



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

## Issued by the Chief Inspector

Name of designated centre:	Athlunkard House Nursing Home
Name of provider:	Athlunkard Nursing Home Ltd
Address of centre:	Athlunkard, Westbury, Clare
Type of inspection:	Unannounced
Date of inspection:	06 July 2020
Centre ID:	OSV-0000729
Fieldwork ID:	MON-0029730

## About the designated centre

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

Athlunkard House is a modern purpose built two-storey purpose nursing home. It can accommodate up to 103 residents. It is located in a residential area in Co. Clare on the outskirts of Limerick city. It is situated close to many amenities including St. Nicholas church and a local shopping centre. Athlunkard house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post operative care. Bedroom accommodation is provided on both floors in 89 single and seven twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors rooms provided on each floor. Residents also have access to two secure enclosed garden areas.

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

Number of residents on the date of inspection:

74

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
Monday 6 July 2020	10:00hrs to 17:00hrs	Mary Costelloe	Lead
Monday 6 July 2020	10:00hrs to 17:00hrs	Brid McGoldrick	Support
Monday 6 July 2020	10:00hrs to 17:00hrs	Una Fitzgerald	Support

## What residents told us and what inspectors observed

This centre had a significant outbreak of COVID-19. During the outbreak a total of 33 residents and 18 staff members tested positive for COVID-19. Sadly 11 residents passed away. The outbreak was declared over by public health on the 7 June 2020. During the outbreak of COVID-19 the normal routine and schedules of the centre had been disrupted by the restrictions in place. This had resulted in residents spending extended periods of time in their bedrooms while others had spend periods of time in hospital being treated for the virus. Some residents spoken with voiced concern at how isolating the pandemic had been for them but they said that staff had supported them through this and many had recovered from the virus.

On the day of inspection, the general feedback from residents was one of satisfaction with the care and service provided, many mentioning that a sense of normality had started to return. Residents said that they were delighted that family visits had resumed and that they were able to meet their loved ones again. The inspectors observed a number of residents receiving visitors during the inspection. The activities coordinator was observed supporting residents to meet with their families, some residents continued to receive 'window visits' while others received their visitors in a designated visiting room. There was a perspex screen divider provided between residents and their visitor in the designated visiting room. Residents and relatives spoken with were very happy with the arrangements, stating that they found it easier to see and hear their relatives without the need to wear a face mask.

One resident spoken with told inspectors that he was feeling great having recovered from COVID-19, he had found the time isolating in his bedroom very difficult but advised that staff had visited him regularly and that he had always felt safe in the centre.

Residents had access to a number of well maintained and landscaped external garden courtyards which were easily accessible from the communal day areas. Inspectors observed that the doors to the garden areas were left open so that residents could easily access the areas. Many of the bedrooms overlooked the garden areas and some residents spoken with told inspectors how they enjoyed going for walks, looking at the flowers and spending time outside during the warm weather.

Residents emotional and psychological well-being was monitored and residents were supported to enjoy activities in the centre, subject to social distancing. Inspectors observed the communal rooms on both floors were occupied by residents throughout the day with a member of staff in attendance at all times. Inspectors observed residents partaking in and enjoying a number of activities during the day of inspection including listening and watching to music videos of their choice, ball exercise games and a 'fit for life' exercise session. Physical distancing in line with public health guidance was being adhered to in the communal day rooms during all

activities.

Inspectors observed residents taking part in a group mobility exercise session which was facilitated by the in-house physiotherapist. Some residents spoken with commented on how they had benefited from the programme.

Residents had access to telephones, IT communications and newspapers. A number of Ipads had been purchased to facilitate residents maintain contact through video calls with their families. Some residents told inspectors how they enjoyed reading the daily newspapers that were delivered to the centre.

Inspectors spoke with some residents who choose to remain in their bedrooms. They told inspectors that they were happy and comfortable in their rooms. Inspectors observed that there were televisions in all bedrooms and many of the residents had personalised their bedrooms with items of their own furniture, family photographs, ornaments and plants. All bedrooms had en suite shower and toilet facilities.

