might have on the residents, especially those living with dementia.

The inspector also spoke with staff, who described the very difficult time they and residents had been through during the outbreak in the centre. Some staff were visibly emotional and described as deeply hurtful the way some of the press had portrayed the care in nursing homes. They were proud of the care they had provided for each of their residents during the COVID-19 outbreak including for

those residents who had sadly died during this period.

While staff morale was clearly very positive, many staff described those times in terms of a 'blur'. Some described them as 'scary but special times' which have 'knitted the team together'. Some staff became emotionally upset when describing the loss of their residents, the fact that they did not get a chance to say good bye as they were self-isolating at home. In their conversations with the inspector, staff emphasised that they did the best they could to ensure residents who could not be visited by their loved ones did not die alone. They recounted how they acknowledged the loss of each resident and how at their daily handover they always took the time to think about those residents who were unwell or had died. In addition staff and residents spoke about those members of staff who had become seriously unwell during the outbreak and the impact that this had on all of the team and on the residents.

Although there was a sense of profound loss and grief, staff were positive about the future and were confident in their knowledge and ability to keep the residents safe. The residents, relatives and staff were all evidently happy that the centre had recovered from the COVID-19 outbreak but the heart-felt grief for those that had died was very evident during this inspection.

## Capacity and capability

Overall, this was a good service that had come through a difficult period as a result of a COVID-19 outbreak, but at all times had the safety and best interest of residents to the fore. The registered provider is a private nursing home owned by the Bartra Healthcare group. This designated centre had a good history of regulatory compliance since it was registered in June 2019. The action plans in respect of the management of complaints and individualised care planning arrangements from the inspection carried out in January 2020 had been completed, and this inspection found that the provider was fully compliant with all of the regulations inspected.

This was a short-term announced risk inspection to review the centre's contingency plans and preparedness for COVID-19 outbreaks and the person in charge had been informed about the inspection on the previous afternoon. This was done as part of the protocol to ensure the inspector was aware of the infection control status and current procedures in place in the designated centre and to ensure that key staff would be available to speak with them. The inspector also followed up on a number of unsolicited concerns received by the Chief Inspector of Social Services in respect of the centre.

The designated centre had been through two successive outbreaks of COVID-19 between April 2020 and July 2020. The first outbreak in April saw staff and residents becoming unwell with the virus and the death of more than 15 residents during this period, although not all of these deaths had a confirmed COVID-19

diagnosis and some had died from natural causes. While a profound sense of loss and deep sadness was still evident during this inspection, staff demonstrated huge resilience and pride in the care they provided to the residents living in the centre. Staff who spoke with the inspector emphasised how even at the height of the outbreak, they were supported by the management team who ensured that they had sufficient resources in terms of staffing, training, specialist expertise and equipment to provide safe care for their residents.

Records showed that the management team had planned and prepared for COVID-19 from early on in the year. Integral to contingency planning and critical to ensuring that safe staffing levels were maintained throughout the outbreak, the provider had redeployed a large number of staff which had been recruited for a new centre within the group that had not yet opened. This additional resource was critical in ensuring that sufficient staffing levels were maintained to provide safe care for residents during the outbreak when more than half of the centre's own staff were off work due to sickness or self-isolating.

Many staff who tested positive and could not isolate at home were provided with food and accommodation in the unoccupied area of the designated centre. Other staff who remained well willingly chose to move in another wing of the centre and stayed in the centre as a contingency measure to ensure continuity of care for the residents.

There has been a new provider representative appointed since the last inspection, who was present on site throughout the two days of inspection. From a review of records and conversation with staff, the inspector was assured that the provider representative was actively engaged in the governance of the centre and was familiar with the centre. There had been no changes to the person in charge who was actively supported by the senior management team. Members of the senior management team worked in the centre throughout the outbreak supporting the staff, including the registered provider representative and the clinical operations manager. Effective contingency arrangements were in place to ensure oversight of service in the event of senior management becoming unwell, as the quality and risk manager worked remotely.

