



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

Issued by the Chief Inspector

Name of designated centre:	Harbour Lights Nursing Home
Name of provider:	Caring Hands Limited
Address of centre:	Townasligo, Bruckless, Donegal
Type of inspection:	Unannounced
Date of inspection:	24 March 2021
Centre ID:	OSV-0000345
Fieldwork ID:	MON-0032218

About the designated centre

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

Harbour Lights Nursing Home is located in a residential area a short drive from the town of Killybegs overlooking Killybegs' Harbour. It is registered to provide 24 hour care for 53 male and female residents over the age of 18 who have a range of care needs including dementia. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident.

The centre is a purpose built bungalow style building. Bedroom accommodation is composed of three single rooms, 11 double rooms and 7 rooms that accommodate four residents. There is sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory, a smoking room and a safe garden area that are all readily accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 March 2021	14:00hrs to 18:00hrs	Ann Wallace	Lead
Thursday 25 March 2021	09:15hrs to 16:15hrs	Ann Wallace	Lead
Wednesday 24 March 2021	14:00hrs to 18:00hrs	Kathryn Hanly	Support
Thursday 25 March 2021	09:00hrs to 16:15hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Inspectors found that residents received care and services from a well established staff team who knew them well. However significant improvements were required to ensure that each resident's rights to privacy and dignity were upheld and that care was person centred.

The centre had experienced a significant outbreak of COVID-19 in February 2021 with 35 residents and eleven staff confirmed to have contracted the COVID-19 virus and sadly six residents had died. It was evident on the inspection that residents and staff in the designated centre has been through a challenging time. A resident who had contracted the virus told the inspectors that they had not been seriously unwell but that they had been very frightened. Residents acknowledged that staff and management had their best interest at the forefront of everything they did during the outbreak and since. Inspectors spoke with staff over the two days of the inspection many of whom had worked throughout the outbreak. Staff described how the team had worked additional shifts to ensure that there were enough staff on duty to care for the residents and to reduce the need to bring in agency staff who did not know the residents. Some staff said that they were tired and looking forward to taking some annual leave. Others told the inspectors how grateful they were that the residents had received their vaccinations prior to the outbreak and had had some degree of protection if they contracted the virus. There was an overall feeling of hope for a better few months ahead in which residents and staff could recover fully from what had just happened.

The centre is located in a rural setting overlooking the nearby harbour. The windows from the main communal areas overlooked this beautiful scene however the seating arrangements in the lounge did not take best advantage and most residents were seated around the outside of the room and looking into the room at each other. Due to ongoing staff absences there were not activities staff available in the centre on the two days of the inspection. Inspectors noted that despite the best efforts of the staff on duty there was very little activities provided for the residents and residents spent long periods of the day with no meaningful activity or conversations. Two residents who spoke with the inspectors told them that staff did their best but that the days could be very long with little to do outside of meal times.

The inspectors observed that staff worked well together demonstrating co-operation and flexibility in their work to ensure that resident's call bells were answered promptly. Staff spoke respectfully towards residents and were mindful of maintaining confidentiality when they were talking with the inspectors. However inspectors also noted that some staff did not knock before they entered a resident's bedroom and others did not ensure that the privacy curtains were fully drawn around residents' beds in the multi-occupancy rooms when residents were getting up on the second morning of the inspection. This was a particular concern as some bedroom doors had small windows through which residents could be observed going about their daily routines and there were no blinds to provide privacy when

required.

Bedroom accommodation was provided in a mixture of single, twin and multi-occupancy rooms. The layout of a number of the multi-occupancy rooms was not suitable for the number of residents accommodated in the room as the resident did not have adequate space and privacy to carry out personal activities in private. In addition in some of the rooms the resident was not able to access their personal belongings or use the hand washbasin without encroaching on another resident's bed space. This is discussed further under Regulation 9.

The inspectors observed that residents' personal care products were left out on display in their bedrooms in small boxes with their names written across the front of the box and placed on top of the bedside locker. In addition the daily monitoring charts for those residents who needed regular checks of their position or fluid and dietary intake were also kept on the lockers. These were stored on clip boards which meant that the resident's private information could be read by any person entering that bedroom.

