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:	Archersrath Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Archersrath, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0000191
Fieldwork ID:	MON-0035412

About the designated centre

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

Archersrath Nursing home is situated in an rural setting near Kilkenny city. The centre is purpose built and has been extended over time and now has accommodation for 61 residents. The centre accommodates residents over the age of 18 years, both male and female for long term care residential care, respite, convalescence, dementia and palliative care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy, chiropody, dental, audiography and opthalmic services. The centre caters for residents of varying levels of dependency from low to maximum including residents with dementia. The services are organised over one floor and bedroom accommodation consists of five twin rooms and 52 single rooms, all en-suite. Communal rooms include dining rooms, four day rooms, smoking room, hairdressing/therapy room and spacious front reception area. There are internal courtyards which are accessible by residents. The centre employs approximately 60 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50

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
Thursday 24 March 2022	09:00hrs to 17:00hrs	Mary Veale	Lead
Thursday 24 March 2022	09:00hrs to 17:00hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

The overall feedback from residents was one of satisfaction with the care and service provided. Some residents stated that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents were very positive about their experience of living in Archersrath Nursing Home. Staff were observed to be kind and respectful in their interactions with residents. Residents were very positive in their feedback about staff and many examples of person-centered and respectful care were observed throughout the day with all staff having the same kind and patient approach. The inspectors met with many residents during the inspection and both Inspectors spoke at length with fourteen residents to gain an insight of the lived experience in the centre.

On arrival inspectors were guided through the centre's infection control procedures before entering the building. Following an opening meeting the inspectors were accompanied on a tour of the premises, where the inspectors also spoke with and observed residents mainly in their bedrooms. The design and layout met the individual and communal needs of residents. The centre is registered to accommodate 61 residents. Accommodation is on the ground floor level and comprised of 51 single and five twin rooms. All of the bedrooms are en suite with shower, toilet, and wash hand basin. The inspectors noted that the premises was nicely decorated. Almost all parts of the centre were seen to be clean throughout. Many of the resident's bedrooms were personalised with memorabilia, photographs, pictures and ornaments. The front door, and all external doors were locked and doors could be open using a code pad. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The inspectors observed that the corridors were decorated with pictures.

Overall, the premises was bright, clean and communal areas were pleasantly decorated. The atmosphere was calm and relaxed. Personal care was being delivered in many of the bedrooms and observation showed that this was delivered in a kind and respectful manner. There were jugs of fresh water on the lockers in residents' rooms. Residents were highly complementary of the staff and the services they received. Residents said they trusted the staff and the management team to keep them safe through the COVID-19 pandemic and fully informed of any changes in the centre.They told the inspector that staff were always available to assist them. Some residents were disappointed that the group activities were limited and they found they had little to do during the day, except watch television in their bedroom. Some residents had mobile phones and chatted with family and friends during the day. Inspectors observed that the communal areas in the centre were mostly vacant throughout the day.

The inspectors found that the size and layout of a number of the twin rooms were not suitable for residents who needed to use assistive equipment such as specialist chairs and hoists as space in these rooms was limited. Inspectors observed that because the privacy curtains blocked out the light from the window the other bed in

the room was dark and did not have enough natural daylight. Inspectors noted that residents in twin bedrooms did not have access to their own television and would need to share viewing time with the other resident in their room.

Throughout the day the inspector observed a limited number of residents partaking in organised or individual activities. The activities schedule was displayed and included a limited variety of activities for the day such as, mass, radio and TV news, music, DVD. Some of residents were seen to spend the day alone in their bedrooms and stated the day was long and they were often bored. During both the morning and afternoon a very small number of residents were observed in the day areas. Numbers increased for mealtimes.

Residents had access to enclosed garden areas, the doors to the garden areas were open and they were easily accessible. The garden areas were attractive with landscaped beds and outdoor furniture provided for residents use. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air.

During the walkabout, residents were observed to be relaxed and familiar with the person in charge and other staff and freely conversed with them. Observations on inspection showed that staff had good insight into responding to and managing residents' communication needs and provided support in a respectful professional manner.

