



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

## Issued by the Chief Inspector

Name of designated centre:	Powdermill Nursing Home & Care Centre
Name of provider:	JCP Powdermill Care Centre Limited
Address of centre:	Gunpowdermills, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0004456
Fieldwork ID:	MON-0038180

## About the designated centre

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

Powdermill Nursing Home and Care Centre is located close to the town of Ballincollig, which is approximately nine kilometres west of Cork city. It is a two storey premises with resident' accommodation on the ground and first floors. The upper floor can be accessed by both stairs and lift. Bedroom accommodation on the ground floor comprises 19 single bedrooms, one twin bedroom and three triple bedrooms. Bedroom accommodation on the first floor comprises four single bedrooms and two triple bedrooms. The centre offers 24 hour nursing care to both long term and respite residents that are predominantly over the age of 65 years.

**The following information outlines some additional data on this centre.**

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 9 November 2022	09:00hrs to 17:00hrs	Mary O'Mahony	Lead
Wednesday 9 November 2022	09:00hrs to 17:00hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

There was a relaxed atmosphere within Powdermill Nursing Home as observed by inspectors. Residents were seen moving freely around the centre throughout the day of inspection. Residents were observed reading newspapers, watching TV, working with the physiotherapist and partaking in activities in the two day rooms. Inspectors spoke with the majority of residents and with six residents in more detail. A number of visitors were seen throughout the day and some of them also spoke with inspectors. The majority were complimentary in their feedback and expressed satisfaction about the standard of care and environmental hygiene. However, one resident in a multi-occupancy room said they were regularly kept awake by another resident at night. They had been offered a different room but had opted to stay in their current room as they enjoyed the view.

Inspectors arrived unannounced to the centre at 9am, and were guided through the infection prevention and control measures in place. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the senior nurse and the person in charge, one inspector was accompanied on a tour of the premises while the other inspector reviewed relevant documentation at that time. The person in charge explained that the centre had been divided into two distinct, separately staffed zones to promote better infection control, which had minimised the spread of infection during a previous outbreak.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, internal construction works of an internal front stairs had commenced. Inspectors observed dust around the construction area which indicated that dust control measures had not been adequately implemented. The place where the original door had been removed was not adequately sealed off where the internal stairs was to be inserted. The waist high barrier was not suitable as visible, easy to reach tools were left unsecured there. Nonetheless, alcohol hand gel dispensers were readily available along corridors and within residents' rooms for staff use. Additional clinical hand hygiene sinks had been installed within the various nurses' office and clinical areas. A new housekeeping, janitorial room was located in an external building. However, inspectors were informed that sinks within residents' rooms were dual purpose used by both residents and staff. The hand soap in use was 'topped up' rather than being replaced with new soap. These practices increased the risk of cross infection. Additionally, visitors were not all guided in how to wear masks appropriately within some communal areas of the centre. Findings to be addressed in relation to infection control are further discussed under the individual Regulation 27.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean.

Residents told inspectors it was great to have "access to the outdoors" to one of the nicely planted garden areas on both sides of the building. The smoking shelter was located outside the door at the end of the hallway and inspectors observed residents using this door to access the gardens and to smoke. Inspectors reviewed records of residents' meetings which showed that residents were encouraged to go outside, weather permitting. Bedroom accommodation was laid out over two floors. Inspectors found that additional en suite facilities had been provided upstairs since the previous inspection, which supported residents' rights to privacy and independence. Each bedroom was seen to be personalised with photographs, books and small items of furniture, with the help of family and staff. One resident who had a number of books and other personal items said that "a book shelf would be useful", which the person in charge stated could be arranged. Residents spoke with inspectors about the beauty salon on the grounds which was used for nail therapy. Other beauty treatments such as hairdressing were also available. Residents were happy about this and said they enjoyed the "one to one interaction" with staff.