One resident commented that his call bell had not been working the previous night and had to use his mobile telephone to call the assistance of staff. This issue was discussed with the management team, see Regulation 26 Risk Management.

## Capacity and capability

This inspection was unannounced risk-based inspection conducted over one day.

The registered provider is Athlunkard Nursing Home Ltd. The company has six directors, one who is actively involved in the day to day operation of this centre, one who visits the centre once a week and, the remaining four directors are not involved in the day to day running of the centre.

The person in charge responsible for the day-to-day operations of the designated centre is also the registered provider representative. The person in charge is supported in her role by the operations manager who is also a director of the company, the assistant director of nursing, administrator and other staff members including nurses, carers, a physiotherapist, activities coordinators, housekeeping,

catering and maintenance staff.

The centre had a good history of compliance with the regulations over the past three inspections and issues identified at the last inspection dated September 2019 relating to documentation to support fire drills undertaken had been addressed.

This risk-based inspection was carried out following

- the notification to the Chief Inspector of an outbreak of COVID-19,
- concerns regarding the governance and management of the centre that arose during the recent outbreak of COVID-19
- the receipt of unsolicited information raising concerns about governance and management, inadequate staffing and poor standards of infection prevention and control at the time of the outbreak.

The Chief Inspector was informed of an outbreak of COVID-19 on 1 April 2020. During the outbreak a total of 33 residents and 18 staff members tested positive for COVID-19. The outbreak was declared over by public health on the 7 June 2020. Twenty two residents and all staff affected by the virus had recovered. Sadly 11 residents passed away.

While the governance and management arrangements in the centre were effective prior to the outbreak of COVID-19, the unprecedented events during the outbreak highlighted previously unrecognised vulnerabilities within the management systems. The initial response and reaction of the registered provider gave rise to concerns over the governance and management of the centre particularly in relation to leadership, staffing and infection prevention and control arrangements. On foot of these concerns inspectors of social services engaged extensively with the provider and requiring the provider to take urgent action to ensure the safety of residents on the 06 and 07 April 2020.

Despite the fact that the provider was a limited company with six directors, the responsibilities of the provider rested on one person only and when that person was unable to attend the centre, Athlunkard Nursing home Ltd were unable to provide an alternative to manage the day to day operation of the centre. The fact that the person-in-charge was also the provider was a significant weakness in the governance and management of this centre when the senior nurse managers including the person-in-charge were unable to work as a consequence of COVID-19.

At the peak of the outbreak the provider relied extensively on resources from the Health Service Executive (HSE) to manage the centre and oversee the care and welfare of residents. In effect the provider did not have appropriate contingency plans in place that would ensure effective governance and management of the centre in the event that their representative on the ground could not maintain the service.

At the initial stages of the outbreak staffing levels in the centre were severely impacted. Staff including nurses and nurse managers, health care assistants, housekeeping, cleaning and other support staff were unavailable for work. This was due to the requirement for staff within the centre who had tested positive for

COVID-19 or were in close contact with a person who had tested positive to self-isolate at home, some were isolating while waiting on test results, some had child minding difficulties and six staff members resigned according to the person in charge.

During the COVID-19 outbreak, due to the unavailability of the management team in the centre, concerns relating to governance and management of the centre and large numbers of staff unavailable for work and resultant concern about the care of residents, the Health Service Executive (HSE) became involved in the operational management of the outbreak. The HSE provided two senior nurse managers, an advanced nurse practitioner in older persons (ANP) and a clinical nurse specialist in infection control. The HSE also sourced and arranged for a number of nursing and care staff to be deployed to attend to residents' care needs. The two senior nurses remained on site until the person in charge returned on the 18th April, 2020. The HSE support team also provided training and psychological support for staff as well as ensuring supplies of personal protective equipment (PPE) were available. The person in charge acknowledged and described the HSE team as being very supportive during the outbreak.

