



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

Issued by the Chief Inspector

Name of designated centre:	Thorpe's Nursing Home
Name of provider:	Barnacyle Nursing Home Limited
Address of centre:	Clarina, Limerick
Type of inspection:	Unannounced
Date of inspection:	13 June 2023
Centre ID:	OSV-0000436
Fieldwork ID:	MON-0040405

About the designated centre

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

Thorpe's Nursing Home is a purpose build nursing home located in Clarina, Limerick was established in 1989. The Home can accommodate up to 42 residents. The bedroom accommodation is laid out in 32 single bedrooms and 5 double bedrooms. We accommodate both female and male residents, normally but not restricted to persons over the age of 65. A pre-assessment is carried out prior to admission to assess if we can cater for your needs, we can cater for low, medium, high and maximum dependent residents. We can facilitate dementia and most medical conditions that affect the older person. We cater for both long and short term residents and also welcome respite and convalescent care. We offer 24-hour nursing care. Admissions to Thorpe's Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours admissions. By agreeing to take up residency within Thorpe's Nursing Home you will have signed a contract of care which ensures that you have a legally binding assurance of high quality care standards and that we have an acknowledgement of your commitment to our terms and conditions. We operate an open visiting policy, however to protect our residents we ask that all visitors wait in the designated visitors' area to enable staff to announce their arrival and partake in precautionary infection control measures. The home reserve the right to impose restrictions on visiting arrangements where the visit or time of visit is deemed to pose a risk or where the resident requests restrictions. To fulfil your personal, social and psychological needs the following services and activities are available: hairdresser, cards, music, and gardening. The following therapy services are provided on request: physiotherapy, chiropody, occupational therapy, dentist, optician, speech and language therapy, etc. Mass is held weekly on a Thursday, we are happy to cater for and accommodate all religious denominations in our home. Our ethos is that our residents are treated as unique dignified individuals and are encouraged to fulfil their potential.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Tuesday 13 June 2023	08:30hrs to 16:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Thorpes Nursing Home told the inspector that they enjoyed a good quality of life in the centre. Residents reported that staff made them feel 'comfortable, safe', and 'valued'. Residents expressed their satisfaction with the quality of care they received and also spoke positively about the social activities that they described as 'fun and enjoyable'. Residents described the staff as 'very helpful' and they never 'felt rushed' when staff assisted them with their care needs. Some residents, who had recently come to live in the centre, described how the staff made them feel welcome, and supported them to feel at home, and comfortable in their surroundings.

The inspector was met by a clinical nurse manager on arrival at the centre. Following an introductory meeting with the person in charge, the inspector walked around the centre and met with a number of residents and staff. The inspector spoke to eight residents in detail about their experience of living in the centre. Some residents were unable to articulate their views on the service they received, however those residents were observed to be comfortable, relaxed, and content in their environment.

There was a calm, relaxed, and pleasant atmosphere in the centre. Staff were observed busily attending to resident's requests for assistance with their morning care needs, while other staff were observed assisting residents with their breakfast. Staff were observed engaging in polite and respectful conversation with residents. Some residents were enjoying each other's company in the communal dayroom and reception area, discussing local news and sports events. Staff were observed to be attentive to the needs of residents.

The centre accommodated 42 residents in predominately single room accommodation on the ground floor. The premises was generally designed and laid out to meet the needs of the residents, with the exception of three shared bedrooms. Those bedrooms were observed to be small in size, and their current layout did not support residents to access their wardrobes, or windows. The feedback from residents was that, while they were satisfied with their bedroom accommodation, furnishings, and storage facilities, they found it difficult to access their wardrobes, due to the position of their beds. Some residents told the inspector that staff supported them to be as 'independent as much as possible', but the constraints with regard to the layout of some shared bedrooms, and access to their storage, made some residents feel 'dependent' on staff assistance.

