



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Rí Nursing Home
Name of provider:	Daveen Heyworth and Derek Paterson Partnership
Address of centre:	Holycross, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	14 April 2021
Centre ID:	OSV-0000405
Fieldwork ID:	MON-0032525

About the designated centre

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

Ard Na Ri Nursing Home is situated approximately two kilometres from the town of Bruff in Co Limerick with access to local amenities and services. The centre is 11.5 km from Kilmallock town. The centre is a two-storey building which is currently registered with the Health Information and Quality Authority (HIQA). An extension for 32 residents has been completed and it is proposed that the centre will cater for the needs of 50 residents once renovations to the older section of the building are completed and the building has been registered, as above. The building originally opened as a nursing home in 1985. There is 24 hour nursing care provided, led by the person in charge and the registered provider representative in a job-sharing role. These staff are qualified nurses and lead staff supervision, training and resident evaluation process. Residents' and staff meetings are held regularly. There is access to allied health services such as physiotherapy and dietitian. The medical and pharmacy team visit weekly and when required. The centre has Skype which allows residents to communicate over the Internet by voice using a microphone, by video using a web cam, and by instant messaging. The centre also has free Wi Fi and residents may freely use mobile phones and have access to visitors at any time. The new accommodation comprises all single full en-suite bedrooms. The centre also has assisted toilets and a bath, to afford choice to residents. There is a sitting room, a dining room, a designated kitchen and an area where residents can meet in private. A lift is available to access the first floor of the new extension. Hand rails are fitted on hallways and in circulation areas. There is a visitor's toilet adjacent to the nurse's station. The centre facilitates a laundry service which is outsourced. A conservatory area to the front of the centre is the designated smoking room for residents. The nurse's station is located centrally on each floor where residents' files are securely stored. The centre has an oil-fired central heating system. Access to the centre is controlled by keypad for security and visitors are requested to sign in/out. There is a spacious new garden area and ample on site car parking for staff and visitors. Some maintenance is carried out in house while external contractors are also engaged where appropriate. Currently renovations and associated building works are underway to extend and enhance the remaining section of the designated centre. There is an emergency plan in place in the event of an major incident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

29

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 14 April 2021	10:00hrs to 17:30hrs	Mary O'Mahony	Lead
Thursday 15 April 2021	09:00hrs to 17:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live with spacious communal rooms and accessible gardens. From what residents told the inspector and from what the inspector observed, it was clear that residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre. Residents described staff as being kind and approachable. They said that they enjoyed the activities on offer. The inspector spoke with the majority of residents who were in the centre on the day of the inspection. As the visiting restrictions had been eased in line with the latest Health Protection Surveillance Centre (HPSC) guidelines on COVID-19 the inspector also had an opportunity to meet with four visitors, who had booked a visit to their relative in advance. The centre had experienced an outbreak of COVID-19 in the second wave and residents said they were thankful that they had been very well cared for during the time of the outbreak. One resident had died however and staff and resident expressed sadness about this.

This was an unannounced inspection and on arrival in the centre the inspector was met by the staff nurse on duty. The guidelines on infection prevention and control were not followed however, as the inspector had to request that a temperature check be recorded before passing through the foyer to the main centre. This was significant as a preventative measure to identify any suspected infection, especially due the aforementioned previous outbreak of the virus. Following the opening meeting and an initial document check the inspector walked around the centre and spacious gardens with the person in charge. The inspector observed that the centre was nicely decorated, modern and well maintained. Rooms were single with full en-suite facilities, which residents said offered great convenience and privacy. The inspector found that most residents' bedrooms were personalised with family photographs, mementos from home and items of personal furniture. A large open plan sitting and dining room opened off the hallways both upstairs and downstairs, where residents were observed to be social distancing in small groups. On the ground floor a section of the spacious foyer was cordoned off as a visitors' area where a movable perspex screen provided optimal protection for residents and staff. Residents and relatives said that it was a great advantage to have a number of safe visiting areas available to them within the centre, where they could finally see their visitors in person. The inspector met both visitors and residents in one of these areas during the inspection. A number of residents told the inspector that they used the lift to access the upstairs or downstairs sitting rooms to attend various activities. They were seen to be facilitated to move around in this way during the day and to access the garden during the inspection.