On this inspection the inspectors found that the situation in the centre had significantly improved. Inspectors acknowledged that residents and staff living and working in the centre had been through a challenging time. Many staff continued working in the centre throughout the outbreak in order to ensure that residents received the best care possible in the circumstances.

There were 74 residents accommodated in the centre on the day of inspection and there was one resident in hospital. Inspectors were satisfied that there were adequate staff on duty on the day to meet the needs of residents with the exception of household staff.

There were no residents or staff with a diagnosis or presenting with symptoms of COVID-19. Weekly testing of staff for COVID-19 had recently commenced, there was 100% uptake on testing from staff and at the time of inspection test results had not detected COVID-19.

The management team have since completed a review of the COVID-19 outbreak in the centre in relation to governance, resident care, staffing, communication, infection prevention and control, supplies, facilities and monitoring and control. The lessons learnt and improvements required were identified. The team had identified that additional nursing managements supports were required to enhance the governance arrangements and support the person in charge, ensuring additional clinical oversight, supervision and effective delivery of care. The person in charge advised that they had advertised and were actively trying to recruit two clinical nurse managers and a housekeeping supervisor. However, the provider structure and management systems required significant review to ensure that there was adequate operational supports, leadership and oversight in the event of a similar occurrence in the future.

The management team had continued to evaluate its compliance with relevant



standards and regulations and bring about improvements. Recent audits had been completed in relation to falls, wounds, nutrition, hand hygiene and end of life care. The person in charge reviewed quality care indicators with specific reference to the impact on residents from COVID-19, these were discussed along with other issues such as the COVID-19 outbreak review, COVID-19 preparedness plan, reflections of palliative care, staff management, risk management, care plan review, staff training and updates to policies such as visiting, end of life, nutrition and dementia care at a recent management team meeting. Following the review of the outbreak, the COVID-19 contingency plan and COVID-19 risk register had been updated to plan for and mitigate against identified risks.

The management team were aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required throughout the recent outbreak of COVID-19 had been submitted.

On the day of inspection all documents requested were made available to inspectors in a timely manner.

Prior to the outbreak the provider had secured equipment including ten high specification air mattresses for residents at risk of developing pressure sores and individual hoist slings to ensure that residents no longer had to share these slings in line with infection prevention and control guidance.

Inspectors noted that many of the required improvements identified by the HSE team and those identified following the outbreak review had been completed, however, some further improvements were required under the following regulations. Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 26: Risk management, Regulation 27: Infection control and Regulation 6: Health care.

## Regulation 15: Staffing

On the day of inspection staffing levels and skill-mix were sufficient to meet the assessed needs of 74 residents with the exception of housekeeping staff. There were five nurses and 12 care assistants on duty in the morning time, five nurses and 10 care assistants on duty in the afternoon and 4 nurses and 6 carers in the evening, three nurses and five care assistants on duty at night time. The person in charge and assistant director of nursing were also on duty during the day time from

08.00 to 16:00.

The person in charge advised that two nurses and four health care assistants had resigned during the initial stages of the COVID-19 outbreak. She told inspectors that the recruitment of staff was on-going. She confirmed that since March 2020 the provider had recruited five full-time registered nurses, five full-time health care assistants, five casual summer workers, one full-time cleaner, one part-time cleaner and one part-time chef. All staff had been provided with mandatory training as well as a wide range of infection prevention and control training.

However, during the inspection, inspectors examined the numbers of staff available compared to those indicated in the Statement of purpose and function submitted on 25 February 2020 and found shortfalls between what was available and what should be available. For example there was

- 16 nurses available instead of 19.65 nurses
- 3.4 household staff instead of 4.7 household staff

Shortfalls in staffing were observed on the rosters, for example on the weekend of 11 and 12 July 2020 when the number of rostered nurses was less than the normal daily allocation. Adding to concerns was the fact that a number of available carers included four students working full time during summer months but who would only be available for weekend duty from late September therefore further reducing the number of staff to provide caring duties.