Residents' personal clothing was laundered off-site by an external service provider, and residents reported their satisfaction with this service. Personal clothing was discretely labelled to minimise the risk of items becoming misplaced or lost. Call bells were available in all bedrooms and communal areas for residents. Residents were satisfied with the time it took for their call bells to be answered, and the

inspectors observed that staff responded to residents call bells without delay

Corridors were wide and facilitated the safe mobility of residents with appropriately placed hand rails. Corridors, bedrooms and communal areas were observed to be brightly coloured, and had appropriate furniture and soft furnishings, that were well maintained. There were a number of communal areas accessible to residents. This included lounges, dining rooms, a visitors' rooms, and a library. Residents were observed enjoying the secure enclosed gardens that were appropriately furnished, and maintained. A small number of bedrooms and corridors were not maintained in a satisfactory state of repair. The provider confirmed that plans were in place to replace worn and damaged floor coverings, and redecorate those areas of the centre where walls were damaged and chipped.

The centre was visibly clean, with the exception of ancillary areas such as the sluice room and the housekeeping room. The inspector observed that those areas did not contain appropriate hand wash sinks, and there was no system in place to segregate clean and dirty items. Communal bathrooms were observed to store excess chairs and furniture. Clean linen was stored, and transported, on trolleys alongside bags containing used linen and waste.

A number of fire doors did not appear to close effectively, with significant gaps around the doors evident when the doors were in a closed position. This may reduce the effectiveness of a fire door in the event of a fire emergency. Some of the fire escape floor plans displayed on corridors provided incorrect information with regard to the layout of the centre. This could cause confusion in the event of a fire emergency.

Residents were able to meet their friends and family in the privacy of their bedrooms, or sitting rooms, where appropriate. The inspector spoke with a small number of visitors. They said that they were satisfied with the care their relatives received, and that staff were kind in their interactions with their relatives.

Residents told the inspector that staff treated them with respect, and supported their choices. Staff were observed to support residents to maintain their individual style and appearance. Residents told the inspector that staff helped them to choose their clothing each morning, apply make-up, and put on their jewellery.

Throughout the day, residents were engaged in meaningful activities that created an enjoyable and social atmosphere for residents. Residents told the inspector that they looked forward to attending the dayroom to meet other residents, and engage in activities of interest to them. A detailed activity schedule was displayed on the notice boards for residents to view and choose activities they wished to attend.

Residents told the inspector that they were provided with frequent opportunities to express their feedback on the quality of the service through scheduled resident meetings and surveys.

Residents had access to religious ceremonies in the centre on a weekly basis.

The following sections of this report detail the findings with regards to the capacity

and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This one day unannounced risk inspection was carried out by an inspector of social services to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).
- review the provider's application to renew the registration of the centre.
- follow up on the actions taken by the provider to address issues of non-compliance found on the last inspection in October 2022.

The findings of this inspection were that the provider had taken action to improve the management of clinical records in the centre, and to ensure that sufficient staffing resources were allocated to the provision of activities for residents, and cleaning of the centre. While the provider had improved the systems in place to identify risks to residents safety, the management systems in place to monitor, and mitigate risks to residents, particularly fire safety risks, required further action to ensure residents were protected from the risk of fire. In addition, action was required to ensure compliance with Regulation 17: Premises, and Regulation 27: Infection control, to ensure that residents received care and support in an environment that met their needs, and protected them from the risk of infection.

Barnacyle Nursing Home Limited is the registered provider of Thorpes's Nursing Home. The organisational structure consisted of a representative of the provider, who was actively involved in the day-to-day operations of the centre, and the person in charge. Within the centre, the person in charge was supported by a clinical nurse manager. The clinical nurse manager had responsibility for monitoring the quality and safety of the service, such as infection prevention and control, clinical documentation and providing supervision and support to the staff to ensure residents receive safe quality care, in addition to providing direct nursing care to residents.