Although inspectors found that resident's care needs were being met they observed that care and services were task orientated and did not reflect the individual daily routines and preferences for care for each resident. It was not evident that residents could choose when to get up or where to eat their breakfast. Inspectors observed the morning care and routine on the second day of the inspection and spoke with the nursing and care staff. Residents in one four bedded room were being cared for by one nurse who was reliant on other staff becoming available to help her re-position the residents to sit up for their breakfast. There was no evidence either from reading the residents' care records or from talking with staff that this routine was in line with the resident's preferred daily routines.

Most residents spent their day in the communal lounges. Staff were observed chatting with the residents and discussing local and national news however there were long periods where residents were not engaging with anyone. During these periods staff were busy helping other residents to go to the toilet or to return to their bedrooms for a rest. There was little in the way of organised activities available over the two days of the inspection.

Residents told the inspectors that they enjoyed their food and that there was plenty of it. Staff were seen offering support and encouragement at meal times. The dining rooms were spacious and residents were encouraged to maintain social distancing in line with the guidance. Staff were diligent in cleaning the tables and chairs between use. Staff were familiar with each resident's dietary needs so that resident's on special diets received the correct meal.

Overall, inspectors found that residents' needs were generally being met however, improvements were required in the centre to ensure residents were supported and encouraged to have a good quality of life which reflected their wishes and preferences. Improvements were required to ensure a more person centred approach to care was provided for the residents which provided opportunities for exercise and meaningful engagement.

Capacity and capability

Although there had been some improvements in the management of the centre since the inspection in February 2020 inspectors found that the provider needed to further improve the governance and management processes in order to ensure that management responsibilities were clearly delegated and that there was effective oversight of the care and services provided for the residents. This is reflected in the high number of non-compliances outlined in this report..

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre and to follow up on the non-compliance from the previous inspection in February 2020. The provider had two restrictive conditions on their current registration and the inspectors found that the service was being carried out in line with these conditions.

The designated centre was operated by the registered provider Caring Hands Limited. The two directors of the company were available in the centre on both days of the inspection. Both directors were actively involved in the running of the service and were available to staff and the residents. One of the directors had worked in the centre on a daily basis throughout the recent outbreak of COVID-19.

The COVID-19 outbreak declared in February 2021 was almost recovered and the outbreak was due to be officially declared over by Public Health on 26 March 2021. An Infection Prevention and Control nurse specialist had attended the centre on a number of occasions during the outbreak to advise on outbreak management and infection prevention and control practices. Senior management reported that they had acted to implement infection prevention and control recommendations. However this inspection found that the oversight of infection and prevention processes in the centre had not fully addressed all of the recommendations and further infection prevention and control improvements were required.

Inspectors found that there was a well established management team which included the person in charge, the general manager, who was a director of Caring Hands Limited, the administrator and the assistant director of nursing. Managers worked closely with the staff team and were knowledgeable about the residents and the day to day issues that were happening in the centre. A second director of Caring Hands Limited was available in the centre and was taking the lead in a project to extend the premises to provide an additional 12 single en-suite bedrooms. The project had been delayed due to the COVID-19 restrictions but was due to be completed in September 2021.

Following the last inspection members of the management team had attended further training in relation to the Health Act 2007 and the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013. However it was

evident on inspection that not all members of the management team were aware of their regulatory responsibilities.

A training matrix was in place showing all the mandatory and relevant courses completed by staff, however due to COVID-19 restrictions not all staff had completed training such as fire safety and safeguarding vulnerable adults. All staff had completed infection prevention and control training. Two staff members had been trained to collect a viral swab sample for testing for SARS-CoV-2, the cause of COVID-19. However there was no clear plan in place for staff to keep up to date with their training requirements in 2021.

Quality assurance processes had been strengthened since the last inspection however the oversight of key areas such as premises, infection control, risks and fire safety were not robust and did not adequately ensure the safety and well-being of the residents. In addition the information collected through audits and reviews was not being used to drive improvements in the centre.

The findings in relation to the capacity and capability of the governance structures and processes are discussed under the relevant regulations in the next section of the report.

Regulation 15: Staffing

There were not sufficient staff on duty at night to ensure that the 16 residents accommodated in one fire compartment could be evacuated safely. An immediate action plan was issued and this was addressed by the provider. Additional night staff were rostered on duty from the night of the inspection.

