



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

Issued by the Chief Inspector

Name of designated centre:	Oughterard Manor
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Camp Street, Oughterard, Galway
Type of inspection:	Unannounced
Date of inspection:	30 July 2020
Centre ID:	OSV-0000745
Fieldwork ID:	MON-0029907

About the designated centre

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

Oughterard Manor Private Nursing Home is a purpose built facility that can accommodate a maximum of 41 residents. It is a mixed gender facility for dependent persons aged 18 years and over and it provides care to people who require long-term residential care including care to people with dementia or to people who require short term respite, convalescence or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that they are committed to providing quality health and social care through the principles of person-centred care that reflects best practice.

The centre is a two storey, located in the town of Oughterard and close to the Owenriff River which flows into Lough Corrib. Residents' rooms are single or double occupancy and all have ensuite facilities with a toilet and wash hand basin. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. A safe secure garden space that has been cultivated to provide interest for residents is available off the ground floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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
Thursday 30 July 2020	10:00hrs to 19:30hrs	Una Fitzgerald	Lead
Thursday 30 July 2020	10:00hrs to 19:30hrs	Mary Costelloe	Support

What residents told us and what inspectors observed

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

The entrance foyer was a hive of activity throughout the day. Residents were observed sitting at the entrance hall people watching. Staff walking past greeted residents by name. The inspectors observed that the communal areas were occupied by residents throughout the day with a member of staff in attendance at all times.

Residents spoken with were very satisfied with the care received. No resident spoken with had ever felt the need to make a complaint. The observation and interaction between residents and staff was positive, engaging, patient and kind. One resident who repeatedly asked the same question as a result of an underlying dementia was spoken to by staff with patience. The tone used by staff was not only reassuring but did provide comfort to the resident.

When asked about the restrictions residents reported mixed feedback. Residents that had lived alone prior to admission voiced that they were very glad to be in the centre as if they had been at home the isolation would have been more severe and they believed that they would not have seen anybody. They stated that they enjoyed having the company of staff and other residents in the centre and that staff had been exceptional throughout the pandemic. Resident feedback to the management from the last resident survey was very positive. For example resident comments included "I am so pleased to have seen my boys, thank you" and "seeing my daughter has cheered me up".

The activities sessions observed were inclusive of all residents. The staff member leading the activity referred to all residents by name and was seen to be actively encouraging resident involvement. The inspectors observed residents taking part and enjoying a variety of activities throughout the day including an exercise and stretching session, bingo and hand massage.

Residents were supported to go outside for walks. Residents told inspectors that they enjoyed going for walks and spending time outside during the fine weather. Residents had access to a well maintained enclosed garden area which was easily accessible. The doors to the enclosed garden area were open on the day of inspection.

Staff displayed good knowledge of the residents' preferences. For example, one resident wanted to watch TV while another wanted to listen to music. The staff member supervising the room ensured that both residents were accommodated.

Residents were happy with the food served. Residents told inspectors that they had the choice of having breakfast in their bedrooms or in the dining room. One resident

laughed and told inspectors that they were not used to being served breakfast in bed but had become accustomed to same.

Inspectors observed that residents' bedrooms had been personalised to reflect hobbies and life interests that were significant to them prior to admission. Residents were actively encouraged to personalise their bedrooms. For example, art work and paintings brought in from home were hanging on a resident's bedroom walls. Residents described how easy the transition into the long term care facility had been made by the support received from the staff. One resident told inspectors that they had been supported to move furniture around the room on numerous occasions to ensure the layout suited their needs.

Capacity and capability

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of Oughterard Manor. The centre is part of a group of nursing homes. The senior governance and management structure is made up of the registered provider representative, an operations and compliance manager, a regional manager and a chief operations officer. Inspectors were informed that support from the senior management team during the national pandemic was provided remotely via video conferences and phone contact.

The governance structure operating the day to day running of the centre consists of the person in charge (PIC) who is supported by an assistant director of nursing, registered nurses, a social care facilitator, care staff, kitchen, household, cleaning, laundry and maintenance staff.