The inspector observed the centre to be generally bright and clean. Nevertheless, the inspector saw that infection prevention and control cleaning practices were not robust in the kitchen, kitchen food store, adjoining store room and in the clinical room downstairs. These areas required extensive cleaning and clearing.

Residents were found to be aware of the activity programme which they said they had a choice to attend or not. Residents had access to phones, IT communications such as WhatsApp and newspapers, even though they told the inspector that the reception for mobile phone use was very limited in some sections of the centre. They enjoyed religious services on the TV at present. There was a staff member allocated to the role of activity organiser. The inspector saw a number of lively activities taking place during the inspection. Residents were heard to partake in a quiz and in conversation about current affairs. Residents told the inspector that the activities were important to them and they were happy to have the distraction and connection during the period of visitor and family restrictions. Residents told the inspector that their views were listened to and records of residents meetings showed that most of the issues or suggestions made by them were addressed. There was scope for improvement on the area of activity provision however, as the health care assistant (HCA) involved was not afforded dedicated time for this. This meant that the staff member was filling a dual role during the sessions and would occasionally be required to attend to residents' care needs also, depending on how busy the other HCAs were. This staff member moved between the upstairs and downstairs sitting room and was also seen to take residents outside for a walk.

Residents said that the food was varied and served with care. Meals looked appetising and residents said that there was a good variety of desserts available. Residents had a choice of main course at meal times. The inspector saw that two choices were served on the day of inspection. One resident was seen to really enjoy the bread and butter pudding served with custard while another resident said he would never 'pass a bowl of jelly and ice cream'. Residents said that they had missed their relatives during the COVID-19 lockdown and they said that staff and the community had been very supportive at that time.

Outdoor concerts, a St Patrick's Day parade in house and Easter celebrations were described by residents as 'great fun'. Staff had put in great efforts to make these special days memorable, according to residents. Local people had sent in comfort items, cards and gifts to them. Residents said they were delighted with the new more relaxed visiting arrangements. A number of relatives were spoken with and they agreed with the statements made by residents in relation to the good care and support available. Advocacy services were availed of and residents said they felt safe in the centre. The majority of residents felt that their complaints or concerns would be addressed and they enjoyed the residents' meetings. Records of these were available to the inspector and saw that issues of concern were documented. A number of issues raised had yet to be completed to the satisfaction of the complainants however and these were discussed within the report. At these meetings residents had been informed of the importance of hand washing and were told that staff and relatives were required to wear masks due to the pandemic. Residents said they were happy to be living near their home areas. One resident pointed out the window and told the inspector that she could see her home from the window. Residents said they were very familiar with a number of the staff, many of whom they knew from their lives in the community. They said this familiarity helped them feel safe. Not all of the residents met with were able to tell the inspector their views on the quality and safety of the service however they were observed to be in

good spirits and content in the company of staff.

In summary, residents and relatives spoken with were complimentary about the staff whom they said had worked so hard during the pandemic to keep them well, One resident described staff as 'A1' and said she could talk about anything with them. Staff spoken with stated that they were well supported by management.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Ard na Ri Nursing Home was registered as a designated centre since 1985. The centre was operated by a partnership. One of the partners acted as the registered provider representative and also as one of the job-sharing persons in charge. At the time of this inspection the inspector found that this was a well run centre. There had been an incremental improvement in compliance with the regulations, particularly in relation to premises, as the new extension had been completed and occupied since the last inspection. The overall day to day governance structure for the service was clearly set out. Weekly management and staff meetings were held. The records of these meetings indicated that a range of issues were discussed such as: the COVID-19 preparedness plan, audits, supervision, training, residents' medical requirements, visiting and any concerns.

The annual review was available. A number of actions had been completed and an action plan for the remaining items was in place. Due to the pandemic restrictions some items had been delayed. However, a clear plan was envisioned: this included ongoing premises development, painting, upgrading of the kitchen and store rooms, a new janitorial room and the provision of a changing area for kitchen staff.