Documentation relating to residents' survey results and residents' meetings were reviewed. This indicated a good level of satisfaction with meals and other aspects of care. Minutes of residents' meetings and copies of the monthly newsletter demonstrated that a wide range of issues such as community issues, staffing and the current financial crisis were discussed at the meetings, as well as news from the community. Residents said that they were delighted to be able to meet their visitors in person again. One relative said that she was happy with the care and the effective communication with staff.

The meals were carefully prepared with choice available to residents. Food preferences were known to staff and residents said that the catering team and new chef addressed areas for improvement such as improved food choices and very impressive home baking. The new kitchenette in the second sitting room was seen in use during the day. Residents spoken with confirmed that snacks were available between meals and at night time.

Residents informed inspectors that there was attentive medical care available and they spoke about the daily events which kept them occupied. They said that they enjoyed the recent Halloween excitement and party. They expressed great excitement about upcoming Christmas celebrations. There were two staff members on duty in the centre on the day of inspection to coordinate social events and interaction such as singing, bingo and quiz.

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

## Capacity and capability

While there were some good systems of governance and management in place a

number of aspects required review and additional oversight. Overall inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were not adequate in relation to risk management, staffing and fire safety, some of which are addressed under the quality and safety dimension of the report. In relation to infection control inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018). Details of issues identified are set out under Regulation 27.

Powdermill Nursing home is operated by JPC Powdermill Care Centre Limited. There are two directors in the company who are involved in the management of the centre. Clear lines of authority and accountability were set out and staff were aware of who to report to and the responsibilities of their roles. At operational level, support was provided by one director of the company representing the provider, who was present in the centre five days of the week. This member of staff also held the role of person in charge. She was found to be knowledgeable of the responsibilities under the regulations. She was supported in the delivery of care by senior nurses and a healthcare team, as well as household, catering and administration staff. There were also two senior staff members operating as persons participating in the management of the centre, namely the general manager and the operations manager. The provider had nominated a clinical nurse manager, with the required training, to the role of infection prevention and control lead. Staff told the inspector that they were facilitated to communicate regularly with management personnel and were aware of their obligations in relation to safeguarding of residents.

There was evidence that regular governance, management and staff meetings took place, where topics such as risk, human resources, COVID-19, complaints and incidents were discussed. Records of these meetings and clinical governance meetings were documented and the senior nursing team were seen to attend these along with the full management team. Inspectors met with a number of senior staff nurses who were part of the management team. They were found to be knowledgeable and capable. The staff members spoken with demonstrated knowledge of the regulations and standards for the sector and had been assigned management duties to support the person in charge.

While a quality management system, which included reviews and audits, was in place to ensure that the service provided was safe and effective inspectors found gaps in this aspect of management oversight: these gaps particularly related to aspects of antimicrobial stewardship, antibiotic usage and the management of risks. In addition, infection prevention and control audits were not routinely undertaken. However, resources had been made available for a plentiful supply of good quality PPE, the provision of external changing rooms and an external visitor and staff dining area.

Inspectors saw evidence of good practice in that the recording and investigation of incidents and complaints included an assessment of learning and a revision of practice, where necessary. The annual review for 2022 was available. A number of

actions had been completed and an action plan for the remaining items was in place.

Records required to be available for inspection purposes were generally well maintained and easily accessible to inspectors. A sample of four staff files viewed by inspectors contained most of the required documents set out in Schedule 2 of the regulations for the sector. Where a gap was found in the required documents this was further highlighted under Regulation 21. In addition the staff roster was not clear and the staffing skill mix required review as outlined under Regulation 15 in this report. Nevertheless, An Garda Síochána (police) vetting (GV) was in place for all staff and the person in charge provided assurance that all staff members had the required GV in place prior to commencing their role.

#### Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements and was knowledgeable of the regulations and standards for the sector. She was suitably qualified and experienced.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection a review of the roster indicated that two nurses were scheduled to work that night. However this roster was not accurate as one of the two nurses had been reassigned to day duty and was on duty on the morning of inspection. The person in charge stated that due to recent resignations she did not have two staff nurses available every night to maintain two nurses on duty at night time. Information of concern was received prior to the inspection relating to the roster not always being accurately maintained in relation to nursing staff scheduled for night duty. This information also outlined the challenges faced by one nurse on duty at night time. The one nurse had to administer medications to up to 40 residents in a timely manner, supervise the care staff and respond to specific nursing needs of residents' care. In addition, the size and layout of the centre presented additional challenges. The centre was laid out in two distinct wings downstairs and an upstairs section where 10 residents resided.