The impact of a shortage of cleaning staff was also apparent on the day of the inspection when only two cleaning staff were on duty, a third staff member who was on leave had not been replaced. While the centre was visibly clean, some equipment for use by residents such as wheelchairs were not maintained in a clean condition. Inspectors had concerns that the entire centre and equipment could not be cleaned to the standard required during a COVID-19 pandemic by two cleaning staff. The person in charge informed inspectors that an additional cleaning staff member had been recruited and was due to complete induction training.

Inspectors concluded that a review of staffing was required prior to accommodating any additional residents in the centre. This was discussed with senior management at feedback.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff training records indicated that all staff had up-to-date mandatory training. Records indicated that all staff had received recent training regarding infection control practices, breaking the chain of infection, donning and doffing of personal protective equipment and hand hygiene. Inspectors observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing

PPE in line with the national guidelines.

Seven housekeeping staff had recently completed QQI level 3 Safe Pass training. Cleaning staff spoken with were knowledgeable regarding cleaning processes and systems.

The person in charge and assistant director of nursing had attended several information webinars regarding COVID-19 Emergency management and infection prevention and control.

The person in charge advised inspectors that during the COVID-19 outbreak, nursing staff had taken responsibility for pronouncing the death of residents following telephone consultation with the GPs, however, nursing staff had not completed training in relation to the pronouncement of death.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Governance and management arrangements required review to ensure the service provided is safe, appropriate, consistent and effectively monitored.

Following the COVID-19 outbreak, the management team had identified that additional nursing managements supports were required to enhance the governance arrangements and support the person in charge, to ensure additional clinical oversight, supervision and effective delivery of care. The person in charge advised inspectors that she was actively trying to recruit for these posts which had not yet been filled.

However, the provider structure and management systems required significant review to ensure that there was adequate operational supports, leadership and oversight in the event of the registered provider representative and operations manager being unavailable in the centre. A more robust governance structure is now required to enable it perform its functions as outlined in the Health Act 2007, as amended, to protect each resident and promote their welfare.

The out of hours on call system required review. The person in charge was on call Monday to Friday and every alternate weekend, this was not sustainable.

Further improvements were required under the following regulations Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 26: Risk management, Regulation 27: Infection control and Regulation 6: Health care.

Judgment: Not compliant

## Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required throughout the recent outbreak of COVID-19 had been submitted.

Judgment: Compliant

## Regulation 34: Complaints procedure

The inspectors were satisfied that complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

The inspectors reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Judgment: Compliant

## Regulation 21: Records

The inspector reviewed the files of five recently recruited staff and found that all documents as required by the regulations were available. Records of induction training received as well as training certificates were available for all staff.

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

Judgment: Compliant

## Quality and safety

AS outlined previously in this report, the centre had a significant outbreak of COVID-19, which was declared over by public health on the 7 June 2020.

During the COVID -19 outbreak, due to the lack of on-site leadership, large numbers of staff unavailable for work and resultant concern about the care of residents, the Health Service Executive (HSE) became significantly involved in the operational management of the outbreak. They provided senior nurse managers, nursing and care staff to attend to residents' care needs as well as providing significant infection prevention and control oversight and resources to the provider. In so doing the HSE played a significant role in ensuring the quality and safety of care at a time when the provider was unable to do so.

The nursing documentation of a number of residents that had tested positive for COVID-19 reviewed by the inspectors provided good assurances that a high standard of nursing care was provided to the residents. A review of some files of residents that had died and who had tested positive for COVID-19 during the pandemic showed that the nurses on duty had communicated with GPs by telephone, and palliative medications were prescribed and administered to ensure that residents comfort needs were appropriately managed. During the outbreak, nine residents were transferred to hospital, five of whom had recovered and had returned to reside in the centre.

Overall, the quality and safety of care provided to residents on the day of inspection was of a good standard.

There was a designated area consisting of seven single bedrooms with en suite shower and toilet facilities on the ground floor available to facilitate separation of residents who required isolation as a precaution following admission or return from the acute hospitals. There were two residents accommodated in this area on the day of inspection. A staff member had been assigned to care for these two residents.