There was evidence of quality improvement strategies and monitoring of the service. There was a system of audit in place. For example; audits were carried out in relation to care planning, complaints, medicine management and falls. Following completion of audits, there was evidence that action plans were assigned to responsible staff for completion. A schedule of audits was seen to be planned for the year ahead.

The inspector found that resources had been made available for a plentiful supply of personal protective equipment (PPE) and the provision of visitors' pods. Social distancing was maintained in communal rooms and staff training in infection control had been provided to staff. Staff confirmed that they had attended this training and the records were maintained on the training matrix. This training, the visitor arrangements and the provision of PPE were seen to be included in the COVID-19 contingency plan to support residents, their families and staff in preventing an outbreak in the future. However, staff supervision required improvement as not all

staff were following the infection control protocol on entering the building.

Staffing levels required review due to the diverse layout of the centre over two floors and the needs of residents. For example, there were only four health care assistants and one staff nurse on duty for 29 residents when the inspector arrived in the centre. The staff roster was inaccurate and the impact of this was described further under Regulation 15: Staffing in this report. On this inspection the sample of staff files reviewed were well maintained. They contained the documents required under Schedule 2 of the regulations for the sector. New staff were subject to a probationary period and induction training was supervised by senior managers. Performance improvement plans were in place where appropriate. This meant that staff were offered opportunities to learn and improve where necessary.

It was evident to the inspector that complaints were recorded and in most situations these had been resolved. However, there were a number of unresolved complaints in relation to poor phone connectivity for personal mobile use. In addition a complaint was seen which had yet to be addressed even though it related to ease of access for one person who had specific needs in this regard.

There was a record of all accidents and incidents that occurred in the centre. Appropriate incidents had been notified to the Chief Inspector as required by the regulations. Assurance was provided that all staff had the required garda vetting (police) clearance in place prior to commencing work in the centre. Evidence of this was seen in the sample of staff files reviewed.

Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

Regulation 14: Persons in charge

The person in charge post was held in a job-sharing arrangement. Both personnel were experienced in older adult care and fulfilled all the regulatory requirements. They were knowledgeable and aware of the regulatory responsibilities as person in charge.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there was only one staff nurse on duty when the inspector arrived in the centre at 10.00. The roster was seen and this record did not correspond with the number of staff on duty. In addition, one person who was scheduled to be on duty was not in the centre and another person who was in the centre was not on the roster. This was important as all staff were required to sign

in, take their temperature and declare their COVID-19 status prior to commencing the shift. The inspector found that this procedure was not being followed by all staff when the record was checked on two occasions throughout the day. This was addressed under Regulation 27: Infection Control.

The inspector found that the current staffing level of four care assistants over two floors for 29 residents was not sufficient, particularly as the activity personnel member was also drawn from this group and there were a number of residents who required the support of two people for their care needs. In addition, throughout the two days of inspection the inspector found that there were residents in their beds who would have benefited from additional staff support throughout the day, particularly for those who could not access drinks independently. Night staffing levels, that is from 20.00 to 08.00, of one nurse and two HCAs also required review for similar reasons.

An extra nurse was assigned to come on duty on the first day of inspection and a second nurse was called into work to support the inspector in relation to reviewing care plan records. However, there was no dedicated time set aside for nursing staff to oversee and update the care plans. The impact of this was explained further under the relevant regulations in this report.

As the centre extended over two floors the inspector found that there were not sufficient staff on duty to provide a meaningful activity programme for all 29 residents, record same and fill in the life story information section of the care plans to support the social programme as discussed under Regulation 5 in this report.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training records were made available to the inspector.

The training matrix indicated that staff had attended a range of training modules related to infection control processes, hand hygiene procedures, COVID-19 information and the wearing of personal protective equipment (PPE). The majority of staff had undertaken mandatory and appropriate training such as, safeguarding training, fire safety and manual handling. Additional training had been scheduled where any module had been delayed due to the outbreak of COVID-19.