Inspectors found there was a requirement to review the night duty staffing levels and skill mix on some nights as the inspectors saw that over half of the residents had been assessed as having maximum dependency needs. After 22.30 each night there were only three staff rostered on duty to meet the needs of up to 40 residents. As a number of residents required the help of two staff to meet their care needs this meant that there were times when only one staff member was available



to supervise and provide care to the other residents. Some resident's spoken with stated that they would have to wait for staff attention and for their night medications some nights but said they understood that staff were busy.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had attended a number of required and mandatory training sessions.

Records of these sessions were maintained.

There were senior staff on duty for supervision purposes each day.

Judgment: Compliant

### Regulation 21: Records

The duty roster was not correctly maintained. It was unclear from the roster what nurses were on duty for the day and night shift.

The nurse on duty was not named on the roster for the day of inspection as that nurse had been assigned night duty for the night of inspection. The replacement night nurse was not clarified on the roster. In addition, on the day of inspection staff responses were not consistent as to which of the nurses was assigned the night duty shift that night, as both nurses had completed some time on the day shift also in the presence of inspectors. Inspectors saw that an agency nurse was already assigned to work on the night of the inspection according to the duty roster.

The records required under Schedule 2 of the Regulations did not include two written references for one staff member in the sample reviewed: in particular one of the two references seen was not specific and did not contain any details of the person's employment or other relevant details. Therefore the reference could not be relied upon to ensure robust recruitment.

Judgment: Substantially compliant

### Regulation 23: Governance and management

While there were some comprehensive management systems established, the development of further managerial systems was required to ensure the service

provided was safe, appropriate, consistent, and effectively monitored. The inspectors saw that there was lack of oversight of the following areas.

As outlined under Regulation 27 there were a number of infection control issues identified which inspectors found non compliant. For example, the lack of systems for the management of antibiotic use, infection prevention and control risks during building and renovation works and surveillance of multi-drug resistant organisms.

There was a lack of oversight of fire safety issues as identified under Regulation 28, including oversight of risk and risk assessments:

A review of the controls in place to mitigate risks was required as some risks were evaluated as 'low' where there was a high risk of injury: in particular one risk evaluated as "low risk" required review where a resident, who was found to smoke in the bedroom on a number of occasions, also used oxygen. There were not adequate controls in place for work tools which were not secured.

The lift had failed on one occasion and the company was not able to attend the centre on the day of the breakdown. The controls in place for this eventuality required review and a report on the management of the event, and the associated risks, was requested following the inspection.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was seen to contain a description of the service and the ethos of the centre. It also described the management structure and complaints procedure.

Judgment: Compliant

### Regulation 31: Notification of incidents

Specified incidents had been notified to the Chief Inspector in accordance with the regulations in a timely manner.

These included falls, allegations of staff misconduct, or any sudden death.

Judgment: Compliant

## Regulation 34: Complaints procedure

Complaints were recorded in detail.

A review of the complaints book indicated that issues were addressed.

There was an appeals process in place and contact details for the ombudsman and an independent advocacy service were available.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, inspectors found that immediate attention was required in relation to the management of risks associated with the ongoing building works. Additionally improvements were required in fire safety and weaknesses were identified in infection prevention and control and antimicrobial stewardship, environment and equipment management.

Inspectors observed that residents appeared to be happy in the centre and were well dressed in keeping with the time of the year. Staff were seen to support residents to maintain their independence where possible, for example, staff were seen walking with residents both inside and outside the premises. Residents' healthcare needs were met by access to a range of medical professionals, including psychiatric, physiotherapy and the speech and language therapist (SALT). Residents had access to local general practitioner (GP) services and they gave positive feedback on the attentive care received from the doctors and staff. Care plans were generally found to be detailed and personalised and guided staff in the delivery of best evidence based care. Medicine management was audited and staff had undertaken training. A new electronic system was in use and had been updated with a number of additions since the previous inspection.

