Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sheelin Nursing Home
Name of provider:	Sheelin Nursing Home Limited
Address of centre:	Mountnugent, Cavan
Type of inspection:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0000160
Fieldwork ID:	MON-0034005

About the designated centre

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

The designated centre provides nursing care and support over a 24 hour period to meet the needs of up to 30 older persons, male and female for both long term and short term care. The centre is a converted building, on three levels overlooking an expanse of water. It is situated in a rural area. The philosophy of care is to provide a caring environment that promotes residents' health, independence, dignity and choice. The holistic approach aims to provide a quality service with the highest standard of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 October 2021	09:30hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 19 October 2021	09:30hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 19 October 2021	09:30hrs to 17:45hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Over the two days of this inspection, inspectors met several residents and spoke with four residents in more detail. Overall residents' feedback was positive regarding their experience with living in Sheelin nursing home. Residents said they were pleased that the location of the centre allowed them to continue to live in the area where they lived previously and were still in familiar countryside surroundings. Sheelin nursing home is located in a rural setting with views of nearby Lough Sheelin.

On arrival to the centre, the inspectors were guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering the centre and residents' accommodation. Inspectors found there was a warm and welcoming atmosphere in the centre and residents confirmed that the designated centre was a 'comfortable', easy-going' and a 'nice' place to live in. Most of the residents were observed by inspectors to spend their day in the communal rooms on the first and second floor levels. Coordinated group activities suitable for more able residents were taking place in the sitting room on the first floor. These activities included singing and chair exercises and were observed by inspectors to be lively and residents were willingly participating and obviously enjoying them. Staff were observed mingling among the residents, gently assisting and encouraging them and this approach was seen to optimise participation by less able residents. On both days of the inspection, a carer worked with three more dependant residents in the sitting room on the second floor level. The care staff member focused on sensory one-to-one activities with these residents. Background music was playing and the three residents' assistive chairs were placed so they had a wide view of Lough Sheelin and the surrounding countryside through the large window in this room.

It was evident from the inspectors' observations and from residents' feedback that staff knew residents well and were very comfortable in their company. Residents said that staff were 'kind and caring', 'special' and 'like my own family'. Residents expressed their satisfaction that their visitors were able to come into the centre to see them again and inspectors saw residents' visitors being facilitated to see them in line with public health guidance. A visitors' room was available on the ground floor.

Over the days of the inspection, the inspector met several residents and spoke in more detail with five residents about their experiences of living in the designated centre. In addition to conversing with residents, the inspectors spent some time observing residents' daily routines to gain insight into how their needs were met by staff and how residents spent their day in the centre. The inspectors found staff in this centre respected residents' rights, were attentive to residents' needs for assistance and were kind and gentle in their interactions with residents. Residents were supported to have a meaningful life in the centre and were provided with opportunities to participate in a variety of social activities.

The interior of the premises was warm and comfortable. Inspectors observed that residents' bedrooms varied in size. A painter and two tilers were working on a bedroom and a communal shower on the days of inspection. Inspectors observed that paint was missing and chipped on several surfaces including walls, wooden skirting on corridors and door frames and were told that painting was continuing until all parts of the centre were upgraded. Work was scheduled to commence on upgrading the floor covering, wall surfaces and fixtures and fittings in a communal toilet/shower on the second floor.

Many of the bedrooms were personalised as residents wished with their personal items such as personal photographs, artwork and ornaments. Residents had sufficient storage space in their bedrooms and were arranged so that they could easily access all parts of the room. New brightly coloured curtains with various patterns were hanging on all windows including in residents' bedrooms.

Traditional memorabilia familiar to residents in the centre was displayed in the communal rooms and included a welsh dresser and a lighted shelved wall unit containing glasses and ornaments. A designated storage area for residents' assistive wheelchairs in the circulation area on the first floor was cordoned off with yellow rails to mitigate risk of injury to residents passing by this area. Residents had access as they wished to an outdoor area off the first floor.

Outdoor sheltered seating was provided on an astroturf surface to promote residents' safety. Colourful shrubs were growing in plant pots and hanging baskets. This outdoor area has views of an adjacent field which was used by a local farmer to graze cattle. This appealed to many of the residents who were farmers before coming to live in the centre.

The inspector observed that arrangements to consult with residents were in place, including regular residents' meetings. Residents told the inspectors that they felt involved in the centre and felt their views were valued and made a difference. A six to eight weekly publication called 'The Sheelin Herald' was distributed in the centre to keep residents updated on what was happening in the centre, photographs and other interesting items from residents about times past.