Staff spoken with confirmed their attendance and their knowledge of aspects of the training. However, not all staff adhered to infection control guidelines and protocols on arrival in the centre. This required supervision and follow-up as it happen in the morning and afternoon of inspection.

Judgment: Substantially compliant

Regulation 21: Records

The staff roster was not correct on the day of inspection as two staff purported to be working were not in the centre and one person who was in the centre was not included on the roster.

All the records on end of life preferences were not easily accessible on the day of inspection. In the event of an emergency or if a new staff member or agency staff member was in charge at that time the system currently in place would not be sufficient to ensure that residents' preferences were easily retrievable

Judgment: Not compliant

Regulation 23: Governance and management

The system of governance and management currently in place for the centre generally provided good oversight to ensure the effective delivery of a safe, appropriate and consistent service as required by the regulations. There were clearly defined roles and responsibilities set out for management of the centre and staff were aware of the line management reporting protocol. The provider representative, who also acted as one of the persons in charge, worked in the centre each week which enhanced communication between senior managers in relation to residents' care and staff issues.

Both persons in charge were knowledgeable of their role, of the regulations and of residents' needs. The persons in charge were supported by a clinical nurse manager (CNM) and a senior nurse, both of whom were found to be efficient and informed. They supervised staff, undertook audits and managed training requirements.

Weekly management meetings were held to discuss the COVID-19 preparedness plan and relevant issues such as supervision, training, individual medical requirements, visiting and any concerns. Records were reviewed which demonstrated a clear, comprehensive exchange of important information.

Staff supervision processes were generally good and staff appraisal forms indicated that a range of issues were discussed with performance improvement strategies set up where necessary.

There was a comprehensive system of audit in operation and clinical governance systems were well established. For example, a detailed annual review of the quality and safety of care was completed for 2020, complaints and falls were trended and learning from events was recorded where necessary.

Nevertheless, increased supervision and management oversight was required in

relation to:

- maintaining infection control processes
- records
- complaints management
- fire safety

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents which were set out under Schedule 4, part 7 (1) (a) to (f) of the regulations had been notified to the Chief Inspector within three working days as required, for example, an outbreak of infection, serious injury to a resident or the unexpected death of a resident. The inspector reviewed documentation during the inspection and it was evident from that sample that relevant incidents had been notified.

Judgment: Compliant

Regulation 34: Complaints procedure

- A centre-specific complaints policy was in place.
- The complaints policy identified the complaints officer and included an independent appeals process.
- The inspector reviewed the complaints log which detailed the complaint, investigation, responses and outcome of the majority of complaints and whether the complainant was satisfied.

However, not all complaints viewed had been addressed to the satisfaction of the complainant: particularly five complaints about poor connectivity to personal phones in residents' bedrooms. This was particularly relevant during this pandemic crisis.

Additionally, a complaint was seen which referred to the fact that one toilet was not suitable for the needs of a resident. The toilet had not been changed and this required resolution to ensure that the expressed and real physical need of the resident was addressed.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations had been developed and the majority of these had been updated on a three yearly basis in line with regulatory requirements. The person in charge stated that a number of the remaining policies were under review: this had been delayed due to the outbreak of COVID-19 in the centre.

There was a suite of infection prevention and control policies in place.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Judgment: Substantially compliant

Quality and safety

On this inspection, the inspector found that residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. The person-centered approach to care included opportunities for good family communication, exercise and social engagement. Nevertheless staff told the inspector that there was limited access to medical care on site except for urgent calls which meant that residents relied on the knowledgeable nursing staff to arrange medical consultations and appropriate medicine by phone, for example in the case of repeat urine infections for one resident.

Since the previous inspection and due to the onset of COVID-19 a decision had been made to demolish the older section of Ard na Ri Nursing Home and rebuild it to comprise of 14 single rooms with full en suite facilities and two double bedrooms with similar facilities. A new extension to the older home had already been built and was now fully operational with 32 single rooms available to residents. The provider stated the plans to demolish and rebuild the older section had meant that some areas of the existing extension had to be reconfigured to ensure that it would fulfil regulatory requirement while awaiting completion of the whole centre proposed for 2023. Construction in these areas had been delayed during the pandemic and work was planned to commence when the restrictions on construction was eased. The impact of this delay meant that two store rooms in the centre were dirty as they were not not fully completed and decorated. These store rooms contained dry foods, an array of PPE, housekeeping trollies, buckets, a laundry trolley, staff outdoor wear, staff shoes and items for disposal.