Resident were happy with the choice and frequency of meals on offer. These were served at times which residents had suggested. Inspectors found that appropriate support was offered to residents who required assistance. Audit had been undertaken with the aim of reducing the use of bed rails in the centre. Alternatives such as sensor alarms were made available where a risk assessment had indicated a need for this. There were systems in place to safeguard residents from abuse. Where any incidents or allegations were brought to the attention of management these were documented and appropriate action taken.

Inspectors found that the person-centred approach to care planning meant that the preferences, activities and interests of residents were known to staff. Inspectors saw that a "first glance" laminated page of information was available in each person's file. This highlighted key aspects of residents' lives. Consequently, the staff spoken with were found to be knowledgeable of the holistic care needs and backgrounds of residents.

The design of the premises was homely and an ongoing programme of maintenance was in place. The offices had been redesigned, new external visiting hubs, a beauty salon, a staff changing area and an equipped janitorial room had been put in place. En-suite shower and toilet facilities were fitted to upstairs bedrooms since the previous inspection. However, some improvements were required in relation to areas of the premises that posed a risk, such as the lack of a suitable storage area for wound dressings and other clinical items, storage of large items of furniture in bedrooms and upgrade of painting in some areas.

Inspectors identified some examples of good practice in the prevention and control of infection. Waste and used laundry was segregated in line with best practice guidelines. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE by staff was observed during the course of the inspection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Staff continued to avail of serial COVID-19 antigen testing fortnightly. This had identified some isolated cases of COVID-19 among staff and appropriate controls were put in place to prevent ongoing transmission. All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Inspectors observed that there were sufficient numbers of clinical and housekeeping staff to meet the needs of the residents during the day. All areas and rooms were cleaned each day and residents' rooms appeared visibly clean. Staff responsible for cleaning were found to be knowledgeable in use of the cleaning chemicals and cleaning techniques. However, despite areas of good practice identified there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures. An infection prevention and control nurse specialist had attended the centre to advise on facilities and infection prevention and control practices in October 2020. Nonetheless, findings on the day of the inspection and a review of that report indicated that a number of the issues identified had not been addressed. Findings in this regard and other aspects of infection control are presented under Regulation 27.

In relation to fire safety there was certified emergency lighting in place and fire fighting equipment such as fire extinguishers and fire blankets were provided and serviced. The fire safety register and policy was available for review and detailed fire evacuation drill records were maintained. The local fire brigade and a number of volunteers were available in the event of a fire in the centre. Nevertheless, during the day the inspector found a number of risks and issues of concern relating to fire safety. Fire safety deficits were described under Regulation 28.

In summary, residents told inspectors that they were enabled to make choices about

their daily life in the centre and they felt that their concerns were addressed. They felt content in the centre. Relatives and residents' meetings were held on a regular basis. It was evident that the residents were consulted about issues relevant to them.

### Regulation 11: Visits

Visitors were seen in the centre throughout the day. Residents said they were happy with the access to visits.

The person in charge undertook to ensure that visitors were aware that appointments for visits were no longer necessary at times when the centre was clear of the COVID-19 virus.

Judgment: Compliant

### Regulation 17: Premises

A new enclosed area was required for the storage of clean and sterile supplies such as needles, syringes and dressings which were currently stored in a press in the nurses office.

Painting required upgrading on a ceiling where the paint was peeling.

More storage space was required for large chairs which were stored within residents' multi-occupancy rooms. This was particularly significant in the three bedded rooms as the large chairs took up a lot of space within the rooms where there was already limited space between the beds.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were presented with a choice at each meal and the chef was available to residents.

Some residents liked to eat on individual small tables and these required ongoing review to ensure that they were positioned correctly for ease of access.

Judgment: Compliant

## Regulation 26: Risk management

The risk register was maintained.