This inspection was an unannounced risk-based inspection completed in one day. The last inspection of the centre took place in November 2018. At that time, the centre was found to be fully compliant against the regulations reviewed.

The Chief Inspector had been notified of an outbreak of COVID-19 in May 2020. Following communication with the person in charge, it was established that one resident had been transferred from the acute setting with a negative COVID-19 result. However, on arrival to the centre the person in charge repeated the resident's test, which returned as positive. All residents that are transferred from the acute setting are kept in isolation for 14 days as part of the risk management processes in place to minimise further spread of the virus. The person in charge confirmed that staff engagement with the confirmed case was minimal. Appropriate use of personal protective equipment was applied at all times. The outbreak was confined to one resident and no further suspicious or confirmed cases have been reported.

The PIC took up position in the centre in February 2020. The PIC was observed to have a strong presence within the centre and was committed to providing a good service. Resident meetings were held and surveys were completed. Residents

informed inspectors that the PIC had made a positive impact on the service. Residents reported that they had been kept up to date with all matters relating to the COVID-19 national pandemic.

The management team ensured that safe and effective recruitment practices were in place. Files of five recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. Staffing within the centre was stable and this had a positive impact on residents as staff knew their likes and dislikes. Staff were facilitated to attend training that was informed by the needs of residents. Staff spoken to told inspectors that they had been supported by the PIC throughout the pandemic.

Inspectors assessed a total of 13 regulations and found non compliance with three regulations and substantial compliance with five regulations. Systems were in place to ensure the services provided was safe and met current resident needs. However, findings indicated that strengthening of the systems was required to ensure that all aspects of the service delivered were meeting regulatory requirements. The details of non compliance are outlined under the regulations below.

Regulation 15: Staffing

On the day of inspection staffing levels and skill-mix were sufficient to meet the assessed needs of 25 residents, with the exception of housekeeping staff.

There was a nurse and five care assistants on duty in the morning, one nurse and four care assistants on duty in the evening and one nurse and one carer on duty at night time. On day duty one carer is rostered on until 21.00hrs to support the night time staff to meet residents' care needs. The PIC works full time hours in a supernumerary position. The PIC confirmed that they kept staffing levels under constant review, taking into account the dependency of residents and the size and layout of the centre. As a result of the reviews, additional nursing and healthcare staff had recently been recruited since the PIC had commenced employment in February 2020. The increased numbers were now reflected in the updated statement of purpose.

The impact of a shortage of cleaning staff was apparent on the day of the inspection. There was one cleaner on duty from 08.00hrs to 14.00hrs three days a week and 08.00hrs to 17.00hrs four days a week. Inspectors found that some equipment for use by residents such as shower chairs were visibly dirty. Records reviewed showed that there was inadequate deep cleaning taking place with an average of one to two bedrooms per week receiving a deep clean. Inspectors had concerns that the entire centre and equipment could not be cleaned to the standard required during a COVID-19 pandemic by one cleaner on a daily basis. The person in charge informed inspectors that she was currently in the process of recruiting housekeeping staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

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

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

However, there was inadequate guidance, training and education provided to staff in areas such as the management of laundry and infection prevention and control. This non compliance is actioned under Regulation 27 Infection control.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge confirmed that the senior management team were available for advice at any time. The lines of responsibility and accountability were defined. The person in charge had maintained good levels of practice oversight with the introduction of a safety pause meeting three times a day. At these meetings, all staff gather and give a brief summary of any issues and concerns. The nurse in charge also takes this opportunity to remind all staff to remain vigilant in all areas of infection prevention and control practices.

There was a comprehensive auditing schedule in place. Inspectors found that while audits had been completed, the non compliance's and issues found on this inspection had either not been identified or when identified, appropriate action was not always taken. For example; the sluicing machine required for waste disposal was last serviced in 2013. The last audit completed in March identified that the machine required servicing. This issue which had been identified by the provider had not been given the level of priority required and had not ensured that sluicing arrangements in the centre were fit for purpose in the midst of a national pandemic.

Judgment: Substantially 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

There was a complaints policy in place that had been updated in February 2020. The policy included the name of the person nominated to deal with complaints, an appeals procedure and details of the the Office of the Ombudsman.