Residents told the inspectors that the food was 'very good' and they had a choice of hot meals on the menu each day. The inspectors were told by a number of residents that they enjoyed their meals. Inspectors observed that mealtimes were a social occasion for many residents who liked to sit together at mealtimes.

Residents were familiar with the management structure in the centre and it was evident from the inspectors' observations and residents' feedback that they knew each member of the management team well. Residents explained that while they had no complaints, they felt they could talk to the person in charge or any member of staff if they were had any concerns or complaints and were confident that they would be listened to and any issues raised would be addressed to their satisfaction. Residents confirmed to the inspectors that they felt safe and secure in the centre.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in

relation to compliance with the regulations are set out under each section.

Capacity and capability

This unannounced risk inspection was carried out over two days to monitor compliance with the regulations including assessment of the provider's progress with addressing the significant fire safety concerns found on the previous inspection in April 2021. These concerns were reiterated in a fire safety risk assessment report prepared by a fire safety specialist commissioned by the provider in July 2021. However, inspectors found that only one of eight fire safety risks identified in this fire safety risk assessment report that must be addressed as a priority had been addressed at the time of the inspection. Due to the provider's failure to address these priority issues and ensure the safety of residents in the event of a fire emergency, an urgent action letter was issued to the provider requiring that they acted to ensure residents' safety in the designated centre by 27 October 2021.

Sheelin Nursing Home Limited is the registered provider of Sheelin Nursing Home designated centre. Both of the company directors are directly involved on a day-to-day basis in the operational management of the centre. The provider has employed a full-time person in charge (PIC) who was present in the centre for the second day of the inspection. A clinical nurse manager deputised in her absence on the first day of inspection. The management structure in place was clear and lines of authority and accountability were defined. Although, the management team were aware of their regulatory responsibilities, progress with bringing the designated centre into regulatory compliance and ensuring residents' safety was slow and lacked coordination. For example, there was no clear time-bound action plan system in place to ensure that actions to address identified high risks to residents' safety were addressed promptly.

This inspection found that the governance and management of the centre required significant improvements. As stated earlier the provider had failed to act in a timely manner to address the high risks associated with fire safety compliance. Inspectors found that the provider had progressed some of the actions that were required following the previous inspection to bring the centre into compliance with Regulation 27 and Regulation 17. However, these regulations remained not compliant on this inspection.

The provider had maintained the increased numbers of staff employed since the COVID-19 outbreak in the centre. This action strengthened preparedness for a further COVID-19 outbreak and ensured that residents' care and support needs were met to a good standard. The provider facilitated all staff to complete mandatory and professional development training and as a result staff were competent and appropriately skilled to meet residents' individual and collective needs. However housekeeping practices observed by the inspectors did not give assurances that appropriate infection prevention and control standards were maintained.

There was a low number of accidents and incidents involving residents in the centre and arrangements were in place to ensure appropriate actions were taken to mitigate recurrence and any learning identified was implemented. All incidents were notified to the Health Information and Quality Authority as required by the regulations.

Records including residents' information records were complete and were held securely.

There was a low number of documented complaints and procedures were in place to ensure any complaints received were managed in line with the centre's complaints policy.

Regulation 15: Staffing

There was adequate numbers and skill mix of staff to meet the assessed needs of residents and given the layout of the designated centre. Call bells were responded to by staff without delay and residents were appropriately supervised by staff at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Improvement in the supervision of cleaning staff was found to be necessary to ensure the designated centre was cleaned to a high standard. For example, some sinks were not cleaned to a high standard and this posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required to ensure appropriate management systems were in place to ensure that the service was safe, appropriate, consistent and effectively monitored. The management systems in place did not ensure that identified significant fire safety risks were managed and effectively mitigated.

While fire safety risks were identified and risk assessed in a fire safety risk assessment report completed in July 2021, actions to control the level of risk posed by the majority of the findings identified as needing immediate improvement had not been progressed.

Improvements were also found by inspectors to be required in relation to managing other environmental risks such as;

- risk of trip to residents accessing the outdoor area from the sitting room on the first floor from a raised area of the door frame at floor level.
- risk of fall posed to vulnerable residents from uneven floor surfaces in a communal toilet/shower and part of the circulating corridor on the second floor.
- four oxygen cylinders were stored in a stairwell on the ground floor and this placement was not supported by a documented risk assessment with controls to mitigate any risk posed to residents' safety.