Records showed that the governance and management team had an effective communication strategy as part of their contingency arrangements. This ensured daily senior management meetings, daily communication with public health and relevant statutory agencies, regular formal communications with staff, residents and their families. As part of their communication strategy and in recognition of the unprecedented challenges brought on by the pandemic, the registered provider appointed a full-time family liaison officer and created a dedicated family email helpline which ensured that families were frequently and appropriately communicated with throughout the outbreak. Residents and relatives who spoke with the inspector confirmed that they were very appreciative of how they were maintained informed, which eased their anxieties. The inspector saw numerous letters and emails from relatives, including bereaved relatives expressing gratitude and providing positive feedback in respect of the care their loved one had received.

The number of complaints was low, and there was evidence to show that they were investigated in line with the local complaints procedure. The outcome of the complaint was documented, including whether the complainant was satisfied with the outcome.

Evidence showed that the registered provider had complied with national guidance as it became available, for example restricted visiting, sourcing personal protective equipment (PPE) and appropriate signage. Staff attended ongoing training in specific areas relevant to COVID-19 (donning and doffing of PPE, awareness of signs and symptoms, hand hygiene). Staff knowledge and skill were monitored and audited on a regular basis by senior staff. Residents were also kept informed and a pictorial booklet on COVID-19 in an easy to understand format was provided to each resident.

There were effective oversight and governance systems in place which ensured that the service delivered to residents was safe and effective.

Staff performance was monitored through the ongoing audit and supervision of their work. As a result staff were appropriately supervised and were confident, well-informed and knowledgeable about the standards of care and services to be delivered to residents. They had all received training in standard infection prevention and control precautions, including hand and respiratory hygiene, cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment.

There was a suite of comprehensive policies in place which had been regularly updated and provided guidance to staff on the standard of care that was to be implemented in the designated centre. The inspector found that the policies were implemented by staff in their day to day work.

The arrangements for the review of accidents and incidents within the centre were robust. A comprehensive COVID-19 policy and Emergency Plan was in place and had been recently updated. Managers and staff were aware of the plan and in their role to keep residents safe in the event of a COVID-19 outbreak.

## Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. A review of staff records showed that staff were recruited in compliance with employment and equality legislation, including the appropriate An Garda Síochána vetting disclosures. All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

There were good systems of communication with staff, who reported that they felt supported by the management. While the induction programme had to be scaled

down during the outbreak and some of the courses were delivered via online platforms, there was clear evidence that appropriate supports had been put into place to adequately supervise staff in how they performed their duties. In addition, counselling services were offered as part of the welfare programme to support staff.

The inspector saw evidence that new staff joining the service were being tested for COVID-19 prior to starting their role. This was in line with provider's COVID-19 contingency plan.

Judgment: Compliant

## Regulation 16: Training and staff development

There was evidence that staff had access to education and training, appropriate to their role and responsibilities. At the time of inspection staff were up to date with mandatory training, for example, fire safety, safeguarding of vulnerable adults, manual handling and food hygiene.

All staff working in the centre had completed the relevant COVID-19 training outlined in the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). Staff education was ongoing and included practical demonstrations on donning and doffing PPE, hand hygiene and infection prevention and control precautions.

As part of the centre's induction process there was a buddy system in place to support the new staff and nurses completed a skills and competency assessment as part of their induction process. In addition, members of senior management team had a monthly rota in place where they carried out night time spot checks to ensure good practices were consistently being implemented. records showed that staff appraisals were carried out at regular intervals.

Judgment: Compliant

## Regulation 23: Governance and management

The centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose. The clearly defined management structure outlined in the statement of purpose was in place in the centre. The management team worked well together to monitor the service and ensure care and services were safe and appropriate for the residents.