The complaints procedure was displayed in the front reception area at a high level. The procedure was not in an easy read format. This was discussed with the person in charge who undertook to review and provide a more user friendly version.

There was a system in place to facilitate the recording of complaints on the computerised documentation system. The person in charge advised that there were no open complaints and that no complaints had been received since she had taken over the post.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. Overall, inspectors found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff had implemented an activities programme to meet the individual needs of residents, as far as was practicable within the current restrictions on social distancing and group activities.

Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew to report any concerns regarding a resident. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). The person in charge had communicated with acute services

regarding appropriate admission and discharge arrangements since the onset of COVID-19. All new admissions had a comprehensive pre assessment completed and when admitted into the centre were cared for in single rooms with limited staff for 14 days.

Residents' files were reviewed. On arrival to the centre the nurse in charge confirmed that no resident had a suspected or confirmed case of COVID-19. On walking through the centre inspectors observed that there were two residents in isolation. The decision to isolate these residents had been made by a member of the senior management team. The decision was made that the residents should go into isolation as they had symptoms associated with longstanding chronic conditions. The clinical team told inspectors that they did not suspect the residents of having COVID-19. It had been decided that if the residents' condition deteriorated then testing would occur. On the day of inspection, the residents had spent 11 days in isolation and no appropriate re-assessment of the need to remain in isolation had been completed. The residents were not offered a COVID-19 test which would have confirmed if isolation was required. Inspectors reviewed resident notes and found that the daily notes referenced that the residents did not have symptoms of COVID-19. For example, there was no raised temperature or any difficulty with breathing reported. The decision to isolate residents was not appropriately risk assessed and there was no clear rationale to justify the ongoing isolation of these residents.

Resident's rights to maintain their privacy was compromised by the limitations of showering facilities available on the ground floor. Records evidenced that all residents availed of weekly or more frequent showers, depending on their choice. Staff informed inspectors that the current residents do not use the assisted bath provided. This meant that 16 residents were sharing the use of one shower. In addition, the location of the shower room meant that some residents had to travel a long distance through the hallway, passing communal areas to access the showers. This arrangement impacts on the dignity of residents.

Regulation 11: Visits

Visiting to residents had been strictly controlled since 06 March 2020 due to the COVID-19 pandemic. In general, there had been no visitors allowed in the building since that date. 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 through the use of video calls and mobile phone applications.

Visits had been facilitated in a mini bus which parked outside the centre one day each week. The visits were well managed. There was separate entrance doors used for residents and their visitors, social distancing guidelines were adhered to, there was a wheelchair accessible lift provided to the rear of the bus to facilitate residents with mobility issues and decontamination took place between visits. Up to a maximum of 12 visits a day were arranged.

The visiting arrangements had not been changed to reflect the guidance and recommendations from the Health Protection Surveillance Centre - *COVID-19 Guidance on visitations to Residential Care Facilities V1.1 21.07.2020*. The operations and compliance manager advised inspectors that the company's visiting policy had been updated to facilitate residents to spend longer periods with visitors, to meet with visitors outside and go for a walk or for an outing with their relative. Relatives were provided with face masks as a risk management precaution. Inspectors questioned the policy decision as to why residents could not receive visitors in the centre in line with the guidance. The explanation given was that the decision had been made at group level. The person in charge stated that the centre had not received any concerns or complaints regarding the visiting arrangements.

Judgment: Substantially compliant

Regulation 17: Premises

The building was three storey in design with accommodation for residents provided on the ground and first floor. There was a variety of communal day spaces, with spacious sitting rooms, dining room, oratory, hairdressing room and smoking room. Seating alcoves were also provided on corridors. 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. Signs with words and pictures indicated bathrooms, toilets, dining room, day rooms and garden. 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.

Sixteen bedrooms on the ground floor had an ensuite toilet and wash hand basin. However, there was an inadequate number of showers provided for residents on the ground floor as discussed under the quality and safety section of this report.

Some parts of the premises were not maintained in good repair and required attention. For example; the mirror to the first floor bathroom was not securely attached to the wall. In addition, the flooring to a shower room was defective, with black adhesive duct tape in place.