Residents were very positive in relation to food and mealtimes. Residents told the inspectors that they were offered choice at each mealtime and that meals were tasty and served nice and hot. Meals were served in the communal areas or residents could choose to eat in their bedrooms.

Inspectors observed that visiting was facilitated. However, Inspectors were informed that visiting hours were limited to 10am to 12pm; 2pm to 4pm and 6pm to 7pm. This was not in line with the most recent public health guidance in place at the time of the inspection. This matter was addressed before the Inspectors left the centre. Inspectors observed a number of visitors coming and going throughout the day of the inspection. Staff were familiar with the visitors who attended on the day and made them welcome greeting them and updating them on their loved one's progress.

Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. Inspectors observed residents making choices about how they spent their day, including what meals and drinks they would have. Staff were seen to offer choices at meal times and when drinks were served from the tea trolley.

The inspectors spoke with one family who told the inspectors that members of the family visited regularly and were very satisfied with the care provided for their family member. The family and the resident had had the opportunity to visit and look around before the resident made their decision to come to live in the designated centre. The family had looked at a number of care facilities in the area before admission. Family members said that they were always informed if there was a

change in their loved one's health or well being and were particularly grateful for the efforts staff had made to ensure that they could keep in touch during the COVID-19 visiting restrictions

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the centre and how these arrangements impacted on the quality and safety of the service being delivered

Capacity and capability

Overall this was a well managed service with established governance and management systems in place to monitor the quality and safety of the care and services provided for the residents. The provider had progressed the compliance plan following the previous inspection in April 2021 and improvements were found in relation to Regulation 27, however, on this inspection Inspectors found that action was required by the registered provider to address the areas of Regulation 5, individual assessment and care plans, Regulation 9 residents rights, Regulation 16 staff training and development, Regulation 17, premises, Regulation 23 governance and management, Regulation 27, infection prevention and control, and Regulation 34 complaints.

This was an unannounced risk inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspectors also followed up on notifications submitted to the Chief Inspector. The provider is Mowlam Healthcare Services Unlimited and is an experienced provider with a number of designated centes in Ireland.

There was a clear management structure in place that identified the lines of authority and responsibility. Managers were known to residents and their visitors. Residents told the inspectors that they could talk to senior staff if they had any concerns. The person in charge was supported by a healthcare manager and had access to the facilities available within the Mowlam Healthcare Group. Individual roles were clearly set out and managers and staff were aware of their individual responsibilities and lines of reporting. The person in charge was supported in the centre by a Clinical Nurse Manager and administration staff. Records were maintained in line with the regulations and were made available to the inspectors when requested. Inspectors were informed that the person in charge was due to resign soon after the inspection. Inspectors were told that new person in charge was due to commence in a number of weeks. In the interim of the resignation of the current and the commencement of the new person in charge, the clinical nurse manager was due to fulfil the post. Inspectors were told that the clinical nurse had the required experience and qualifications as required by regulation 14 Person in Charge.

Staff were supported in their work and had good access to training and

development. Records showed that all staff had a comprehensive induction when they started working in the centre. Staff training records identified mandatory training requirements for each member of staff and there was a process in place to ensure that staff attended mandatory training when it was due. As a result staff who spoke with the inspectors were clear about their roles and the standards that were expected of them. Staff were supervised by the Person in Charge and the Clinical Nurse manager. The staffing rosters reflected the staff on duty in the centre on the day. The provider had sufficient resources to ensure the effective delivery of care within the centre.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A review of staff records showed that staff were recruited and inducted appropriately. Inspectors spoke with some staff about their recruitment, induction, and on-going professional development who reported being well supported through the induction process. A review of staff records showed that staff were recruited and inducted in accordance with best practice. A sample of staff files was reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2 including garda vetting. However, one staff file did require follow up as outlined under regulation 21 Records, below. Current registration with regulatory professional bodies was in place for all nurses.