Nevertheless, all the bedrooms were spacious and the communal rooms were very comfortable and nicely decorated. The bedrooms were furnished with en-suite shower, toilet and wash basin. Residents said that the en suite facilities ensured enhanced privacy. The new garden area had been planted and laid out to accommodate those on wheelchairs and it was designed with pathways for assisted and independent walking. The inspector saw that this was easily accessible and used

by residents during the inspection. Residents had access to daily newspapers and personal TVs in their bedrooms. Toilets and assisted shower rooms were seen to be clean and spacious with adaptive and assistive devices such as, grab-rails and shower chairs, in place.

The inspector found that residents' health care needs during the COVID-19 outbreak had been well managed by staff with a planned and coordinated approach by the Health Services Executive (HSE), the public health team and management staff in the centre. Any challenges presented by a shortage of staff in the centre was met by the aforementioned groups coordinating an appropriate response. Dedicated staff in the centre, in addition to HSE, public health, the HSE infection prevention and control team and agency staff, had worked together to maintain care to residents and their families. This resulted in a good outcome for most residents.

Infection prevention and control strategies had been implemented to effectively manage and control the outbreak of COVID-19. These included but were not limited to:

- Implementation of transmission based precautions for residents where required.
- A system of staff temperature checks twice daily in line with current Health Protection Surveillance Centre (HPSC) guidance.
- Ample supplies of PPE available. Staff were observed using PPE in line with national guidelines.
- Increased cleaning and disinfection of all areas.
- Sufficient cleaning resources to meet the needs of the centre.
- Isolation guidelines followed for staff and residents on readmission from hospital or when suspected of infection.
- Advice from the outbreak control team (OCT) and the IPC team was seen to have been followed and improvements made where required.

The COVID-19 contingency plan was reviewed regularly in order to mitigate any risk of a further outbreak of infection. There were good opportunities for hand hygiene in place such as plentiful hand sanitising gel and hand washing sinks observed to be located in convenient locations throughout the building. Nevertheless, the inspector found that at the time of this inspection all staff were not signing in and taking their temperature at each shift change. This was addressed during the inspection by the management team.

General practitioner (GP) visits were very rare and there was very little documentation in residents' files, apart from nurses notes, available in this regard. Residents had access to health care professionals such as dietitians, the speech and language therapist (SALT), the occupational therapist (OT) and the tissue viability nurse (TVN)) who reviewed residents' care needs when requested. These services had been available remotely during the restrictions and the COVID-19 outbreak. Staff informed the inspector that most of these facilities were again available on site. Access to geriatrician appointments were facilitated and palliative care advice was readily available. The physiotherapy service was available in the centre or by referral

to the HSE service.

Residents' individual assessments and care plans were updated within the required time frames. In general these contained relevant, detailed information. However all aspects of the computerised system were not utilised to enable information to be easily accessed. A number of end of life care plans were seen, with evidence of collaboration with residents and their families to ascertain the preferences of residents. However, a number of end of life care wishes were not clearly set out in an accessible manner if required in an urgent situation by a nurse unfamiliar with residents.

There was a centre-specific restraint policy which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. Risk assessments were seen to be completed and there was evidence that some less restrictive alternatives such as low-profiling beds and alarm mats were in use.

Fire safety systems were maintained and serviced according to records and certificates seen. These included the fire detection and alarm system and emergency lighting. Daily, weekly and three-monthly fire safety checks were carried out and documented. Fire safety equipment was certified as serviced. Staff attended annual fire safety training facilitated by a suitably qualified person. Residents had individual personal evacuation plans on file (PEEPS) and fire drills were carried out. While systems were in place to promote safety and manage risks these were not all sufficiently robust.