Following the previous inspection, the provider had completed a fire safety risk assessment to identify potential fire risks to residents living in the centre. The findings of that assessment were that significant action was required with regard to the systems of detection, containment, and management of fire. While the provider had progressed to address some of the risks identified from that assessment, such as scheduled works to upgrade the fire detection system, the provider did not present a clear time-bound project plan of works completed to date, and the outstanding works required. As a result, there was no clear time line for the works to be completed, and no effective risk management systems in place to manage any potential risk or disruption to residents during those works.

The centre's risk management policy underpinned the management systems in place for the oversight and monitoring of risk in the centre. As part of the risk management policy, a risk register to record all potential risks to resident's safety and welfare was maintained. However, the risk management systems were not effectively implemented. The provider had not assessed the ongoing risks to residents in relation to having incomplete fire safety systems in the centre, and therefore the active risk register did not contain known fire risks in the centre. The exclusion of known risks from risk register impacted on the centre's ability to minimise and appropriately manage risk.

The quality and safety of care provided to residents was monitored through a range of clinical and environmental audits. The audits included reviews of incidents involving residents, the use of restraint, incidence of wounds, resident's nutrition, weight loss, and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement. However, the inspector found that improvement action plans were not consistently developed following identification of risks and deficits in the service, or reviewed to ensure the required actions were completed. For example, while infection prevention and control audits completed in April 2023 had identified risks with the management of clean and dirty linen, there was no improvement action plan in place to address the findings of the audit, and the issue persisted.

On the day of inspection, the staffing levels were appropriate for the size and layout of the building, and to meet the assessed needs of the current residents. Staffing levels within the housekeeping department had been increased to ensure an acceptable standard of environmental hygiene could be maintained. A review of the rosters evidenced that there was adequate staffing levels in place to support housekeeping, catering and social care activities.

A review of staff training records evidenced that all staff had up-to-date mandatory training, pertinent to providing residents with safe quality care. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and fire precautions. Staff were appropriately supervised and supported by the management team.

There were effective record-keeping systems in place. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. The inspector found that a sample of staff personnel files reviewed contained the information as required by the regulations.

The directory of residents was appropriately maintained and contained the information required by the regulations.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre was made, and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents in line with the statement of purpose.

There was sufficient nursing staff on duty at all times, and they were supported by a team of healthcare and activities staff. The staffing compliment also included catering, housekeeping, administrative, and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported and facilitated to attend training relevant to their role and all mandatory training, as required by the regulations, had been completed. Staff demonstrated an appropriate awareness of their role and responsibilities in recognising and responding to allegations of abuse, fire safety and evacuation procedures, and supporting residents living with dementia. Staff had also completed training relevant to infection prevention and control.

Staff were appropriately supervised to carry out their duties, and there were arrangements in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

A sample of staff personnel files were reviewed and found to contain the information required by Schedule 2 of the regulations. This included evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were not adequately robust to ensure the service was safe, appropriate, consistent and effectively monitored.

- The risk management systems were not effectively implemented. For example, a number of fire risks identified in a fire safety risk assessment, and awaiting completion, had not been appropriately assessed, reviewed, or updated in the risk register to ensure appropriate actions were in place to mitigate the risk to residents while fire safety works were ongoing. The fire safety action plan did not accurately detail works outstanding or time-line for completion.
- The systems to evaluate and improve the quality and safety of the service required further action. While audits undertaken across the service identified areas for improvement, this did not result in the the development of action plans, or quality improvement initiatives. For example, audits of infection prevention and control practices, the maintenance needs of the premises, and fire safety audits, had identified a requirement for quality improvements in those areas. However, there was no quality improvement action plan developed or time line for completion.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector, within the required time frame as specified in the regulations.

Judgment: Compliant

Quality and safety

Residents living in this centre received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to the care provided to residents. While the provider had taken some action to ensure residents safety in relation to fire precautions, and infection prevention and control, the actions taken were not sufficient to bring the centre into compliance with the regulations. Additionally, further action was required to ensure that the physical environment, particularly shared bedrooms, met the privacy, dignity and care needs of the residents.