There were defined lines of responsibility and accountability which ensured good

oversight of the service with robust arrangements to monitor the quality and safety of care received by residents.

The person in charge and the management team displayed a commitment to continuous improvement through regular clinical care audits, staff appraisals and provision of staff training. There were weekly housekeeping and COVID-19 audits of practice, weekly medication management audits and a schedule of monthly audits in various areas that included infection control, dementia care, health and safety, end of life, care plans, complaints and continence care. The audits results were discussed at the monthly management meetings and the quarterly clinical governance meetings and improvement actions were implemented.

The leadership and management team ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives. As a result, the ethos of person centred-care was evident in staff practices and attitudes.

The deployment of sufficient resources including staff, equipment and facilities ensured the delivery of good quality, effective and safe care and services for residents.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints at the time of the inspection. The complaints log was available, and the sample of records reviewed showed details on the nature of the complaint, the investigation, communication with the resident and family, and recorded the level of the satisfaction of the complainant. There was evidence to show that overall both minor concerns and formal complaints were appropriately reported, investigated and responded to in line with local policy. There was a nominated overseer responsible with ensuring that all complaints in the centre were appropriately addressed.

The complaints policy had been reviewed in May 2020 and it met the regulatory requirements, including an appeals process. The complaints procedure and suggestion box were clearly displayed in the main reception area.

Residents told the inspector that they felt comfortable with speaking to any staff member if they had a concerns or complaints. Staff were familiar with the complaints process.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All policies and procedures as set out by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. All policies had been reviewed and updated at intervals not exceeding three years, and there was evidence to show that staff had read them.

In addition, comprehensive policies and procedures specifically related to COVID-19 had been introduced. The inspector was satisfied that these policies and procedures had been adopted and were consistently implemented throughout the centre.

Judgment: Compliant

#### Quality and safety

The inspector observed good interactions between staff, residents and visitors which helped to create a positive, welcoming atmosphere and a relaxed environment for residents. Overall, the inspection found that residents living in this centre were well supported to lead a good quality of life before, during and after the outbreak of COVID-19. Staff knew the residents well and were seen to be supportive and responsive to their needs.

Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness should an outbreak of Covid take place in the centre. The management team had established links with the public health and community services teams in the area to ensure that any future outbreaks were managed in line with the current guidance.( Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

The environment was bright, clean and well-maintained. There were effective arrangements in place to ensure the standards for infection prevention and control were maintained and that staff consistently implemented good practice in line with current guidelines.

While the centre was registered for 123 beds, at the time of inspection residential accommodation was only provided in the ground floor area of the premises. This arrangement allowed for the creation of distinct zones for residents and staff to reduce the risk of infection and cross contamination. Resident's bedroom accommodation was provided in spacious single rooms with en-suite facilities

located into two distinct zones on the ground floor. Each zone was further split into two wings, each with its own communal space and independent access to an internal garden.

The staff area was well laid out on the first floor. The staff areas were also divided into a similar pattern to ensure the zones functioned as independent units. Each zone had a separate entrance and dedicated canteen and changing facilities. Throughout the two days, the inspector observed good practices in respect of staff adhering to social distance and infection control guidelines.

In recognition of the enhanced requirements for meaningful engagement and stimulation during the pandemic when residents could not meet with their visitors, two dedicated staff had been allocated to ensure residents' social needs were met. Records showed that albeit scaled down, facilities for occupation and recreation were provided throughout the outbreak and residents were continuously provided with opportunities to participate in a varied timetable of activities including small group and one to one activities. These included walks in the garden, rosary, quizzes, movies, short stories and gentle exercises. Following the outbreaks, an enhanced programme focusing of meaningful activities, physical exercise and wholesome and nutritious food was put in place to support residents to return to their baseline level of wellness.