Systems of communication required improvement as monthly governance meetings with the provider and the management team, quality and safety meetings, staff meetings had decreased significantly in frequency in the past few months. The oversight systems in place to ensure the centre was operating in line with the regulations and standards, based on the Mowlam audit management system (MAMS) was not being fully implemented. Audit action plans were not comprehensive enough to drive quality improvement.The review of quality of care for 2021 was not available.

Inspectors viewed the centres statement of purpose ,amendments were required to the centre's statement of purpose.The statement of purpose staffing whole time equivalent did not reflect the number of staff on the rosters. The centre had more staff documented on the rosters then outlined on the statement of purpose.Amendments to the statement of purpose were completed during the inspection.

It was apparent that the registered provider and person in charge encouraged and were responsive to feedback about the service from residents and families. Inspectors reviewed the complaints log and found that records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. The complaints procedure was displayed at the main entrance. Residents reported feeling comfortable with speaking to any staff member if they had a concern. However, Inspectors were informed by the person in charge that a verbal complaint had been brought to the attention of management

but had not been recorded and managed per the complaints procedure.

Regulation 14: Persons in charge

The person in charge worked full time in the designated centre and was well known to residents and staff. The person in charge was an experienced nurse who met the requirements of the regulations. They facilitated the inspection and were knowledgeable about their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that there were adequate number of number and skill mix of staff to meet assessed needs of residents. On the day of inspection in addition to the person in charge and clinical nurse manager there were two nurses and nine healthcare attendants to provide care to the 50 residents living in Archersrath Nursing Home. At night these numbers reduced to two nurses and two healthcare attendants. An activities coordinator was recently appointed and had the responsibility for residents' activities. Care was further supported by a team of kitchen, housekeeping and laundry staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. For example, all staff were up to date with required training in safeguarding and protecting and detection of vulnerable adults and Dementia training. There was evidence that refresher training for safe guarding was scheduled for all staff in the coming weeks. Gaps were identified in fire safety training for two staff.

Judgment: Substantially compliant

Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations

were met. However, in one of the staff files reviewed a history of gaps in employment in the curriculum vitae had not been reviewed.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors found that the effectiveness of governance and management systems in place for oversight of the centre on a day to day basis did not identify issues regarding:

- The provision of a meaningful activities programme, resident consultation and the residents right to partake in personal activities as identified by the inspectors.
- Systems of communication were not sufficiently robust as monthly governance meetings with the provider and the management team, quality and safety meetings, staff meetings had decreased significantly in frequency in the past few months.
- There was no evidence of cascade of learning from audits or reviews of care through. Audits reviewed by inspectors showed that where improvements were identified actions plans to address the gaps were not sufficiently detailed or cascaded onwards through the governance structure to drive quality improvement. For example, the analysis of key performance indicators such as falls had not identified the increase in falls requiring medical intervention since late 2021 and as a result the provider was required to submit a a quality improvement plan to the Chief Inspector in relation to falls management.the governance structure.
- The review of the quality and safety of care for 2021 as required by the regulations was not available.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with time frames specified in the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider failed to give notice in writing to the Chief Inspector no later than one month of the proposed absence the person in charge of the designated centre where the proposed absence from the designated centre was for a continuous period of 28 days or more.

Judgment: Not compliant

Regulation 34: Complaints procedure

Inspectors found issues of complaint that had been brought to the attention of management that had not been recorded and managed per the complaints procedure.

Judgment: Substantially compliant

Quality and safety

Overall the inspectors were assured that the residents received a good standard of service. Residents told inspectors that they felt safe living in the home. Some improvements were required in relation to the premises, infection control practices and residents activities.

Residents were supported to access appropriate health care services in line with their assessed needs and preference. General Practitioner's (GP's) attended the centre, residents had regular medical reviews and referral to allied health professionals if required. All residents were reviewed by the physiotherapist if they experienced a fall or a change in their level of mobility. There was good evidence of regular reviews by allied health professionals, for example, dietician, chiropodist, occupational therapist, optician and speech and language therapist. Where residents needed to attend appointments off site they were supported to do so.