There were not sufficient staff on duty to ensure that residents had access to meaningful activities in line with their preferences and abilities to participate in activities.

Judgment: Not compliant

Regulation 16: Training and staff development

The COVID-19 pandemic had interrupted the training programme due to the restrictions on groups of people congregating and on external people visiting the

centre. As a result, the training programme had fallen behind schedule. Records reviewed found gaps in training including fire, CPR, manual handling, safeguarding.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A new directory of residents had been established following the last inspection. Inspectors found this directory was maintained in line with statutory requirements and detailed the relevant information in respect of each resident.

Judgment: Compliant

Regulation 21: Records

There were gaps in the employment history in two staff files and these had not been followed up and explained to the provider before the person was recruited to join the staff team.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management roles and responsibilities were not clearly defined for some members of the management team which meant that lines of accountability and responsibility were not always clear. As a result the person in charge and the general manager had unsustainable work loads and other managers did not have clear responsibility for managing specific areas of the service. This also meant that staff were not clear about who to report to for specific issues. For example staff directed the inspectors to three different members of the management team when they were asked about who they would report a maintenance issue to.

Some individuals were not supported to carry out their delegated roles. For example there was no clear delegation of regulatory responsibilities when the Person in Charge was not available. As a result the inspectors found that two notifiable incidents had not been submitted to the Chief Inspector within the required time frames.

Oversight arrangements in place did not cover all areas of the service being

provided. For example:

- there was no clear evidence that the findings of the audits and monitoring reports were used to drive improvements. For example the falls audit provided very useful data but this was not analysed to identify if there were any specific trends such as time of day, related medications or place of falls so that the information could be used to reduce the number of falls and better ensure that residents were safe.
- there was no evidence that complaints were monitored and reviewed as a quality item at the management meetings.
- risks were not being effectively identified and managed. For example, the risk register did not include the following risks identified by inspectors on inspection; fire safety risk as addressed under Regulation 28, Insufficient numbers of hand hygiene sinks and the floor carpet in residents rooms which are both addressed under Regulation 27.
- the premises required significant refurbishment in order to bring it into compliance with the regulations and the standards and there was no clear plan in place to ensure that these issues were progressed.

Judgment: Not compliant

Regulation 3: Statement of purpose

The whole time equivalents for managers and staff working in the centre did not reflect the managers and staff on duty on the day of the inspection and required review. For example one member of the management team worked as a carer each morning and as a manager for the remainder of the day. These hours were not accurately reflected in the statement of purpose.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

It was not clear about who was responsible for the management of complaints as the policy included the name of one of the directors who no longer carried out this role.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policy templates did not include review, implementation or revision dates. This omission had been highlighted in the previous inspection report. The Safeguarding Policy had not been reviewed to reference the contents of "Safeguarding Vulnerable Persons at Risk of Abuse" (2014). This was an outstanding action from the previous inspection.

COVID-19 guidelines had not been updated to include the updated guidance from the Health Protection Surveillance Centre. The general infection prevention and control guidelines viewed were last reviewed in 2012. This is a repeated non compliance from the previous inspection. Where national guidelines are subsequently developed, they should be incorporated into local policies

Judgment: Not compliant

Quality and safety

Overall, inspectors found that residents' care needs were generally being met. However improvements were required in the centre to ensure residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices and ensured that they had access to the medical and specialist services that they needed. In addition inspectors found that significant improvements were required to ensure the safety of residents and staff in the designated centre. Regulations relating to premises, infection control and fire safety were found to be non-compliant.

Issues identified on the last inspection in relation to fire safety had been addressed. This included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, the completion of fire evacuation drills and the development of personal emergency evacuation plans for each resident. However inspectors were not assured that adequate fire safety risk management arrangements were in place to ensure the safe and effective evacuation in the event of a fire. Following the inspection, the Chief Inspector issued an immediate action plan regarding the fire safety risks to the provider. Findings in this regard will be discussed under Regulation 28.

Inspectors found that during the recent COVID-19 outbreak the needs of residents had been prioritised by a dedicated staff team who had worked hard to maintain

safe levels of care to residents at the height of the outbreak. However a number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. These risks collectively presented a risk particularly in the context of the recent COVID-19 outbreak.