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

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

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. There were two full time activities coordinators employed.

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

The building was two storey in design with accommodation for residents provided on both floors. The centre was well maintained and nicely decorated. The building was spacious, bright and visibly clean on the day of inspection. There was a variety of communal day spaces, with spacious sitting rooms, dining rooms and recreation rooms on each floor. There was a separate smoking room. There was a lift provided between floors which allowed residents to independently access both floors.

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

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed on both floors in the centre.

Visits to residents had recently been facilitated in line with *Guidance on visitations to residential care facilities*.

## Regulation 11: Visits

Visiting to residents had been strictly controlled since 6 March 2020. In general there had been no visitors allowed at the height of the outbreak, however, visits had been facilitated to allow a family member sit with a resident in receipt of end of life care. Staff had supported residents to maintain telephone and visual contact with their families. Two desk top screens and a number of iPads had been purchased to facilitate SKYPE and video calls. Window visits were also facilitated.

The recent *COVID-19 Guidance on visitations to residential care facilities* had been communicated to all families of residents. This had allowed visiting to commence under controlled circumstances. A designated room had been identified for these visits, which was directly accessible from the grounds and where social distance

could be maintained. This meant the visitors would not be moving through the centre or coming in contact with staff and other residents. Residents and relatives spoken with were very happy with the current visiting arrangements and delighted that visits were now being facilitated.

There were no visits scheduled for Sundays and while there were no complaints on record in relation to this, inspectors were of the view that scheduled times should be available on Sundays when many relatives would be available to visit.

Judgment: Compliant

## Regulation 26: Risk management

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. The management team had developed a COVID-19 preparedness plan to assist them in the preparing for and managing of a potential outbreak. There was a comprehensive risk register in place as well as a specific COVID-19 risk register which were updated regularly.

Regular reviews of health and safety issues were carried out and they were discussed at the monthly quality and safety committee meetings.

There was a call bell system in place in all rooms throughout the centre which facilitated residents to alert staff if they required assistance. The call bell system was found to be in working order on the day of inspection and service records indicated that the system had been recently serviced. One resident commented that his call bell had not been working the previous night and that he had to use his mobile telephone to call the assistance of staff. This was discussed with the management team who agreed to review systems in place for resetting of call bells and alerting staff to ensure that all residents were responded to in a timely manner.

Despite the reviews mentioned above, inspectors noted the following risks which had not been identified:

- Some fire doors did not close properly in the area of the centre known as the cottage, this posed a risk in the event of fire.
- There were residents accommodated who were for resuscitation. Equipment to support residents who required resuscitation such as an automated external defibrillator was not available.
- There was no refrigerator available to store specimens such as urine and bloods safely, these items were being stored in the medication refrigerator posing a risk of contamination.
- There were no records available to show that the bedpan washer was serviced on an annual basis nor was there a contract in place to ensure that

this happened.

Judgment: Substantially compliant

### Regulation 27: Infection control

On the day of inspection there were ample supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up to date guidance on it's use. All staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel dispensers were observed to be available and in use throughout the building and all staff carried personal hand sanitizing alcohol gel bottles.

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

During the outbreak the HSE provided significant infection prevention and control oversight and resources to the provider. On foot of that advice the provider was required to make significant changes in the centre including

- Cleaning and disinfection procedures and processes were enhanced.
- An ionizer machine is now in use and used to enhance deep cleaning schedules.
- A flat mopping system using one mop per room was introduced to reduce the possibility for cross contamination.
- Environmental cleaning audits were introduced.
- Weekly hand hygiene audits were introduced.
- New washable duvets and pillows were acquired which could be suitably laundered.
- Cleanpass QQI Level 3 training was provided to seven housekeeping staff.
- Infection control champions were appointed to each floor on each shift with specific responsibility for overseeing and reminding staff regarding infection prevention and control procedures
- Individual hoist slings were purchased so that residents did not need to share equipment.

Inspectors confirmed that these improvements remained in place on the day of the inspection.