There were robust arrangements in place to ensure that residents had contact with their families and friends in a safe manner. The premises were spacious and the provider strategically used multiple spaces available to ensure that all residents had good opportunities to see their loved ones. The inspector observed visiting times throughout the day which appeared to be comfortable and private and in adherence with the social distancing requirements. Areas designed for visiting were well-equipped with alcohol gel, wipes and floor tape denoting distance, to assist people to stay safe. Visitors were requested to arrange visits in advance and had their temperature checked on arrival.

Staff members who communicated with the inspector had a clear awareness of the early signs and symptoms of COVID-19 and knew the importance of diligent observation of the residents they cared for and the need to report any changes promptly to nursing staff. They demonstrated that they were knowledgeable and skilled in the duties they carried out and they contributed to the relaxed happy atmosphere that prevailed in the centre.

All residents had a care plan which provided clear guidance on how to most effectively support residents with their assessed needs. The inspector reviewed a sample of care plans for current and past residents and found consistent good practices. Care plans were person-centred and updated in line with residents' changing needs. There was evidence that resident or their families, where appropriate, were consulted in the development of their care plans.

The daily progress notes were comprehensive and care plan reviews contained input from the resident's general practitioner (GP) and allied health services such as, for example, the physiotherapist or speech and language therapist as required. The GP

continued to visit the centre twice weekly throughout the outbreak and assess the residents as required. In addition a consultant geriatrician and a clinical nurse specialist was also made available for residents during the outbreak to ensure their health care needs were met.

Residents' weights were closely monitored and appropriate interventions were in place to support their recovery. There was evidence that residents were appropriately reviewed by the dietetic services and the prescribed interventions were seen to be appropriately implemented by staff. For residents requiring intervention to prevent or treat wound development plans were clear on aspects such as repositioning, exercise, skin care and dressing regimen. There was a robust programme in place for falls prevention and management and wounds were managed well, with additional input from tissue viability nurse where required.

Special arrangements were in place for residents who were at the end of their life to receive visitors in a respectful and private manner and in line with infection control precautions. At the time of inspection, there were no residents actively receiving end-of-life care. The inspector reviewed the documentation for a number of residents who had recently died in the centre and found good evidence of planning and consultation with residents and their families. Residents' expressed wishes were identified and documented, anticipatory prescribing was in place, medical reviews and timely interventions had been carried out, resuscitation status and advanced directives were clearly established to support staffing providing appropriate care at the end of life. A family liaison officer with expertise in end-of-life care had been recruited as an additional resource during the outbreak to support residents, relatives and staff.

The dining room was bright, spacious and well laid out to ensure social distancing could be maintained. The inspector observed the dining experience and saw that residents appeared to enjoy their food, and that assistance was provided in a discreet and dignified manner.

The inspector found that the risk management policy was fully implemented and that the registered provider had put robust systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. Medication management practices were safe.

## Regulation 11: Visits

All visits were pre-arranged with the management team over seven days each week. Visitors attending the centre first had their temperature checked and declared that they were symptom-free. Visitors also completed a visitor screening questionnaire which staff reviewed prior to the visit to ensure the safety and security of the residents.

Communication with families was maintained through the facilitation of widow visits,

video calls, phone calls, or virtual birthday parties being held for residents.

Judgment: Compliant

### Regulation 13: End of life

A sample of current and past residents' end-of-life care plans were reviewed. They contained person-centred information on residents' individual wishes and preferences that would direct staff appropriately when the time came to provide this very important aspect of care. The care plans were holistic and outlined the physical, psychological and spiritual needs of the resident. All residents' care plans were up-to-date regarding end of life care decisions relating to COVID-19 infection including whether to be transferred to the acute care setting and resuscitation interventions. They had been discussed with the residents, their general practitioner (GP) and where relevant, their next of kin.

The inspector was satisfied that residents who were receiving end-of-life support had a personal and dignified plan of care, which took account of their cultural and religious preferences, While bereavement and psychological support had been made available to staff and relatives following such a traumatic time end of life reviews were not happening in the centre.