However, as identified under Governance and Management some risks required further review.

Judgment: Compliant

## Regulation 27: Infection control

While some good infection control practices were seen, the registered provider had not ensured effective governance and oversight arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Infection prevention and control risk assessments as part of building works has not been completed. For example, the provider had not undertaken an aspergillosis risk assessment to assess if the residents were at risk during the ongoing construction of the internal stairs.
- The overall antimicrobial stewardship programme needed to be developed, strengthened and supported in order to progress the quality of antibiotic use in the centre. For example antibiotic usage was not routinely monitored or audited and there were no antimicrobial stewardship guidelines available.
- Surveillance of MDRO (multi-drug resistant organisms) colonisation was not routinely undertaken and recorded as recommended in the National Standards and the provider's own policy. Surveillance of MDROs is important for guiding prevention, treatment and control of infections caused by these bacteria.
- There were no guidelines available on the care of residents colonised with MDRO's including Carbapenemase-Producing Enterobacterales (CPE).
- Infection prevention and control audits were not routinely undertaken. As a result there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

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

- Heavy dust was observed in the press containing stocks of clean and sterile supplies including wound dressings and syringes in the office. This compromised effective aseptic technique.
- As there were no sluicing facilities on the first floor. Staff informed inspectors

that they occasionally passed through the laundry room to access the sluice room at night time. This increased the risk of cross infection.

- Clean linen and incontinence wear was stored on open shelving on the corridor. This practice increased the risk of contamination.
- Soap dispensers were being refilled and topped up throughout the centre. This practice increased the risk of contamination.
- Two commodes frames were cracked and two urinals in the sluice room was stained. Ineffective decontamination and damaged equipment increased the risk of cross infection.

Judgment: Not compliant

## Regulation 28: Fire precautions

There were some issues related to fire safety which required review and action.

A number of risk assessments for fire, in the area where the building was being undertaken required action. On the day of the inspection it was not evident if the works specified in the fire safety risk assessment for the works, made available to inspectors, had been undertaken. Inspectors saw that a number of wires which were hanging down in the works area were accessible, leading to a risk that a resident could pull on them causing damage. This included a wired up break glass unit and an extension lead hanging loose with items plugged into it. Expert advice submitted by the provider following the inspection stated that the wires were considered safe if contained in an area that was completely screened off, however, this was not the case on the day of inspection.

Smoking in residents bedrooms is not permitted in the centre in accordance with the centers own policy and risk assessments had been undertaken for residents who did smoke in their bedrooms. However, the inspectors found that risk controls in place were not sufficiently robust, particularly in one room where a resident was receiving oxygen therapy which increased the risk of fire.

Following findings on a previous inspection related to the management of fire safety a risk assessment had been undertaken on fire doors in the centre. Assurance from a suitably qualified person on progress on the outstanding works was requested.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

A sample of medicine management records reviewed were well managed.

Issues identified on the previous inspection had been addressed.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
<p>Inspectors found that care planning was person-centred. Residents' weights and vital signs (temperature and blood pressure) were monitored monthly and they were seen to be referred to the GP when necessary. Residents had their temperatures recorded twice daily at the present time, due to the risk of developing COVID-19. A variety of validated assessment tools were seen to be in use and care plans were developed based on the needs identified using these assessments which included falls, nutrition, cognition and skin integrity.</p> <p>Care plans were well maintained and reviewed four monthly. They were seen to reflect the assessed needs of residents. Members of the multi-disciplinary team had also inputted advice for staff in providing best evidence-based care. The plans were found to reflect residents' daily experience and medical and social care needs.</p>
Judgment: Compliant
<b>Regulation 6: Health care</b>
<p>There was a good standard of evidence-based health care provided to residents in this centre. Residents were regularly reviewed by their GP. There was evidence of access to health and social care professionals such as, the physiotherapist, dietitian, palliative care, psychiatry and dentist. These members of the multi-disciplinary team had inputted advice for staff in providing best evidence-based care. The physiotherapist was present in the centre working with individuals and groups on the day of inspection.</p>
Judgment: Compliant
<b>Regulation 7: Managing behaviour that is challenging</b>
Staff had attended training in this aspect of care.
Judgment: Compliant



## Regulation 8: Protection

Relevant staff training was undertaken in the prevention and recognition of abuse.