There was a resident smoking room on the first floor. However, on the day of inspection some residents were using a room downstairs to smoke. This room had no artificial or natural ventilation.

Under floor heating was provided throughout the building and individual thermostats were located in each bedroom. Staff spoken with were unclear as to how the system operated and were unable to verify if the individual room thermostats were in proper working order.

There was notices displayed in a number of ensuite bathrooms advising residents

that the water was not suitable for drinking. Inspectors queried the notices, the management team were unable to explain the notices and advised that the water supply was fit for drinking.

The operations and compliance manager undertook to review the heating and drinking water systems to provide assurances that they were fit for purpose.

Judgment: Not compliant

Regulation 27: Infection control

While there was some evidence of good practice found on this inspection, the inspectors also found that a number of poor practices increased the risk of infection for residents.

Training records reviewed indicated that all staff had completed infection prevention and control training, however, there was inadequate guidance, training and supervision provided to staff in areas such as the management of laundry and cleaning of equipment.

Inspectors spent time observing staff practices regarding the use of Personal Protective Equipment (PPE) and found good practice.

Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded twice daily and staff temperatures were monitored and recorded three times daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. In addition, the management team had put in place the following measures to protect residents:

- The uniform policy had been reviewed. The inspectors observed that the uniform policy was being adhered to
- Inspectors observed there was appropriate signage in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate
- Residents had individual slings for the purpose of mobilising
- Staff knew the five moments of hand hygiene
- Staff were all wearing face masks
- On the day of inspection there were ample supplies of PPE in stock
- There was sufficient supplies of cleaning products.

The management team had identified a zone that would be used for the cohorting of residents in the event of an outbreak of COVID-19. The zone identified was reviewed on the day of inspection and it was noted that the zone did not have shower facilities for residents or changing facilities for staff. This was discussed with the PIC who identified suitable showering and staff changing facilities on the day of

inspection.

The arrangements in place at the time of inspection for cleaning and decontamination of the centre were unsatisfactory. There was only one cleaner on duty to clean the entire centre. Records reviewed showed that there was inadequate deep cleaning taking place with an average of one to two bedrooms per week receiving a deep clean.

The inspectors observed the following issues which posed a risk to residents:

- The centre had one sluice room located on the first floor. The bedpan/slucing machine was not in working order.
- There was only one sink in the sluice room. Therefore, urinals were washed in the same sink that was used for hand hygiene. There was no hand hygiene gel or hand drying facilities in the sluice room.
- Cleaning systems required review; Mop heads were not changed between rooms. Inspectors acknowledge that a flat mop system was ordered and a confirmation email was seen.
- Wash hand basins throughout the centre were not sufficiently stocked with hygiene products and paper towels.
- Multiple residents' en suites did not have access to paper towels.
- Residents' en suites had insufficient storage; toiletries were stored on toilets' cisterns as there was no other surface to store items.
- Equipment for use by residents was not always appropriately cleaned.
- Items of resident equipment was heavily rusted and therefore could not be effectively decontaminated.
- Soiled laundry was stored in communal bathrooms.
- Laundry practices required immediate attention. For example; resident reusable napkins and kitchen dish cloths were being washed together in the same wash as the floor mops on a normal wash cycle.
- There was no hand gel or hand drying facilities at the wash hand basin in the laundry area.
- Resident hand hygiene basins in the communal bathrooms were not clean.
- The cleaning trolley was visibly dirty.

Inspectors reviewed the most recent infection control audits and found that the issues found on this inspection had not all been identified.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents were assessed on admission and care plans were developed to reflect the assessed needs. New residents admitted throughout the pandemic had a COVID-19 test completed prior to admission. 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. Overall, the interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences. Inspectors reviewed a sample of residents files and found that detailed care plans were completed on admission. There was good evidence that quarterly reviews occurred in consultation with the resident or, where appropriate, their family. However, inspectors found that the detail of the care plan reviews while signed off as completed did not always contain the most up to date information required to guide the care. For example:

- The resuscitation status (DNR) had been reviewed for all residents in light of the COVID-19 pandemic. Inspectors found that there were multiples records in place and that the information and instruction regarding resuscitation in the event of a cardiac arrest was not clear. Inspectors found that the system in place that records the medical resuscitation status of residents required review to ensure that this information is accurate at all times and signed by a medical practitioner.
- Weight management was reviewed and inspectors found that a resident with a MUST of 2, which is high risk, did not have intervention management in a timely manner. For example, a referral for dietetic review was made in February but the assessment was not completed until July. The resident had been charted for supplements by the GP but had refused same. The resident had continued to lose weight. A second review regarding the resident was completed by teleconference on the day of inspection.