On the day of inspection visiting restrictions were in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection. Residents were encouraged and supported by staff to maintain their personal relationships with family and friends through scheduled window visits, telephone and video calls which were facilitated by staff.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. Damage from wear and tear continued to impact negatively on the centre. The provider was endeavouring to improve current facilities and physical infrastructure at the centre through gradual upgrading and ongoing refurbishment. However there was no clear plan in place for these works to be completed.

Each resident had an assessment of their needs and had a care plan in place. However the care plan records were not consistent and as a result some care plans were not up to date and did not reflect the resident's current needs. In addition care plans did not include information in relation to the resident's preferred daily routines, mode of dress or preferred activities and social engagement and were not person centred.

Although residents did have access to a general practitioner (GP) and specialist health services most services were being delivered remotely via telephone or video consultations. Records showed that some residents had not seen their GP for several months prior to the COVID-19 outbreak. Residents were supported to attend the national screening programmes for which they were eligible. There was also clear evidence that nursing staff followed up on hospital appointments to ensure that residents were able to attend their appointments. For example one resident had been scheduled to attend an out patient consultant appointment following an emergency hospital admission. The resident had been unable to attend the scheduled appointment due to the current outbreak in the centre and nursing staff had organised a remote review with the resident's specialist. Residents has access to a wide range of specialist health care services which included, physiotherapy, chiropody and occupational therapy. These services were being delivered remotely at the time of the inspection.

Over the two days of the inspection inspectors found that care and services were largely organised around set routines and the availability of staff. There was very little going on for the residents and activities were dependent on staff being free to organise and carry out an activity during their busy day. This was reflected in some of the feedback from the residents who spoke with the inspectors.

Regulation 11: Visits

The centre was due to recover from the recent COVID-19 outbreak within the next few days. Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities). This included a specially designed visiting booth in the oratory room.

Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes and the guidance that was issued on 11th March 2021.

Judgment: Compliant

Regulation 17: Premises

Action was required to address the layout and design of three twin bedrooms and three four bedded rooms to ensure compliance with S.I.293 (Amendment 2016) of the regulations. To facilitate this, construction had commenced on the upper floor extension of 12 single bedrooms with en-suites. However construction had been suspended due to level 5 COVID-19 restrictions. Infection prevention and control expertise had not yet been sought in line with the National Standards for infection prevention and control in community services.

The physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection. For example:

- The décor in resident's rooms was showing signs of wear and tear, and the inspectors were told painting was to commence shortly.
- Surfaces and finishes throughout the centre were worn and poorly maintained and as such did not facilitate effective cleaning.
- The fabric covers of some resident chairs were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.
- Storage space was limited. As a result there was inappropriate storage of equipment. For example wheelchairs were stored in toilets and there was no designated area within the designated centre for the storage of cleaning trolleys.
- Floors in single and twin bedrooms were carpeted. There was no clearly defined pre-planned cleaning programme in place.
- There was no sluice hopper in one of the sluice rooms and waste water used for residents personal hygiene was disposed of in sinks in resident's rooms. The second sluice room did not have a macerator/ bedpan washer.
- There were no curtains on the viewing panels of doors to multi-occupancy

rooms meaning there was limited privacy in multi-occupancy bedrooms

·The premises did not conform to Schedule 6 of the regulations:

- There were no curtains on the viewing panels of doors to multi-occupancy rooms meaning there was limited privacy in multi-occupancy bedrooms.
- the following bedrooms did not meet the requirements of Statutory Instrument 293 and would not be compliant with the Regulations after December 31st 2021; Rooms 9, 20, 17, 4, 6.

Judgment: Not compliant

Regulation 26: Risk management

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The Safety Statement was under review at the time of the inspection.

Incidents such as falls were not tracked and trended to facilitate the identification of areas for improvement and shared learning. For example following a medication error in October 2020 it was recognised that the nurse was interrupted to take a phone call during the medication round. On this inspection the inspectors observed that one nurse was interrupted by residents and staff on more than three occasions during the medication round.

Judgment: Substantially compliant

Regulation 27: Infection control

Significant barriers to effective hand hygiene practice were identified during the course of this inspection. For example:

- There was a limited number of hand wash sinks in the centre.
- The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks.
- Hand dryers were available at some hand hygiene sinks. Disposable paper towels for hand drying are preferable to the use of air dryers.