As part of the action plan from a recent audit, the person in charge advised that the location for four clinical wash hand basins had been identified on each floor, sinks had been ordered and would be installed promptly once delivered. The person in charge also advised that they were actively trying to recruit a housekeeping supervisor to enhance the oversight of housekeeping duties.



However Inspectors also noted that the following improvements were required in relation to infection prevention and control:

- The bedpan washer had not been recently serviced.
- Some equipment for use by residents such as wheelchairs were not clean.
- The arrangements for the segregation and flow of clean and soiled laundry in the laundry room required review to minimise the risk cross contamination.
- Non clinical waste bins were sometimes being used inappropriately to store yellow bags containing clinical waste.
- There was no suitable area identified for preparing medicines.

The provider must now, through oversight and supervision, sustain the improvements advised by the infection control experts from the HSE, and address the outstanding issues found on the day of the inspection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Each resident's needs were assessed on admission and at regular intervals thereafter. Inspectors tracked the journey of a number of residents that had tested positive for COVID-19. Care plans were maintained under regular review, and the sample reviewed by the inspectors provided good assurances that a high standard of nursing care was provided to the residents. The care plans of current residents were up to date and contained all of the information required to guide care.

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences.

Resident's weights were monitored on a regular basis and appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. Many residents had lost weight following illness and prolonged isolation and a proactive approach was evident to ensure this was appropriately managed. Residents had been reviewed by phone consultation by the dietetic services and recommendations made were implemented by staff. Inspectors also reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred.

Inspectors reviewed end of life care plans. There was good evidence within nursing records that when residents conditions had become ill discussions on end of life wishes had occurred. Resident and family wishes were documented on the

residents care plans.

Judgment: Compliant

### Regulation 6: Health care

During the recent outbreak of COVID-19 in the centre, GPs were providing a service remotely and advised staff over the phone. This included remote prescribing of medicines. Inspectors reviewed the files of residents that had died and who had tested positive for COVID-19 during the pandemic and found that the nursing team had communicated with GPs by telephone and palliative medications were prescribed and administered to ensure that residents comfort needs were appropriately managed.

Inspectors concluded that the system and provision of medical care required review to ensure that GP's and Allied Healthcare Professionals recommenced having face to face consultations with residents.

The person in charge advised inspectors that during the COVID-19 outbreak, nursing staff had taken responsibility for pronouncing the death of residents following telephone consultation with the GPs, however, nursing staff had not completed training in relation to pronouncement of death.

Inspectors found that the system in place that records the medical resuscitation status of residents requires review to ensure that this information is accurate at all times and signed by a medical practitioner.

There was a full time physiotherapist employed who continued to promote the mobility of residents. The 'Fit for Life' and 'Pedal Power' programmes to promote mobility of residents were taking place. Inspectors observed residents taking part in a group mobility exercise session which was facilitated by the physiotherapist.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education in safeguarding. Training was scheduled on an on-going basis. The person in charge confirmed that Garda vetting was in place for all staff and persons who

provided services in the centre.

The inspectors were satisfied that robust systems were in place for the management of residents finances. The provider acted as pension agent for some residents and all money was paid into a separate nursing home interest bearing resident account. Residents were invoiced and charges were clearly set out on a monthly basis. Receipts were available for any purchases made on behalf of residents and bank balancing statements were made available to residents.

Judgment: Compliant

## Regulation 9: Residents' rights

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

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed on both floors in the centre.

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

The inspectors found that the majority of interactions with staff were seen to have an individualised and person-centred approach.

There was an activities coordinator on duty 6 days a week, the weekly activities schedule was displayed on each floor and included a range of activities including Karaoke, balloon volleyball, arts and crafts, card pongo, live music sessions, walks and talks.

The activity coordinator spoke with the inspectors about how she had adapted the activities programme to meet the changed needs of residents and infection control guidelines during this time. For example, Bingo had been replaced with the game of card pongo using wipeable cards which could be easily sanitised, live music and singing had been provided with musicians on view through the large glass windows but with the music speakers in the dayroom so that residents could continue to enjoy listening to and seeing the musicians from inside the dayroom.