For example:

- all the fire extinguishers were seen to be labelled as last serviced in 2019
- the inspector found that access to a number of fire extinguishers was blocked with items of furniture throughout the two days of inspection
- most significantly a staff member was seen to smoke a cigarette in the vicinity of a number of large oxygen cylinders in an external storage bay. This indicated that the staff member was not aware of the combustible nature of oxygen which had the potential to explode if gas escaped from any of the cylinders and came in contact with the light cigarette or lighter. This was addressed by the management team on the day of inspection.

Regulation 10: Communication difficulties

- Residents were facilitated to use mobile phones to talk with family members. Electronic tablets were available to enable video calls.
- Residents were kept up to date with news from the community by staff and through phone calls with relatives.
- Residents were updated daily about the virus and were well able to discuss this with the inspector.
- An appropriate care plan was in place to guide staff on supporting the

identified communication needs for residents. Care plans seen and staff practices observed during the inspection supported this finding.

Judgment: Compliant

Regulation 11: Visits

Visits were now accommodated within the more relaxed restrictions set out by the (Health Protection and Surveillance Centre) HPSC for designated centres. Residents were very happy with this and were seen to eagerly await the visits. One resident was seen to be very smartly dressed waiting to go with outside with a family member. The inspector spoke with both the resident and visitor who made favourable comments about the care, the lived experience and staff in the centre,

At the time of inspection indoor visits were allowed for residents up to twice a week. Compassionate visits and window visits were also facilitated. The protective indoor visitors' areas had made visiting more enjoyable, according to residents, as visitors were protected from the weather while enjoying precious face to face time with them.

The four visitors spoken with were very happy with the arrangements and one visitor described the management staff has having good communication through the outbreak of COVID-19.

Judgment: Compliant

Regulation 13: End of life

End of life care wished were recorded and relatives were given appropriate opportunities to be with their family member at this time.

A separate folder was maintained with residents' end of life care wishes.

Judgment: Compliant

Regulation 17: Premises

- The inspector found that the dry food store area was not suitable as it was accessed by the cleaning staff also. This outer dry food store led into another inner store room where staff changed and housekeeping trollies were stored, as well as items awaiting disposal and some PPE. Both store rooms were dirty

and required clearing.

- It was evident that the kitchen staff had no changing room as clothes and shoes from staff were seen lying on boxes in the inner store room.
- The housekeeping staff did not have a suitable janitorial room.
- The kitchen required upgrading and cleaning to ensure it met the criteria for a commercial kitchen as set out in the environmental health officer's report for the centre.
- An additional 'clinical room' was partially used for storage and for staff changing. This was seen to contain items which were awaiting removal, and items for disposal. This required cleaning and clearing also.

Judgment: Substantially compliant

Regulation 26: Risk management

A COVID-19 risk register was maintained along with individual clinical and non-clinical risk registers. The risk register had been updated to include the risks associated with the COVID-19 pandemic. The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

Regulation 27: Infection control

- The inspector observed that staff on duty did not follow the signing in and temperature checking guidelines in the centre for staff and visitors.
- On the day of inspection three staff coming on duty at each change of shift had not checked their temperature as required. This included one staff present in the centre who was not included on the roster as due to work that day: the incorrect roster was an additional risk to infection control processes which had not been identified until the inspector alerted the person in charge to the issue.
- Kitchen staff did not have a dedicated toilet and changing area.
- The kitchen required a deep clean and tidying and painting.
- Store rooms and changing areas could not be cleaned to the required standard as they were not all appropriately floored and plastered and were cluttered with various items which impeded effective cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

- Fire extinguishers were blocked by items of furniture.
- A staff member was smoking in the vicinity of oxygen cylinders
- The fire extinguishers were not labelled as serviced annually.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Notwithstanding the improvements in care planning and the large amount of relevant information on file for each resident the inspector found evidence of a number of areas of non-compliance as follows:

- The life-story record and assessment which set out relevant information to inform individualised care planning, such as the resident's personal preferences, likes and dislikes was not completed and therefore, important details were not available to inform a fully person-centred approach to activity provision for all residents. The care plans did not contain details of which activities were attended by each resident as there was no dedicated time set aside for the HCA to enter the activity, according to staff spoken with.
- It was difficult to access important information on the electronic system as all available sections of the computerised systems were not filled in, such as the section for other health care professional teams. This meant that it took an extended amount of time to locate advice from the tissue viability nurse (TVN) in relation to a wound dressing. Nonetheless, this advice was seen to be documented and followed.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was informed that access to medical care on-site for residents was limited.