- Bottles of hand sanitizers and soap were refilled as required. Bottles should not be refilled or reused when partially empty, as this could lead to bacterial contamination of resistant organisms.

Some infection prevention and control processes in the centre did not follow the standards and national guidance For example:

- resident's wash-water was emptied down residents sinks and basins were rinsed in the residents sinks.
- Shared slings were being used for the hoist

Improvements were required in environmental hygiene practices. For example;

- Antiseptic solutions were inappropriately used for routine cleaning. Tubs of alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites.
- Carpets in residents had not been steam cleaned following the recent COVID-19 outbreak.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety arrangements were not adequate to ensure prompt, safe and effective evacuation of these residents in case of a fire, particularly at night time when there were insufficient staff on duty to evacuate 16 resident from one compartment safely. These concerns were brought to the attention of the provider during the course of the inspection and an immediate action plan was issued to the provider.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The care plans for a number of residents did not provide sufficient up to date information to ensure that care was provided in line with the residents' current needs. This was an outstanding action from the previous inspection.

- There was no wound care plan in place for one resident who had an infected

skin lesion.

- Assessments and care plans had not been updated for two residents whose needs had significantly changed.
- There was no clear evidence that residents and/or their families were involved in the care plan reviews.
- Care plans were not person centred and did not include sufficient guidance on the individual resident; including the person's preferences for care and daily routines and their levels of physical and cognitive abilities and potential for participation.

Judgment: Not compliant

Regulation 6: Health care

There was no clear evidence that residents had access to medical care and reviews in line with their needs. For example one resident who had been admitted to the centre in August 2020 had no record of being seen by a General Practitioner since their admission. There were records of remote reviews carried out between nursing staff and the GP over the telephone for this resident.

Another resident who had recently been re-admitted to the designated centre following a hospital admission had not been seen by the GP. There was no record of a remote GP review having been completed for this resident.

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Judgment: Not compliant

Regulation 8: Protection

There were clear procedures in place to ensure that residents were protected however ,as discussed under Regulation 4, the Safeguarding Policy had not been updated in line with most recent best practice guidance.

Staff who spoke with the inspectors were clear about their responsibility to report any concerns or allegations of abuse.

Residents told the inspector that they felt safe and that they could always find somebody to talk to if they were worried about anything. The inspectors observed that those residents who were non-verbal did not display any signs of concern or agitation when staff were communicating or providing care for them.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were not upheld in the following areas;

- Privacy locks were not installed and in working order on some toilets and the door to bedroom 10.
- The layout of the recently installed cubicle style toilets did not provide sufficient privacy for residents and staff were unable to fully close the doors if the resident needed two people to assist them onto the toilet.
- Some bedrooms were not well laid out to ensure that residents could carry out personal activities in private.
- There was a lack of opportunity for meaningful engagement for residents throughout the day. Two residents who spoke with the inspectors said that there was little to do and that some days could feel very long.
- The way that care and services were organised did not always ensure that residents' privacy and dignity were upheld. For example; the inspectors observed a large box of washed socks in the laundry. These were not labelled or identified for individual residents and were used for all residents. In addition the inspectors noted that personal care products were stored on display on the top of each resident's bedside locker and not put away in the locker or the resident's wardrobe.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Harbour Lights Nursing Home OSV-0000345

Inspection ID: MON-0032218

Date of inspection: 25/03/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: An action plan was immediately implemented by adding an extra carer on the night shift. The following day Room 23 (4 bedded room) was emptied to allow for that particular compartment to hold 12 residents only.</p> <p>Our activities co coordinator was off on sick leave at the time of the inspection and returned to work on 05/04/21. He has drawn up a new activities program, has qualified as an activities coordinator and had also completed Sonas training on the Back of our previous inspection in Feb 2020</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Restrictions have been lifted and we have our external trainer booked for May 17th and June 14th to carry out CPR and Manual/People handling training. Fire Training has been booked for May 31st; Safeguarding training has been completed by all staff.</p>	
Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
 The 2 files in question were historical. Our recruitment policy now ensures that any and all gaps in the employment history are queried during the interview process

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The management structure is outlined in our SOP. We aim to identify and clearly define the roles and accountability with detailed responsibilities for the management team in the SOP by the 31/07/2021. This will ensure that staff is clear as to who to report issues to.