Judgment: Substantially compliant

Regulation 6: Health care

During the national COVID-19 pandemic, General Practitioners (GPs) were providing a service remotely and advised staff over the phone. On the day of inspection face to face consultation with residents had occurred.

Inspectors followed up on residents' access to allied health and social care professionals. Throughout the pandemic, telephone consultations and electronic assessment had been completed. The inspectors saw from a review of health care records that resultant recommendations were acted upon. Following the lifting of restrictions at a national level, the management team had engaged with the wider multidisciplinary team and facilitated visits by a chiropodist and psychiatry of later life specialist team (POLL). Inspectors found evidence that advice received had been actioned which had a positive outcome for residents. For example; inspectors reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed the files and care plans of residents with responsive behaviours and found that the care plans in place were detailed, described the behaviours that presented from time to time and were person centered. The staff were familiar with the residents and were knowledgeable of the triggers that may cause distress or anxiety. Referrals were made to specialist services and records conveyed that the advice given was actioned and had ensured a positive outcome for residents.

The management team was seen to be actively promoting a restraint-free environment. Resident files evidenced that where bedrails were in use a clinical assessment of need had been completed by a multidisciplinary team. Inspectors found that staff spoken with were clear that bedrails are only applied as a result of a resident's request or a clinical assessment of need.

Judgment: Compliant

Regulation 8: Protection

Staff spoken with and a review of training records confirmed that staff had received ongoing education in safeguarding. Training was scheduled on an on-going basis. Files of recently recruited staff members reviewed included Garda Síochána vetting disclosures. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that the residents' interactions with staff were seen to have an individualised and person-centred approach.

Residents' right to have an interesting day was being promoted in the centre. Activity provision was managed by the activities coordinator with support from a social care facilitator. Activities were facilitated five days a week. They included group and 1:1 sessions. The schedule of activities included daily exercise and stretching, daily rosary, bingo, arts and crafts, word searches, board games, hand massage, gardening, music and sing songs. The activities coordinator advised inspectors that she visited and spent time daily with all residents who remained in their bedrooms.

Residents had access to advocacy services and information regarding their rights. Information and contact details of a national advocacy group were displayed prominently in the centre. While no resident was currently availing of the service the service had been discussed at residents committee meetings in the past.

The activities coordinator facilitated monthly residents committee meetings. The minutes of meetings were recorded, the inspectors noted that the same agenda was used at each meeting which included issues such as staff, activities, food and menus. There had been no issues raised by residents at recent meetings. This was discussed with the activities coordinator who agreed to review the agenda and format of the meetings to ensure that they were more meaningful and could be used to inform the running of the centre.

Residents had access to information and news from weekly local newspapers, radio, television and Wi-Fi availability. There were no daily newspapers available to residents. This was brought to the attention of the PPIM who gave a commitment to ensure a daily newspaper was made available in line with the Statement of purpose. Residents were supported to use telephones and video calls to keep in contact with friends and family while the visiting restrictions were in place.

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

Residents were observed to be moving about as they wished within the centre. There was a variety of communal day spaces as well as a number of seating alcoves on the corridors where residents could sit and relax.

The inspectors noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. However, as already discussed under Regulation 17, the number and location of the showers impacted on residents' choice, privacy and dignity.

The decisions made by the management team to put residents into isolation as a result of longstanding chronic conditions impacted upon residents choice to move freely within the centre. As discussed previously in the safety and quality section of this report, at the time of inspection two residents had spent 11 days in isolation despite the clinical management team confirming that the residents were not suspected of having COVID -19. Had the residents been offered testing the time spent in isolation may have been significantly reduced.