There was a good standard of care planning in the centre. In samples of electronic

care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person centred and routinely reviewed, however consultation with the residents or families had not been updated in line with the regulations.

There was a policy and procedures in place for the prevention, detection and response to allegations or suspicions of abuse. Training records indicated that all staff had completed up-to-date training in the safeguarding of residents. Staff were familiar with the procedure for reporting suspected abuse. Inspectors followed up on a notification of alleged verbal abuse that had been submitted to the chief inspector since the last inspection. The Inspectors found that the person in charge had investigated the matter and the appropriate safe guarding measures were in place. The person in charge had outlined in the investigation that refresher training for safe guarding would be provided to all staff and confirmation of the date for training was provided to the inspectors.

A new activity coordinator had been appointed recently and was developing the activity programme in the centre. A schedule of group activities taking place for the week was displayed in the centre. Inspectors observed residents attending mass via web video link and group activities in the day room area. Some residents who chose to stay in their bedrooms were more impacted by the lack of choice and lack of resources for activity provision. Some residents' day revolved around care tasks, for example, personal care tasks and meals. Residents in twin bedrooms could not always undertake activities in private due to the limitations of the size and the layout of the twin bedrooms. Inspectors observed staff assisting with a residents toileting needs in one of the twin bedrooms, the residents right to partake in this private activity was compromised by a very short curtain and the limited space between the other resident sharing the room.

The centre had procedures in place for the prevention and control of healthcare associated infections. Staff were observed to have good hand hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. While efforts were ongoing to address a number of maintenance issues, a number of the surfaces and finishes including wood finishes on doors, skirting boards, and lockers were worn, chipped and as such did not facilitate effective cleaning. Some items of equipment were observed to have rust and required replacing for example a hoist and commodes.There was clutter in some storage rooms and items were stored on the floor, this posed a risk of cross contamination and prevented the floors from being effectively cleaned. Two sharps containers were observed open and have no signature of the person who had assembled the container.

A risk management policy and risk register was in place and maintained. A process for hazard identification and assessment of risks was in place and subject to regular review. Where risks were identified a plan to mitigate or eliminate these risks was in place.

Indoor visits had resumed and there were ongoing safety procedures in place, for example, temperature checks and health questionnaires for visitors. Residents could receive visitors in their bedrooms or communal areas. however as previously

outlined in this report inspectors were informed the visiting hours were limited to 10am to 2pm; 2pm to 4pm and 6pm to 7pm. Visiting arrangements as per national public health guidance were addressed on the day of inspection.

The premises was mostly well maintained throughout with the exception of wood finishes on doors, skirting boards, and lockers were worn. Some bedrooms required lockable space for residents and wardrobes required tidying. Storage and maintenance of parts of the premises required improvement.

Fire drills were completed that included night time simulated drills to reflect night time conditions. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Appropriate documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. The fire alarm system met the L1 standard which is in line with current guidance for existing designated centres. Annual fire training had taken place in 2021 and was attended by all staff. All newly recruited staff had been inducted in fire safety procedures. Fire escape routes were noted to be unobstructed by chairs, trolleys and boxes etc.

Regulation 11: Visits

On the day of inspection Inspectors were informed that visiting hours were limited to 10am to 12pm; 2pm to 4pm and 6pm to 7pm. This was not in line with the most recent public health guidance. This matter was addressed before the Inspectors left the centre

Judgment: Compliant

Regulation 17: Premises

The configuration of furniture and curtains in some twin bedrooms was not always optimal. For example:

- The size and layout of the twin rooms on did not meet the needs of residents who required assistive equipment such as hoists and comfort chairs.
- In twin bedroom, inspectors noted that if the privacy curtains between the two residents' beds were drawn during the day time, this prevented one resident having a view to the outside and access to natural daylight.
- In some of the twin bedrooms resident's privacy was compromised by a very short curtain and the limited space between the other resident sharing the room.