However:

- the inspector found that medical care and advice was sought for a resident who had an infection on a number of occasions, This treatment and advice was documented. It was apparent that telephone assessments were

undertaken for any residents who required this.

Nevertheless, a resident who had lost weight required follow up and assessment which was not evident in the documentation seen.

Additionally, fluid and food intake charts were not maintained for residents who were confined to bed and who were unable to access drinks independently.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

- Staff had attended training to update their knowledge and skills in this aspect of care.
- The care of residents with behaviour associated with the effects of dementia was evaluated using appropriate records and care plans seen in relation to this supported a person-centred approach.
- A non-pharmaceutical, best-evidence approach to behaviour escalation was adopted such as walks, distraction techniques and allowing residents freedom to walk outside if this relieved their anxiety. Positive effects of these strategies, were observed by the inspector during the inspection.

Judgment: Compliant

Regulation 8: Protection

- Staff working in the centre had received training in safeguarding vulnerable adults.
- Restraints such as bed rails and chemical restraint was only used as a last resort.
- The person in charge said that staff appraisals formed part of the quality improvement system.
- Protection of residents was discussed at staff meetings according to records seen.

In relation to an issue of concern an investigation had been undertaken, the policy on protection had been followed and appropriate records were available in the centre. Relevant external referrals had been made and the issue had been resolved at the time of inspection, according to records made available to the inspector.

Judgment: Compliant

Regulation 9: Residents' rights

Family contact was maintained throughout the outbreak with window, protective screen visits, personal and compassionate visits, phone, video calling and letters. It was evident that residents had been consulted about the public health measures and minutes of residents' meetings confirmed this. Residents had been vaccinated and were reassured by this.

Personal face to face contact was supported with the use of electronic tablets and personal phones. Pastoral visits would be facilitated and staff were heard talking with residents about events in the community as well as nationally. Local children had sent in letters and drawings to connect with residents. Staff said that residents found this very inclusive and supportive.

Residents were familiar with the staff on duty. They were interested in the duties of the inspector and were praiseworthy of the staff when asked about the care. Residents were glad that most staff lived locally and would have known a number of residents prior to their admission.

Mass was available by video and audio link from the local church. The ministers for each religious group were available to residents and visited them required to provide emotional and spiritual support.

Residents meetings were held on a regular basis and minutes confirmed that residents' individual choices were respected where practicable. Residents could undertake activities in private and their rights were promoted. For example residents were seen to be returning from town with staff having done their personal shopping.

The inspector observed that there were activities organised throughout the day by a very enthusiastic staff member who was doing his best to organise sessions both upstairs and downstairs while attending to care duties if required. These included exercises, music, card playing, outdoor access and newspaper reading. The health care assistant (HCA) responsible for activities explained how he had got earphones and foreign language tapes for one resident who was fluent in the language. He also explained that he had recorded family members playing music for residents which was then replayed by them when they felt a need to connect with family. He also explained his plan for completing individual life story books for any residents who wished to be involved. However, as there was no specific time dedicated to the provision of activities it was difficult for the inspector to ascertain which activities residents had attended, in the absence of care plan input related to residents' daily activity sessions. There was one complaint seen which commented on lack of stimulation for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ard Na Rí Nursing Home OSV-0000405