Judgment: Not compliant

Regulation 28: Fire precautions

While inspectors did not review all aspects of this regulation, they observed that a number of bedroom doors were wedged open with items of furniture which posed a risk to residents and staff in the event of fire. This concern was brought to the attention of the management team who advised that self closing devices had been ordered for these doors and undertook to ensure that these doors would be kept closed until the devices were fitted. Inspectors were informed on the day following the inspection that the self closing devices had arrived and were being fitted immediately.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Oughterard Manor OSV-0000745

Inspection ID: MON-0029907

Date of inspection: 30/07/2020

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:</p> <p>S: The allocation of hospitality staff has been reviewed within the centre and the allocated hours in this department have been increased. This is kept under constant evaluation and in line with the ever changing demands and needs of our residents.</p> <p>M: Through review and in compliance with our Statement of Purpose.</p> <p>A: By the in house management team.</p> <p>R: Overview by the regional team in conjunction with the COO.</p> <p>T: 21st September 2020.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S: Our overarching governance and management structure supports our PIC on a daily basis. Additional training and support around auditing practice and appropriate action has been implemented to support the role. The facilities maintenance team have completed an environmental review and a servicing contract is in place for the sluicing machine</p> <p>M: Compliance and observational visits with additional support where required.</p> <p>A: Achievable through onsite visits and constant review.</p> <p>R: Overview by the regional team in conjunction with the COO</p> <p>T: 16th October 2020.</p>	

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: S: The centre is mindful at all times of the positive effects family visits have and will continue to enhance our visiting protocol where appropriate in line with best practice, Public Health guidelines and localised lockdown arrangements. M: In line with Public Health, NPHE and localised guidelines. A: Co-ordinated by the in house management team. R: Overview by the regional team in conjunction with the COO. T: 30th July 2020.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: S: Our facilities manager has conducted a thorough review of the premises post inspection and any and all outstanding maintenance issues have been addressed effectively. The centre will install an additional shower on the ground floor. Education of how the heating system operates has been delivered to the team and we can further confirm that all individual room thermostats are functional. M: Through monthly environmental and facility audit reviews. A: By the in house management team in conjunction with the Maintenance department. R: Overview by the regional team and the COO. T: 16th October 2020.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: S: Learnings and changing guidelines in the area of infection prevention and control have enhanced practice and have been adopted to ensure the provision of high quality infection prevention and control practices within the centre and additional support will be given to the PIC in order to conform. A servicing contract is in place for the sluicing machine and an additional sink has been installed in the sluice room. Laundry and housekeeping practices, equipment and storage have been reviewed and addressed. The schedules of equipment cleaning and the storage of resident toiletries have been reviewed and addressed.</p>	

<p>M: Any identified issues requiring action will be rectified through enhanced monitoring. A: Through support, onsite visitations, reflection and learning. R: Overview by the regional team in conjunction with the COO. T: 16th October 2020.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: S: Following inspection a thorough audit and review has been conducted of resident assessments and care plans for accurate recording and integration in order to ensure that they adequately reflect residents assessed needs and appropriately guide and direct the care team. M: Through education, guidance, support and comprehensive reviews. A: Through the PIC's in house management. R: Supported and audited by the regional team in conjunction with the COO. T: 15th October 2020.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: S: A thorough review has been conducted in regard to this regulation and at all times mindful of resident rights, clinical decisions around isolation will be directed by the General Practitioner and in line with Public Health guidelines. M: Through audit and review. A: Through the PIC's in house management. R: Through ongoing support by the regional team and COO. T: 31st July 2020.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: S S: Prior to inspection a routine audit deemed the necessity for additional door guard</p>	

closers of which were ordered pre-inspection, delivered on the day of inspection and installed the day following.

M: Through constant observations and reviews.

A: By the PIC

R: Through ongoing support by the regional team and COO.

T: 31st July 2020.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	30/07/2020
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	21/09/2020
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	16/10/2020

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/10/2020
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.	Not Compliant	Orange	16/10/2020
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	15/10/2020

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/07/2020
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	31/07/2020