A review of fire precautions found that the provider had taken some action to address issues of non-compliance found on the previous inspection with regard to fire precautions. This included establishing an appropriate storage area for combustible items, such as oxygen. Arrangements were in place for the daily monitoring of the fire detection system and emergency escapes. Records were maintained with regard to the servicing and maintenance of the fire detection system, emergency lighting, and fire-fighting equipment. There was evidence that the fire detection system was being serviced and tested at quarterly and annual intervals. While the provider had identified fire risks through an assessment of the fire detection systems, and the integrity of the fire doors, the provider had not developed a clear time-bound action plan of fire safety works completed to date, or the outstanding works required. As a result, there was no clear time-line for the works to be completed or no effective risk management systems in place to manage any potential risk to residents while awaiting remedial works on the fire detection system, and the fire doors. Further findings are detailed under Regulation 28: Fire precautions.

The inspector found that some action had been taken following the previous inspection to support effective infection prevention and control measures. Additional staffing resources had been allocated to the cleaning of the centre, and this was found to have improved the quality of environmental hygiene. However, the inspector observed some equipment used by residents that was visibly unclean, which posed a risk of cross contamination and therefore risk of infection to

residents. In addition, the layout of sluicing facilities, and the laundry area did not support effective infection prevention and control due to a lack of an established dirty to clean flow to minimise the risk of cross contamination. Further findings are described under Regulation 27: Infection control.

The provider had taken some action to improve the quality of the premises through scheduled maintenance and redecoration of some bedrooms and corridors. There was a good variety of communal day space, such as dining and day rooms, oratory and visitor's room. All communal areas were bright, comfortably furnished, and had a variety of furnishings which were domestic in nature. The premises was designed and laid out to meet the individual and collective needs of residents with the exception of three twin bedrooms. The layout of those bedrooms did not provide sufficient space for residents to access their storage facilities, or access the window without impacting on the privacy of other residents occupying the bedroom. In addition, there were some bedrooms and corridors that were not maintained in a satisfactory state of repair where floor coverings, skirting, and doors were visibly damaged. This is discussed further under Regulation 17: Premises.

A sample of residents' assessments and care plan records were reviewed. Residents physical, psychological, and social care needs were comprehensively assessed on admission to the centre using validated assessment tools. The outcome of the assessments informed the development of care plans that provided guidance to staff on the appropriate delivery of care to the residents.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

Residents had appropriate access to general practitioner (GP) services as required, or requested, by the residents. There were referral pathways in place to ensure the timely referral of residents to health and social care professionals, and evidence that the recommendations made by professionals was implemented and reviewed to ensure best outcomes for residents.

Arrangements were in place to ensure information, pertinent to providing residents with safe and appropriate care, was communicated to the acute, and community health and social care services when residents were temporarily transferred, or discharged to such services.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents told the inspector that they felt safe living in the centre.

Residents were consulted about the quality and provision of the service and this was evidenced in the records of resident's forum meetings.

Residents were provided with opportunities to participate in activities in accordance

with their interests and capacities. There was a staff member assigned to the provision of meaningful activities for residents. Residents reported that they enjoyed the activities offered.

While residents could freely exercise choice in many aspects of their daily lives, the layout of some shared bedrooms impacted on residents choice, and privacy.

Visiting was facilitated in the centre and residents could receive visitors in both their private accommodation or in designated visiting areas.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 13: End of life

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plans in consultation with the resident's General Practitioner (GP).

Judgment: Compliant

Regulation 17: Premises

The inspector found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example;

- The layout of one bedroom designated to accommodate two residents did not meet the needs of the residents occupying the bedroom. For example, while there was personal space for each resident, the beds were positioned against the residents wardrobes. This meant that residents could not independently access their clothing, or storage without moving their furniture into the personal space of another resident.
- There was inadequate lighting in two twin bedrooms. The layout of two bedrooms, and the position of the beds and privacy screens next to a window, restricted the flow of natural light in the rooms. This also meant that the window could only be accessed by entering the personal space of another resident.