Health care assistants spoken with confirmed that they were now more involved in providing social care to residents, supporting residents to go for walks and especially

spending time reassuring and talking with residents.

Residents religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the televisions. Spiritual blessings were facilitated by local clergy for residents nearing end of life by video calls and through window visits.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Athlunkard House Nursing Home OSV-0000729

Inspection ID: MON-0029730

Date of inspection: 06/07/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Revised Statement Of Purpose submitted to reflect a previous clerical error on Registered Nurse Whole Time Equivalents (WTE) available. Full complement of nursing staff available. Housekeeping staff available has increased to 4.1 from 3.4 on the day of inspection. Statement of Purpose revised accordingly. Recruitment of a Housekeeping Supervisor is ongoing.            Full complement of Healthcare Assistants and Catering staff available.            Provision has been made to replace nursing students who will be available for part-time work only from September. Replacement staff currently on orientation.            All staff categories will reflect WTE as outlined in Statement of Purpose</p> <p>There will be regular auditing of staff requirements using the Modified Barthel tool to calculate care hours required</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:            The National Policy for Pronouncement of Expected Death by Registered Nurses is in place.</p> <p>All nurses are completing the Pronouncement of Death by Registered Nurses in the Context of the Global Covid-19 Pandemic 2020 on hseland. Timeframe: 30th September 2020</p>	

<p>Formalising the resuscitation status of all residents in consultation with GP's is underway and will be for ongoing review.</p>	
<p>Regulation 23: Governance and management</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The outbreak has provided an opportunity to further strengthen the governance and management structures of the company.</p> <p>The Registered Provider Representative (RPR) role is being taken over by the Person-in-Charge (PIC). Our current Assistant PIC is being promoted to the position of PIC and will be fully supported by the RPR, CNMs and Senior Nurses. We hope to fill the position of Assistant PIC by 31/12/20.</p> <p>In addition, we have successfully recruited one Clinical Nurse Manager and we will continue to recruit additional nurse managers to the team to support the PIC and further strengthen the Senior Clinical Governance function.</p> <p>An external consultancy company has been engaged to undertake a review of current structures and recommend a framework for improved oversight and operational management of all elements of the Nursing Home (due to be completed by 30/11/2020).</p>	
<p>Regulation 26: Risk management</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>All doors in the cottage have been rendered fire proof</p> <p>Weekly call bell audits are in place</p> <p>All nurses have been trained in CPR, refresher training will be scheduled as soon as the current pandemic permits. The Rapid Response Ambulance Team act as back up.</p> <p>Specimen fridges are now available on both floors</p> <p>Both Bedpan Washers have been serviced and will be scheduled for annual servicing</p> <p>Monthly Environmental Audits will serve to highlight any additional risks</p>	



Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Clinical Handwash sinks have been ordered and are scheduled to be installed. Timeframe: 31st October 2020</p> <p>Recruitment of a Housekeeping Supervisor is ongoing</p> <p>The bedpan washers have been serviced and scheduled for annual servicing</p> <p>Reconfiguration of the laundry equipment and laundry room to facilitate the flow of clean and soiled laundry to take place. Timeframe 31st December 2020</p> <p>Appropriate quantity of clinical waste bins are available</p> <p>Three nurses have been enrolled in a Postgraduate Certificate in Infection Prevention and Control for the Nursing Home Sector, this is an online course run by University College Cork over one academic year</p> <p>Medicine preparation areas are to be created on both floors. Timeframe: September 30th 2020</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Gp's and Allied Healthcare Professionals are now conducting face to face consultations</p> <p>All nurses are completing the Pronouncement of Death by Registered Nurses in the Context of the Global Covid-19 Pandemic 2020 on hseland. Timeframe: September 30th 2020</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	17/08/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2020
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	Not Compliant	Orange	31/12/2020

	monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/12/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	17/08/2020
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	31/12/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a	Substantially Compliant	Yellow	30/09/2020

	high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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