A memorial service was being planned for later in the year when conditions permitted to allow staff, residents and families to gather and remember their loved ones and speak about that difficult period of time.

As part of COVID-19 contingency planning, effective arrangements were put in place to enable relatives to visit on compassionate grounds.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to a safe supply of drinking water and were provided with choice at mealtimes. The meals offered to residents were properly prepared cooked and served. The dining room was arranged to ensure that appropriate social distancing could be maintained. The dining room environment was pleasant and inviting for residents.

Residents who had been identified at risk of weight loss, had a detailed care plan in place. The care plans had been recently updated following a dietician assessment and the inspector found that dietitian's instructions were being implemented by staff and that the residents were receiving the care as prescribed.

There were sufficient staff available to assist residents at mealtimes. Staff were observed offering discreet support and encouragement to the residents.

Judgment: Compliant

### Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and a live risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated as required. There were no risks identified by the inspector on the two days of inspection.

A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements to name a few. In addition, a robust clinical risk register was maintained and reviewed on a monthly basis.

Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes and a serious incident review in respect of the COVID-19 outbreaks had been completed. It informed the centre's preparedness for future outbreaks and the learning derived had been adopted and integrated into local policies.

A local emergency management team had been set up which included representatives from senior management team and all the relevant departments. They met on a regular basis and ensured that all the agreed measures were appropriately communicated to staff and implemented. Minutes of the monthly health and safety committee showed that where issues were identified appropriate action plans were put in place and adequate resources were made available.

Maintenance records were reviewed which showed that all equipment was regularly serviced.

Judgment: Compliant

### Regulation 27: Infection control

There was an infection control policy in place which included COVID-19 precautions and had been updated with the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care

Facilities guidance).

There was strong evidence that staff were knowledgeable about the standards and updated guidance for the prevention and control of health care associated infections. Hand hygiene notices were displayed throughout the centre and staff and residents had been educated in good hand hygiene techniques.

All staff had access to personal protective equipment and there was up to date guidance on the use of these available. Staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel and disinfecting wipes were in plentiful supply and available throughout. Staff were seen using the equipment appropriately.

There were comprehensive daily cleaning records and deep cleaning schedules which were well-maintained. Staff were observed in practice decontaminating the equipment between residents. Housekeeping and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and were knowledgeable about the cleaning processes required for terminal cleaning. There were safe laundry and waste management arrangements in place and staff practices upheld good infection control standards.

A new digital scanning system had been introduced at the entrance to actively monitor staff and visitors' temperature in a contactless manner. Staff temperature was recorded twice daily and they were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and appropriate staff changing facilities were available. Staff were assigned to different zones in the building and there were additional measures in place to ensure staff minimised their movements around the centre in order to reduce the risk of spreading infection between units.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The GP continued to visit the centre throughout the outbreak and ensured that medicine reviews were carried out on a three monthly basis. There was good pharmacy oversight and good systems in place to ensure medication was appropriately dispensed, stored and safely returned or disposed.

The inspector observed nurses administering medication to residents in a courteous manner and taking time to answer their questions or explain what the medication was for. Medications were only signed for after being administered and nurses sanitised their hands between each administration in line with best practice.

A sample of residents' prescriptions and administration records were reviewed which showed that medicine practices in the centre were safe. Prescriptions were in electronic format and contained all the necessary details for safe administration such

as drug allergy status, resident's name and photograph and the route, dose, time for each medication to be administered. Where medication was being administered in crushed format, it was individually prescribed and the rationale clearly documented.

Regular audits of medication practices had been carried out by the provider and action plans deriving from those audits implemented.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed prior to admission to the centre to ensure the centre could meet the residents' needs. New admissions were accommodated in an isolation area for 14 days with dedicated staff and there were appropriate infection prevention and control signs on display around the centre to alert staff and visitors of high risk areas. Signs were in place on bedroom doors, to ensure that in the event of a resident being a confirmed or suspected case of COVID-19. All staff were immediately aware of the infection prevention and control precautions needed when caring for residents.