- Some rooms did not have a lockable press for residents.

Judgment: Substantially compliant

Regulation 26: Risk management

Inspectors observed that the centre was meeting regulatory requirements in relation to risk management documentation, and that the risk register was kept up to date.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practice in the centre was not fully in line with the national standards and other national guidance. For example:

- There was clutter in some storage rooms and items were stored on the floor, this posed a risk of cross contamination and prevented the floors from being effectively cleaned.
- Some areas of the centre required cleaning for example behind corridor fire compartment doors and residents bathooms.
- Some items of furniture and equipment required repair or replacement as they were worn, chipped and could not be adequately cleaned, for example, arm chairs, hoists, lockers, and commodes.
- Two sharps containers were observed open and have no signature of the person who had assembled the container.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. There were daily checks of means of escape and weekly sounding of the fire alarm. Fire drills were conducted at regular intervals and simulated both day and night time scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs however it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. General Practitioner's(GP's) and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. There was evidence that the person in charge had investigated an allegation of abuse and refresher safe guarding training for staff was planned.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required to ensure that all residents were provided with appropriate recreational and stimulating activities to meet their needs and preferences.

- Residents told inspectors that their daily routines had been severely disrupted by COVID and that they spent most of their time in their bedrooms because they felt safe there.

- Residents in twin bedrooms did not have access to their own television which limited television viewing choice.
- There was poor evidence of resident consultation. Residents forum meetings had not taken place for a considerable period of time. The previous meeting took place in early March 2021.
- The residents right to partake in personal activities in private in twin bedrooms needs to be reviewed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Archersrath Nursing Home OSV-0000191

Inspection ID: MON-0035412

Date of inspection: 24/03/2022

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: • Fire training and safety/evacuation drill completed on 01/04/2022; this training had already been scheduled at the time of inspection to ensure that new staff received centre-specific fire safety and evacuation training. • All staff are now compliant with mandatory training, including annual refresher updates. We will continue to ensure that all mandatory training and additional training programmes are planned and provided as required.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • The specific staff file was amended and updated on the day of inspection to address gaps in employment. All staff files are audited annually to ensure compliance.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

• New Activity Coordinator commenced in post on 14/03/2022 and has completed induction. Resident meetings have resumed, and residents continue to be encouraged to be actively involved in planning and choosing activities. Additional training and resources have been secured to ensure that an enhanced and person-centered programme of activities continues in the centre.
• Monthly management meetings have resumed following an extended COVID-19 outbreak in the centre in line with group standards. Most recent meeting was on 27/04/2022. Meetings are attended by a representative from each department and the meetings focus on the safe and effective operation of the home, residents' views and preferences, and any required improvements are identified and noted.
• Audits continue in line with the company's Audit Management System. We will ensure that learning outcomes and feedback continue to be addressed in ongoing management meetings and staff handovers as appropriate. Appropriate feedback on clinical findings was and will continue to be communicated to staff. A review of falls was completed for Quarter 1, 2022, following the inspection and the action plan developed included: resuming falls committee meetings, review of falls prevention/management protocol to ensure that all residents who fall have a review of the risk assessment and enhanced falls prevention strategies implemented, including review by physiotherapy, where this is indicated. Resident care plans updated appropriately to reflect individual falls prevention strategy.
• Quality and Safety annual review for 2021 was completed and submitted to HIQA on 25/04/2022.
• The registered provider will ensure that all notifications, including any planned absence of the person in charge, are submitted to the Chief inspector within the required timelines.
• We will ensure that all complaints are managed in accordance with the nursing home's complaints policy and procedure.