Inspection ID: MON-0032525

Date of inspection: 15/04/2021

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: The roster was amended to reflect the correct staff on duty on the day of inspection. Staff are reminded that the Change of Duty form is to be used at all times when changes are being made to the roster. Staffing levels have been reviewed to ensure sufficient staff are on duty to compliment the activities personnel. The CNM has been promoted to Job sharing Person in Charge and she will be given dedicated time to ensure the care plans are completed or delegated accordingly. The activities coordinator has been allowed more time to provide meaningful activities according to the needs of the resident.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The duty of checking temperatures at the beginning of each shift has been delegated back to staffs own responsibility with the oversight of management. There is now a table with the relevant documentation and a thermometer at reception for all staff to take their own temperature on commencing their shift. Training within the center is ongoing and scheduled training is planned for the coming weeks.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The domestic staff member on duty requested to swap this day but the requesting staff member had not applied for the change on the Change of duty form. This was amended to the correct format.</p> <p>The other staff member who had left the building on urgent business had replaced herself but the staff member had not arrived at the time. The roster was changed to reflect this.</p> <p>Going forward the roster will clearly identify the staff that are on duty on all day's of the week and this will be overseen by management.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The records have been amended to display accurate and correct staff on duty at any time. The roster has been forwarded to the HIQA inspector as requested.</p> <p>Infection control processes have been upgraded in the kitchen. This kitchen was intended to be a temporary arrangement until the old building was reconfigured but because of Covid 19 this has been delayed. A fly screen and suitable extractor system with a bigger canopy has been installed. white rock has been put up in the kitchen area to adhere to infection control guidelines.</p> <p>The existing store room has been redesigned to allow for a changing room and toilet facilities for the kitchen staff only.</p> <p>The complaint that had been in writing has been converted into the correct complaints process on the Care Monitor system.</p> <p>The area in front of the fire extinguishers has been cleared.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

<p>There was one complaint in letter form which had been dealt with by the PIC but not transferred into the complaints process in Care Monitor, this is now complete. A complaint in relation to a unsuitable toilet has been completed.</p> <p>We have engaged with a number of companies in relation to improving the phone service within the home. We are awaiting a solution to this problem as previous companies engaged were unable to find a solution.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Policies and procedure are presently been updated and were still within the time required for updating on the day of inspection. Policies that required changing in relation to Covid 19 have been amended and disseminated to staff advising of any changes in practice.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As stated the dry goods store and staff changing room is currently been revamped. The kitchen has been upgraded to include white rock on walls, fly screens have been installed and a new canopy and extraction unit put in place. The clinical room has been cleared and only clinical items are stored in this area going forward.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The method of checking in and taking temperatures has been changed to ensure staff take responsibility for this themselves. A designated area has been placed inside the front door and all staff must check their own temp on entering the building. This is overseen by management. The dedicated toilet and changing room beside the kitchen is nearing completion. A deep clean was carried out in the kitchen Plastering has been</p>	

completed in the store -room and we are awaiting the floor covering to be fitted.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Nurses have all been informed that it is their responsibility to ensure the care plans that have been allocated to them are completed within a given time frame. More time will be allocated to the Nurse who has responsibility for these care plans to be monitored and completed and these care plans will be overseen by management.</p> <p>It has been difficult to complete sections of care monitor in relation to other health care professionals because of lockdown but future advice will be given to the health professionals when visiting to complete these sections.</p> <p>The activities coordinator has been given protected time to carryout activities and complete his documentation.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The GPs have recommenced visiting residents within the center.</p> <p>Fluid balance charts are in place for any resident that require them following clinical assessment.</p> <p>All residents that require consultation from the dietician following weight loss has been followed up.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As outlined by the inspector there is many very good activities in place to ensure residents rights are protected. However the activities coordinator will be afforded dedicated time to continue his good work and ensure the same is recorded in the resident care plan.</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	Orange	15/04/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/04/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2021
Regulation 21(1)	The registered provider shall	Not Compliant	Orange	15/04/2021

	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.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/06/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	22/04/2021
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints	Substantially Compliant	Yellow	22/05/2021

	procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Not Compliant	Orange	22/04/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/07/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have	Substantially Compliant	Yellow	22/04/2021

	been assessed in accordance with paragraph (2).			
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.	Substantially Compliant	Yellow	30/04/2021
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	Orange	30/04/2021
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen	Not Compliant	Orange	30/04/2021

	by or acceptable to that resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	17/04/2021