Inspectors observed that controls were in place to mitigate risk of fall on a steep slope providing access from the residents' outdoor area to the front of the centre, this risk was not identified in the risk register. As this risk was not documented, regular review to ensure the control measures in place were effective was not assured.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .

Judgment: Compliant

Regulation 34: Complaints procedure

An updated centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. The person in charge confirmed that there were no open complaints at the time of this inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

Quality and safety

Overall, this inspection found that significant improvements were still required to ensure the service is provided in a way which protects and maintains the safety and wellbeing of the residents living in the designated centre. Residents were provided with good standards of nursing and health care. Care and supports provided to meet residents' needs were appropriate, person-centred and were clearly informed by residents' usual routines and individual preferences and wishes.

Improvements continued to be made in infection prevention and control processes and procedures in the centre and on the advice of the Public Health team. For example, with the exception of the cleaner's room, procedures in place for environmental cleaning of the clinical room, sluice room and the laundry were for the most part effective. These rooms were observed to be tidy. However, improvements to the cleaning room were required including;

- maintenance to ensure all parts of the the walls and the floor could be effectively cleaned,
- improved cleaning of cleaning equipment after use
- removal of cleaning equipment that was no longer in use.

Cleaning product dispensing stations and new cleaning trolleys incorporating flat mop systems were in use.

The centre had a suite of infection prevention and control policies which covered

aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education for all staff. Notwithstanding the infection prevention and control improvements made, substantive risks remained. These findings are discussed further under Regulations 17 and 27 in this report.

Refurbishment works in the centre were in progress on the days of inspection, and inspectors observed that two communal shower/toilet rooms on the first floor were nearing completion. The person representing the provider told inspectors that refurbishment of a communal shower/toilet on the second floor was scheduled to follow refurbishment works on the first floor. Painting of residents' bedrooms was commenced and a painter was painting a vacant bedroom on the days of this inspection.

The inspectors observed that work had taken place since the last inspection including signposting fire escape routes, replacement of a fire door on the kitchen and upgrading of emergency lighting throughout the premises. Works to upgrade general lighting internally and externally was also progressed. All emergency exit routes were observed to be clear of obstruction. Staff who spoke with the inspectors were knowledgeable about the emergency evacuation procedures in place and each resident's personal emergency evacuation procedures were assessed, clearly documented and regularly reviewed. While these actions gave some assurances regarding residents' safe evacuation, significant fire safety risks remained. Due to the findings on this inspection, the provider was required to take urgent action to provide the Chief Inspector with assurances regarding residents safety in the event of a fire in the centre. Findings are discussed further under regulation 28 in this report.

The overall layout and design of the centre met residents’ needs. The designated centre premises consisted of three floor levels, a mechanical lift and a stairs provided access between floors. Access to the stairs was controlled to mitigate risk of fall to vulnerable residents and others. Residents’ accommodation was provided on ground floor level in two twin bedrooms with full en suite facilities and three single bedrooms, one of which had full en suite facilities and two had en suite toilet and wash basin facilities. The first floor level provided accommodation for 12 residents in single bedrooms, all of which had en suite toilet and wash basin facilities. Two communal shower rooms were provided to meet residents' needs on this floor level. The second floor level provided accommodation for residents in 11 single bedrooms, six of which had en suite toilet and wash basin facilities and five had full en suite facilities. A communal shower room was also provided on this level to meet residents' needs.

Residents were provided with good standards of nursing care and timely health care to meet their needs. This optimised their continued good health and wellbeing. Residents care plans were detailed and reflective of their individual preferences and wishes regarding their care and supports. Residents had access to a general practitioner (GP) of their choice and a GP visited them regularly in the centre. In addition, medical cover was also available if residents became unwell during outside

of regular working hours.

Good care standards provided for residents was also reflected in the low numbers of residents falling, developing pressure related skin ulcers and residents losing weight unintentionally in the centre. Accidents and incidents were appropriately managed and effectively responded to. Staff were familiar with residents needs and were observed to provide care in line with residents assessed needs.

Residents' rights were respected in the centre and they had opportunities to engage in meaningful activities. Residents were supported to safely meet with their visitors in line with public health guidance.

Measures were in place to protect residents from risk of abuse. Residents predisposed to responsive behaviours due to their diagnosis were well supported. A minimal restraint environment was promoted and procedures in place were in line with national policy guidelines.