- Bedrooms and corridors in one area of the premises were not maintained in a satisfactory state of repair. For example, floor coverings in three bedrooms were lifting, and the paint work was damaged. The skirting along corridors, and bedroom doors, were visibly chipped, scuffed and damaged. Those areas were not included in the current planned maintenance schedule.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Arrangements were in place to support the transition of residents from the designated centre to hospital or home in consultation with each resident, including the resident's general practitioner (GP).

All transitions occurred in a timely manner with planned supports in place and information regarding the residents health and social care needs were provided to the resident concerned, hospital, general practitioner, family or carer.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA.

The environment and equipment was not managed in a way that minimised the risk of transmitting healthcare-associated infections. This was evidenced by;

- Clean linen was transported on trolleys that also contained dirty linen and waste. This posed a risk of cross contamination, and risk of infection to residents.
- Some equipment used by residents, such as raised toilet seats, were not clean on inspection.
- There were a limited number of clinical hand wash sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection. Hand wash sinks within the sluicing facilities and housekeeping store room did not meet the recommended specifications.
- The management of storage areas were not effective to minimise the risk of cross infection. For example, one assisted toilet was used to store soft furnishings, chairs and some cleaning equipment. This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by the provider in order to comply with the requirements of Regulation 28: Fire precautions.

Arrangements for providing adequate means of escape including emergency lighting required improvement. For example;

- There was a lack of directional signage to identify the appropriate fire evacuation route and which direction of travel to take in order to access a designated fire exit.
- There was inadequate means of escape from an office located on the first floor of the premises. For example, the office was an inner room that was accessed through a staff room. This meant that should a fire occur in the staff room, there was no other means of escape other than to exit the office through the staff room.

Arrangements for detecting and containing fire in the designated centre required action.

- The integrity of a number of fire doors was impaired. For example, some doors contained visible gaps when closed, and were visibly damaged. Furthermore, a fire door was unable to close automatically due to the door sticking on the floor. This compromised the effectiveness of the fire door to contain the spread of smoke and fire.
- There was a lack of fire detection in some areas of the premises that included two corridors, a hairdresser room, and an office space on the first floor of the premises.

Arrangements for the display of procedures to be followed in the event of a fire required improvement:

- Fire escape floor plans displayed on some corridors were not an accurate description of the layout of some areas of the centre.
- Floor plans on display at the main fire panel only included the ground floor plan and not the first floor plan. This could cause a delay in identifying the location of a fire in the centre, and further compounded by the lack of fire detection in the area.

While simulated evacuation drills were taking place, a fire drill had not been carried out on the largest compartment when staff resources are at the lowest to provide assurance that residents could be evacuated to a place of safety, at any time, in the event of an emergency.

The provider had completed a Fire Safety Risk Assessment in February 2023 to

identify fire risks to residents, and was preparing a schedule of works according to the category of risk and priority. However, a review of how these high fire risks could be mitigated, and any potential risks to residents during the fire upgrade works was now required. This is actioned under Regulation 23: Governance and Management.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents care plans were informed through comprehensive assessments of resident's care and support needs, and reviewed at intervals not exceeding four months.

Care plans reflected the assessed needs of residents and detailed the interventions in place to support residents at risk of falls, malnutrition, impaired skin integrity and pain.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professionals and facilitated to access a general practitioner (GP) as required or requested.

The inspector reviewed the management of wounds in the centre and found that evidenced-based wound care was provided to residents. Wound prevention measures were in place and the staff had access to tissue viability expertise to further support the care and management of residents wounds.

There was evidence that the recommendations of professionals was integrated into the residents plan of care to ensure best outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of

abuse.