Management meetings which are held almost weekly will include review of any complaints to ensure they are being monitored and reviewed. Audits will also be discussed on a three monthly basis to discuss the analysis and to help drive improvements.

The manager on duty does numerous walk arounds in the building daily to identify any needs and/or to alert staff to any changes.

Management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The WTE has been changed to reflect the hours the manager works on the floor and their office hours.

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

procedure:
 The complaints procedure has been updated and it is now clear about who is responsible for the management of complaints. This has also been added to our SOP.

Regulation 4: Written policies and procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 All policies and procedures as set out in schedule 5 are reviewed and updated annually. They have now all been amended to display the Initial Development Date of the policy and the next Review Date.

Our policies and procedures are available at all times for our staff to review and they are notified when policies have been updated and must sign off when they have read the updated versions.

All policies will be updated with the most up to date guidance available as and when the guidance is released and will be referenced properly.

An up to date Infection Policy is available and the out of date version has been removed.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Our SOP outlines the number of beds in our facility. Action was taken to address the layout of three twin bedrooms which have now become single rooms and three four bedded rooms have been reconfigured to two three bedded rooms and Room 17 has now been split into a twin room and a single room.

We are currently addressing the physical environment of the home to effectively reduce the risk of infection. Painting of bedrooms has commenced. Infection control has been out to view the building extension and advice was taken in line with the national standards for infection prevention and control in Harbour Lights

We aim to provide premises which conform with Schedule 6 of the regulations by 30/09/2021

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>'Do not disturb" medication aprons have been ordered for nurse on duty to wear while administering meds. This will prevent any interruptions from other staff and residents</p> <p>Falls have been tracked and trended since the inspection and areas of improvement have been identified.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All bottles/containers have been replaced with dispensers</p> <p>Hand dryers will be removed and paper towels installed by 30/06/2021</p> <p>New sinks ordered and will be installed by 30/06/2021</p> <p>New slings will be purchased and in use by 30/06/2021</p> <p>Carpets decontaminated and added to cleaning schedule</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Extra staff was added on night in question. Fire drill was done and information sent to HIQA.</p> <p>Room 23 was closed immediately</p> <p>New fire doors have been installed and checked by fire officer 18/05/2021</p>	
Regulation 5: Individual assessment and care plan	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Preadmissions are completed prior to admission to ascertain their suitability for Harbour Lights and ensuring we can meet their full needs.</p> <p>A comprehensive assessment is made by the nurse admitting the resident to meet all their needs. We follow the Roper Logan and Tierney model of nursing.</p> <p>We will ensure going forward that care plans will be person centered and contain sufficient guidance on the individual residents and their preferences for care and daily routines.</p> <p>Assessments and care plans will be updated in accordance with any significant changes in their needs.</p> <p>Family and residents involvement will now be signed off going forward.</p> <p>To be completed by 28/07/2021</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: All residents have been reviewed by their GPs. The GP's will be requested to attend for monthly rounds and their responses will be documented. Nurses are in frequent contact with GP's regarding medications at all times.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: RM 10: The room had been changed to a single room immediately prior to the inspection. Privacy lock has been installed. Cubicle toilets now clearly signed to indicated suitable use for hoists etc Our activities coordinator is now back at work and new program is in place The bucket of socks was disposed of immediately. Personal care products are now stored in cupboards and documentation is in their wardrobe doors.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	25/03/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant		31/05/2021
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Not Compliant	Yellow	31/05/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre	Not Compliant		30/09/2021

	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.			
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		30/09/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant		25/03/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant		27/03/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant		27/03/2021

	structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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		27/03/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant		05/04/2021
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	Red	26/03/2021
Regulation 28(1)(c)(ii)	The registered provider shall	Not Compliant	Red	26/03/2021

	make adequate arrangements for reviewing fire precautions.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	26/03/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant		28/05/2021
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Not Compliant	Yellow	29/05/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the	Not Compliant	Yellow	29/05/2021

	person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant		04/05/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	11/05/2021
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 concerned and where appropriate that resident's family.	Not Compliant	Orange	11/05/2021

Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant		11/05/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant		27/03/2021
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		27/03/2021
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		27/03/2021

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		27/03/2021
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