Regulation 11: Visits

Procedures were in place to ensure residents' families and friends could come to visit them in the centre in line with national guidance. Screening checks were consistently completed to protect residents from risk of contracting COVID-19 infection before visitors entered residents' accommodation.

Judgment: Compliant

Regulation 17: Premises

The arrangements for the upkeep and maintenance of the designated centre were not effective.

- The paint on areas of the walls, wooden skirting and door frame surfaces in communal rooms, corridors, residents' bedrooms and utility areas was chipped or missing and therefore these surfaces could not be effectively cleaned.
- There were areas of chipped and missing paint on frames and worn table surfaces on some tables used by residents and therefore did not support effective cleaning.
- The floor covering on some corridors and a communal toilet/shower were observed to be worn, stained and damaged. The shower water outlet was not secure and was breaking away from the floor surface. This finding posed a risk to residents' safety and did not support effective infection prevention and control.
- Access to the sluice on the first floor level was confined and hindered due to

requirement to open two doors, one of which were key code locked. This posed a risk of spill of potentially hazardous body fluids and cross contamination.

The infrastructure and equipment within the laundry did not support functional separation of the clean and dirty phases of the laundering process and as such posed a risk of cross contamination.`

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed and appropriately monitored. There was sufficient staff available to support residents who needed assistance with drinking fluids and with eating their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties were referred for dietician and speech and language therapy assessment without delay and their recomendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

Judgment: Compliant

Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented, some further improvements were required to ensure adherence to national infection prevention and control standards and to ensure residents were protected from risk of infection;

- There was not enough clinical hand-wash sinks in the centre and some of the sinks available did not comply with current recommended specifications. Clinical hand wash sinks used by staff should be independent of residents' sinks.
- An item of floor cleaning equipment had polish residue on the wheels and surfaces and could not be effectively cleaned after each use.
- A sluice hopper in the cleaner's room and the area around the water outlet in some sinks were not clean. The water outlet in some showers was rusted and did not support effected cleaning. These findings posed a risk of cross infection.
- A redundant cleaning trolley and cleaning buckets no longer in use were stored in the cleaning room and surfaces of this equipment was observed to be unclean. This posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

As noted in the Quality and safety section of this report the inspectors observed that works to the centre had progressed to come into compliance with regulation 28 fire precautions since the last inspection. However significant fire safety risks remained which were identified but not mitigated to ensure residents' safety. Inspectors found that only one of eight high fire safety risks identified in the fire safety risk assessment report was addressed.

Due to the provider's failure to address these issues and the subsequent findings on this inspection, the provider was required to take urgent action to provide the Chief Inspector with assurances regarding resident's safety in the event of a fire in the centre. An urgent action letter was issued to the provider requiring their assurances regarding fire safety in the designated centre by 27 October 2021.

On the day of inspection the service was non-compliant with the regulations in the following areas:

The registered provider was not taking adequate precautions against the risk of fire:

- The identifications and management of fire safety risks was not adequate. A fire safety risk assessment had identified fire safety risks but from reviewing daily fire door inspection logs, fire policy, fire risk register and speaking to staff on duty, inspectors were unable to find evidence that these risks had been identified, were risk assessed and were being managed adequately in order to manage and reduce the risk of the spread of fire.
- Improvements were required regarding the storage of oxygen cylinders. Inspectors noted four oxygen cylinders were stored in a circulation route beside a staircase. This risk had previously been identified on the last inspection in April 2021 and subsequently in the fire safety risk assessment by the provider's fire consultant. An urgent action letter was issued to the provider to review the storage of oxygen and the existing oxygen cylinders be relocated to a more suitable location.
- A fire door from the kitchen, a room of increased fire risk leading to the day room was observed to be left open on both days of inspection and was not fitted with a door closer. Assurances were not available to confirm that this was an appropriately rated fire door. Since the inspection a door closer has been fitted to the kitchen door.
- Inspectors noted exposed electrical wires in the ceiling of a store in the office of the person in charge and a hole in the ceiling that require repair.

Since the previous inspection the provider had upgraded the emergency lighting and emergency signage. However Inspectors were not assured that an adequate means of escape was provided throughout the centre. For example:

- A non-fire protected storage press was located under the central stairway.
- As noted by inspectors there were two available escape routes out of the day room, one via the corridor serving bedrooms 1 to 11, however this exceeded the maximum permissible travel distance in a single direction for a nursing home as noted in the Fire Safety Risk Assessment. The second was via the main kitchen. The possibility of having a large amount of residents within the day room having to evacuate down a set of stairs and through the main kitchen which is an area of high risk is considered an excessive risk for residents. Due to the totality of fire risks identified in relation to the day room an urgent action letter was issued to the provider to mitigate the risk until works had been completed to the day room. The Provider made a commitment to cease using this room until the fire risks had been reduced to ensure the safety of residents.