All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. A range of evidence based assessments were completed and this information informed the care plans. Care plans were well maintained and updated in line with regulatory requirements. There was evidence of ongoing discussion and consultation with the residents and where appropriate their families.

In their daily interactions staff were observed to be person-centred and knew the residents' current health needs and their preferences as expressed in their care plans. In addition to the morning handover, staff were updated of residents' daily progress or changes in their condition at the mid-day staff meeting. Relevant information in respect of each residents' clinical status, food intake, skin integrity, assistance with personal care or mobility needs, mood and behaviours was communicated between the care team. This ensured that staff proactively monitored residents and were alert to any early changes from the resident's baseline so that appropriate interventions could be implemented quickly.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to their General Practitioner (GP) and other relevant allied health professionals. Input from the wider health and social care team was

incorporated into the resident's assessment and care plan. At the time of inspection the GP was visiting the centre three times a week, and out of hours medical cover was also available.

Records showed that residents continued to have access to medical treatment and appropriate expertise in line with their assessed needs, which included access to consultant in gerontology, psychiatry of later life and palliative services as required.

There were weekly visits by physiotherapists and occupational therapists, while the dietetic and tissue viability services were accessible remotely following a referral. Chiropody services had resumed and all residents expressed satisfaction with how their health care needs were met.

Active monitoring and surveillance for signs and symptoms was carried out several times a day and residents' vitals signs and baseline measurements were recorded on a minimum of twice a day.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were no residents in the centre that presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) at the time of inspection. All staff had attended training in dementia care and in their discussions with the inspector staff were knowledgeable about the appropriate person-centred interactions that were implemented to alleviate residents' anxiety and agitation.

Records showed that when required, appropriate additional resources had been made available to support residents' who became agitated or distressed in the least restrictive manner. This included dedicated one to one care for individual residents.

There was clear evidence that the provider was committed to providing care in a restraint free environment. There were no bed rails or lap belts in use at the time of inspection, and all alternatives were considered and trialled to ensure residents' safety was maximised. There was a restraint register in place which tracked the use equipment such as sensor alarms and low low beds as falls prevention measures.

Judgment: Compliant

### Regulation 8: Protection

Residents who spoke with the inspector reported they felt safe and at home in the

centre and that staff were very kind. The inspector observed that staff interactions with residents were positive and person-centred.

Records of staff training evidenced that all staff had received training in the prevention, detection and response to abuse. Staff were knowledgeable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management.

Residents had access to an independent advocate whose contact details were on display in the designated centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents said they felt safe and happy in the centre and that their rights, their choices and privacy were respected. The atmosphere in the centre was relaxed and comfortable. Interactions between staff and residents were kind, unhurried and person-centred.

As far as was practicable, under the restrictions of COVID-19 opportunities were made available for residents to participate in social and recreational activities. There were facilities in place for recreational activities and residents were observed throughout the day enjoying activities in small groups while also respecting social distancing requirements.

Residents had access to daily newspapers, television and internet services and were well-informed about the news and current public health guidelines. An information guide was available to the residents. It had been updated to include the latest guidelines on the prevention and management of COVID-19, including the new visiting arrangements in place.

Residents reported that their views were listened to and records of residents meetings showed that any issues or suggestions made by the residents were acted on.

Residents were satisfied with the measures in place to support them to communicate and maintain contact with their families and said that phone calls, window visits and video calls were facilitated whenever possible, in addition to the scheduled visits.

A resident satisfaction survey completed in August 2020 showed high levels of satisfaction with the overall quality of care, meals, communication with staff and their involvement in decisions.

While residents understood and accepted that the restrictions on their life and recreational activities were necessary to keep them safe, it was also evident that

they missed their previous lifestyle and liberties and were longing for a return to normality.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	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