The provider acted as a pension agent for a resident living in the centre. Arrangements were in place to support residents to access, and manage their finances, in line with the guidelines published by the Department of Social Protection.

Judgment: Compliant

Regulation 9: Residents' rights

Due to the layout of shared bedrooms, not all residents could undertake personal activities in private, or exercise choice, without impacting on the privacy of another resident sharing the bedroom.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Thorpe's Nursing Home OSV-0000436

Inspection ID: MON-0040405

Date of inspection: 13/06/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Specific items are discusses and addressed within other Headings in the Report.</p> <p>As management we prioritized the need to upgrade the Fire Alarm to L1 system, this is now installed.</p> <p>Audits are accompanied by Time specific- achievable action plans and same reviewed at QIMs.</p> <p>Our Risk Management Policy is strictly adhered to in identifying and mitigating all Risks in the Nursing Home, once a Risk is identified control measures are put in place which is documented in the Risk Register. The PIC will conduct weekly safety checks in the center. Any Risks will be documented, Control Measures put in place and communicate the results to staff.</p> <p>Continued Mandatory Training is ensuring all staff have the most up to date knowledge on how to deal with any Risk identified.</p> <p>We have set up monthly Safety meetings, these will include the Management of Fire safety issues until all the items within the audit have been addressed. This group will be chaired by the PIC and will include the Provider and senior staff from each department.</p> <p>Risk Register is updated to include the specific Fire Assessment that was carried out, the Action plan is now in place with a time line for completion.</p> <p>PIC is booked in for a fire safety management course in Septembe</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Furniture has been moved in twin bedroom for residents to gain access to wardrobes without needing assistance.</p> <p>We are endeavoring to rearrange furniture in twin rooms to facilitate window access for each resident.</p> <p>Maintenance schedule has been reviewed and updated with priorities and time line for completion is in use.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Separate trolleys for transportation of used and unused linen during care rounds now in place.</p> <p>Updated cleaning schedule in place for communal toilets same audited weekly basis</p> <p>Storage of furnishings and cleaning equipment from communal toilets have been removed and stored appropriately.</p> <p>Clinical hand wash sinks have been ordered, and will be installed. There is no timeline on preorder but will be installed in 2023</p> <p>Audit now includes a system to monitor storage effectively to minimise cross infection</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Directional Signage has been reviewed and there is now clear signage to guide to access a designated fire Exit.</p>	

We have decided not to use the "office located on first floor" as an office any longer, this will mitigate the need for a exit from that room.

We have identified a number of doors that will require changing as a result of the audit. The timing and cost of fitting needs to be planned carefully as to not disturb the residents in the rooms. We are currently working with a builder to assess the means of retro fitting these doors. The time frame for completion is June 2024. In the meantime smoke and fire seals can be fitted to the damaged doors, this will be done by 1/9/23.

We engaged a fire engineer to carry out an audit and draw up a schedule for a new L1 Fire alarm This is to cover all areas of the Nursing Home including the first floor. This has now been installed.

Fire Escape floor plans have been reviewed and have been corrected.

The new L1 fire alarm is now installed and will identify the exact area where the fire alarm is alarming from, this eliminates the need for a floor plan to identify the area where the fire is.

Fire drills in the largest compartment have been carried out at our lowest staffing times, this compartment will be focused on when doing future drills also.

Remedial works to mitigate any potential risks to residents are ongoing, the remedial works will be completed by 1/9/23. These risks will be reviewed to ensure any risks are kept to a minimum until doors have been replaced.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Furniture has been moved in twin bedroom for residents to gain access to wardrobes without needing assistance.

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 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	01/10/2023
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	17/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/07/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	17/07/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/06/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	17/07/2023
Regulation 9(3)(a)	A registered	Substantially	Yellow	01/10/2023

	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.	Compliant		
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.	Substantially Compliant	Yellow	01/10/2023