Since the previous inspection the provider had reviewed the arrangements for the locking of fire exits and had fitted a thumb turn locking mechanism in place of key locks. The provider also assessed the evacuation aids used for each resident to ensure they adequately fit through all escape routes and exit doors. Where it was found that certain evacuation aids would not fit, the provider submitted assurances that residents would be relocated to a more suitable area of the nursing home in line with their dependency profile.

Furthermore it was identified in the fire safety risk assessment that the escape route located in the west compartment containing bedrooms G5 and G6 had a narrow escape route and a narrow fire exit to navigate in the event of an evacuation. On inspection the provider stated that they are no longer using this compartment to house residents and its use as staff changing, office and store have been retained to avoid having to evacuate residents through a narrow exit.

Inspectors were not assured that adequate arrangements were in place for maintaining means of escape:

- Inspectors noted that the day room walls and ceilings were lined with timber. The timber linings would not achieve a Class O category for prevention of surface spread of flame for walls and ceilings. This had been identified during the previous inspection and no progress had been made by the provider to reduce the risk.

Since the previous inspection the provider had fitted a new fire rated door to the kitchen. However significant progress had not been made relating to containment, fire stopping and fire door upgrades. Inspectors were not assured that adequate arrangements had been made for containing fires.

- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). It was observed that some doors along escape routes were not closing and catching properly. In other cases doors were not fitted with smoke seals, screws were missing from hinges and some were catching on the floor covering. The fire door to the kitchen was not adequate to contain

fire. The findings on the previous inspection were that a fire door assessment was required. Adequate progress in this area on foot of the submitted fire safety risk assessment had not been made by the provider. Upgrading of fire doors are due to be completed by 31 December 2021 by the provider.

- The partition between the first floor day room and corridor extended to the underside of suspended ceiling tile only, resulting in a potential cavity above this partition. This means that a fire would not be contained in the day room to protect the escape route. This was also identified on the previous inspection. As noted above due to the lack of progress the provider made a commitment to cease using this room until the fire risks had been reduced to ensure the safety of residents.
- Inspectors found service penetrations going through ceiling and walls in areas for example: in the lift room, bedroom corridor, day room, kitchen store room and a large pipe penetrating a wall from the boiler room into a store room with no indication of fire stopping to seal penetrations.

A review by a fire safety professional to ensure adequate containment of fire and to ensure all breaches in fire rated construction are adequately sealed up to ensure containment of smoke and fire had been carried out. The risks identified in this report and the scope of works recommended are due to be completed by 31 December 2021.

Adequate arrangements had not been made for detecting fires. For example:

- Inspectors noted a sluice room and store had no smoke detector present.
- A store room in the office of the person in charge had no smoke detector present.
- Additional detection was required in some areas, for example first floor bedroom corridor due to the number of down stands on the ceiling.
- Inspectors noted the fire detection and alarm system was a zoned L2/L4 system and did not meet the required L1 system. Since the previous inspection the provider had updated the zone chart in line with the statement of purpose and day-to-day terminology with future plans to upgrade the alarm system.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed:

- Outdated zoned floor plans were on display beside new updated floor plans. This could potentially lead to unnecessary confusion and delays in identifying which floor plans to follow in the event of an evacuation and in identifying the location of a fire.
- Inspectors noted an absence of zoned floor plans on display on the middle and first floor of the nursing home.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices and were in line with professional guidance and standards. Original medicine prescriptions in place for each resident and signed by their general practitioners informed an electronic administration record completed by staff nurses following administration of each medicine to residents. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked appropriately and were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

Procedures were in place for return of unused ot out-of-date medicines to the dispensing pharmacy. All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs, including risk assessment of falling, malnutrition, pressure related skin damage and assessment of safe mobility support needs among others. These assessments clearly informed care plans that described each resident's care needs and the care interventions staff must complete to meet their needs. This information was described in person-centred terms to reflect each resident's usual routines and individual care preferences and wishes.

There was no incidents of residents developing pressure related skin wounds in the centre over the past 12 months. On the day of inspection, staff were managing two residents' wounds in line with evidence based wound care management procedures and with guidance of a tissue viability specialist and residents' general practitioners.