Regulation 32: Notification of absence	Not Compliant

Outline how you are going to come into compliance with Regulation 32: Notification of absence:
• The registered provider will ensure that all notifications, including any planned absence of the person in charge, are submitted to the Chief inspector within the required timelines.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints

procedure:
• We will work with the staff to raise awareness of complaints, including recognition of a complaint, how to assure complainants that their concerns will be taken seriously, investigated and resolved.
• We will continue to seek feedback from residents and their families through regular communications, surveys and ensuring that they are aware of the complaints procedure.
• All complaints, including verbal complaints and feedback will be managed in line with the nursing home's complaints policy and recorded in the complaints log.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• All bedroom sizes currently comply with the minimum size requirement as per SI293. Residents currently occupying twin rooms are satisfied with their accommodation and used to each other's company. Where the resident cannot express their opinion, their care representative is satisfied with their accommodation. Residents currently sharing twin bedrooms have expressed a desire to have company, so they don't feel lonely.
• We will continue to monitor the individual resident dependency levels in twin rooms to ensure that each individual resident's choices and needs are met. Where additional equipment is required to provide care, the layout of twin rooms is assessed to ensure there is sufficient space to do so safely for each resident without impacting adversely on the other.
• For future admissions, dependency levels and care needs will be assessed prior to admission to twin rooms to ensure that privacy and care needs are safely met. Bedroom accommodation is reviewed on an ongoing basis of individual need, requests and choice.
• The layout and placement of privacy curtains in four twin bedrooms is currently under review to ensure that they provide sufficient length and complete privacy. Curtains are not generally pulled over during the day unless this is at the resident's request. Residents who currently occupy the twin rooms (or their designated representative) have not complained regarding lack of natural light. However, this issue will be considered as part of the allocation of space within twin bedrooms.
• All residents have a lockable cupboard; this was completed during the inspection.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• A review of storage and declutter of the centre took place on 31/03/2022. Further plans were made to reorganise storage of equipment and archive room.

• Housekeeping staff have been made aware of the high standards of hygiene and infection control required. We have scheduled additional certified Clean Pass training and IPC training for housekeeping staff.
• Items of worn furniture and equipment have been removed from the home and we are replacing obsolete furniture items with new furniture.
• Sharps containers are now properly labelled, and staff have been reminded of the importance of accurate labelling. The Clinical Nurse Manager will monitor compliance with this practice.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• We will ensure that all consultation reviews with the resident/care representatives are recorded in the care plans.
• All care plans will be reviewed, and consultation documented by 31/05/2022.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• We have implemented improvements to the provision, variety and schedule of activities for all residents.
• All staff are now encouraging residents to leave their rooms for meals and activities, while respecting the choice of individuals who wish to remain in their bedrooms.
• A new Activity Coordinator commenced in post in March 2022 and has completed induction. Resident meetings have resumed, and residents continue to be consulted and encouraged to be actively involved in planning and choosing activities. Additional training and resources have been secured to ensure an enhanced and person-centered programme of activities continues in the centre.
• There is a schedule of activities on display in the nursing home and residents are consulted about their choices and preferences regarding meaningful activities and social interactions.
• Residents in twin bedrooms are regularly asked for feedback on their accommodation and to date residents/care representatives are satisfied with the accommodation and facilities including access to TV and radio. Where additional equipment is required or requested by a resident it will be provided.
• Residents' right to privacy is respected in the centre. A review of curtains and room layout in five twin bedrooms is under way with the facilities team and will ensure the

ongoing promotion and protection of residents' right to privacy. Twin bedrooms have en-suite bathrooms and residents have the option of undertaking personal activities private as per their preference.

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/04/2022
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	29/07/2022
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less then 7 years after the staff member has ceased to be employed in the designated centre concerned.	Substantially Compliant	Yellow	24/03/2022
Regulation 23(d)	The registered provider shall	Substantially Compliant	Yellow	25/04/2022

	ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	25/04/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	25/04/2022
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	Substantially Compliant	Yellow	21/07/2022

	Authority are implemented by staff.			
Regulation 32(1)	Where the person in charge of the designated centre proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence.	Not Compliant	Orange	29/04/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	29/04/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	31/05/2022

	concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	25/04/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	25/04/2022
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	25/04/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	25/04/2022