Where any allegations had been made these were seen to be documented, reported to the safeguarding team and followed up.

A policy was available to support staff in making an allegation through the 'whistleblower' policy.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were promoted as evidenced throughout the day of inspection:

Activities were undertaken which interested and engaged residents. Bingo, quiz, music, games, and newspaper reading were observed on the day of inspection. Residents said they enjoyed an outdoor parties and barbecues in the summer. Baking, karaoke and card making were also part of the weekly schedule. Residents had access to TV, radio, computer and internet access and a number got an individual daily newspaper delivered to them in the morning.

Residents said that they had a choice of when to get up and go to bed, what to wear and which activity to attend. Visitors were welcome and residents were supported to make private phone calls. Mobile phones were seen to be plugged in to charge. Residents hobbies and past lives were known to staff and supported by the pictures, care plans, books and conversations in the centre.

Community involvement was evident and staff said the local community were supportive.

Visitors spoken with praised the staff and said that communication was good at the time of the restricted visiting and residents felt confident that any concerns would be addressed.

A copy of the centre's monthly newsletter was made available to inspectors. The October 2022 newsletter was seen to contain input from the provider on current challenges and issues of interest in the centre and in the community. Residents told the inspector that they enjoyed reading about the staff and about issues which impacted on their lives.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Powdermill Nursing Home & Care Centre OSV-0004456

Inspection ID: MON-0038180

Date of inspection: 09/11/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels will be kept under review using the Modified Barthel Index, a validated nursing assessment tool which identifies care hours required based on residents’ dependencies and assessed needs. This will be completed monthly.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The roster has been reviewed to clearly indicate nurses on duty on days and on nights. This will be reviewed daily by the PIC and any changes clearly indicated.  All Schedule 2 records are available for all staff.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The main building works and associated remedial works are now substantially completed thereby closing out the identified assessed risks. Painting and decoration and a new floor will be completed shortly.	

A new environmental audit will be completed initially on a monthly basis and frequency reviewed based on audit results. The weekly data statistics gathered by nurses will now include specific categories for monitoring any incidence of MDRO and/ or other types of infections including antibiotic usage.

The risk register has been reviewed and updated and both residents have had their smoking risk assessments reviewed also.

The contingency plans for lift failure have been reviewed and updated.

There is a programme of ongoing maintenance which includes painting and areas identified will be completed by 31st January 2022. Storage of armchairs in multi-occupancy rooms will be reviewed in consultation with residents.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
All substantial building and remedial works are now completed. A new floor has yet to fitted in the stairwell.

Painting of the ceiling area is now complete.

New enclosed storage has been provided for sterile items.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
All building works have now been substantially completed and therefore all identified risks are closed out.

A new environmental audit will be completed initially on a monthly basis and frequency reviewed based on audit results. The weekly data statistics gathered by nurses will now include specific categories for monitoring any incidence of MDRO and/ or other types of infections including antibiotic usage.

All infection control policies have been renewed and new policies created for MDRO and antibiotic stewardship and also the risk of aspergillosis.

Identified clinical equipment has been replaced.

A new enclosed unit has been provided for sterile dressings, clinical items.

Clean linen and incontinence wear will no longer be stored on open shelving.

A risk assessment and review of sluicing activities on the first floor will be conducted. Staff have been informed that they are not to transit through the laundry at any time. Soap Dispensers will be replaced using pouches which cannot be refilled.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All building and remedial works are now completed and the necessary certification will be forwarded to the Authority by 31/01/2023

The risk register has been reviewed and updated and both residents have had their smoking risk assessments reviewed also.

## 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.	Substantially Compliant	Yellow	29/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	29/12/2022



	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	31/01/2023
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	28/02/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Substantially Compliant	Yellow	31/01/2023

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/01/2023