Residents or their families on their behalf were consulted with regarding changes to and review of care plans.

Judgment: Compliant

Regulation 6: Health care

Good standards of evidence based health and nursing care and support was provided for residents in this centre. Residents were supported to safely attend out-

patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs) from a local practice, allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Out of hours medical care was easily accessible. Recommendations were detailed in residents' care plans and were followed by staff with good outcomes for residents. Staff were monitoring residents for symptoms of COVID-19 on an ongoing basis including twice daily temperature checks.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors were told that there were three residents in the centre who were predisposed to responsive behaviours due to their diagnosis. Each of these residents had behaviour support care plans in place that informed a person-centred support by staff to prevent behaviours occurring if possible. The most effective person-centred de-escalation strategies were described in each of these residents' care plans. This information ensured that there was a consistent approach to care of these residents by all staff. Records were maintained describing episodes of responsive behaviour to assist with identifying triggers to the behaviours and to inform treatment plans.

The inspectors found that the designated centre was promoting a restraint free environment and had implemented the national policy guidelines including staff training since the last inspection in April 2021. Seven residents used full length restrictive bed rails, some of which were requested by residents. Evidence of trialling of alternative less restrictive supports was clearly documented. Where full length restrictive bedrails were assessed as being the most appropriate intervention, arrangements were in place to minimise the amount of time in use and a safety risk assessment was completed prior to their use to ensure they were safe to use.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities. A detailed account of each resident's life was collated that guided staff with ensuring that their quality of life in the centre was optimised. Staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished. Records of the activities residents participated in and their level of engagement were maintained by the activity coordinator.

Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sheelin Nursing Home OSV-0000160

Inspection ID: MON-0034005

Date of inspection: 19/10/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: An Audit of Housekeeping practice has been developed and commenced. This Audit format includes an Action Plan Following each audit the HK team are updated and feedback is given both to the team and on a 1 to 1 basis Records of Housekeeping Audits are maintained as part of the Internal Audit process	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A full review of the Risk Management process has been completed The Risk folder has been updated to reflect the review and to identify a time frame for ongoing reviews Risk Assessment has been added to the agenda of the regular Departmental meeting who will oversee the review and management of identified risks within the designated centre Mitigation of identified Fire Safety Risks are due to be completed by 31/12/21	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The internal Painting programme has been completed.
Resident's tables with worn surfaces have been removed from the floor
Work on the refurbishment of the 3rd shower room has commenced and will be completed by 31/01/2022.
Corridor floors have been reviewed and work will commence by 31/03/22.
The 1st access door to the sluice room is now being held open with a Maglock.
The dirty – clean laundry process has been reviewed and the risk register has been updated to reflect the process.
New laundry skips with lids have been purchased
Dirty laundry and the laundry bag are put directly into the washing machine

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Additional clinical hand wash sinks have been purchased and the installation will be completed by 31/03/22.
Upgrading of current sinks will be completed by 31/12/22.
Interim measures include additional hand sanitizing gels.
Redundant HK equipment has been removed from the floor.
Cleaning of Housekeeping equipment is included on daily cleaning schedules
Cleaning of water outlets are included on daily cleaning schedules

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
As outlined previously the Risk register has been reviewed and updated.
All eight high fire safety risks identified in the fire risk assessment report have now been addressed and all work completed.
Oxygen Cylinders are now stored in an external location, a bespoke cage was manufactured.
As part of their remit, an external fire door contractor are installing a new fire door in the Kitchen
leading to the top floor sitting room.

Repairs have been completed to the exposed wires & ceiling of the store in PIC office.
The store under the central stair way has been closed off and required fire stopping completed.
Currently the day room on the top floor is not used for residents, work has been completed to achieve a class A category for this room.
An external fire door contractor are installing all required Fire Doors as outlined in the fire risk
assessment report. They are also carrying out repairs to doors sets as required. Doors that were noted not to be closing or catching have been repaired.
All fire stopping work has been completed by an external fire safety contractor, this includes the
partition between the first-floor dayroom and corridor and fire stopping all service penetrations through ceilings and walls.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	08/12/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2022
Regulation 23(a)	The registered	Not Compliant	Orange	31/03/2022

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	16/12/2021
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	16/12/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Not Compliant	Red	31/12/2021

	suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	31/12/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	31/12/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	31/12/2021
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/12/2021