Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Plunkett Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Elphin Street, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	28 May 2021
Centre ID:	OSV-0000653
Fieldwork ID:	MON-0033138

About the designated centre

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

The Plunkett Community Nursing Unit is a purpose-built facility that has been operating since 1972. It can accommodate 38 residents who require long-term residential care and two residents who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that the aim of the service is to provide residents with the highest possible standard of care delivered with respect, dignity and respecting the right to privacy in a friendly, homely environment to enhance their quality of life. The centre is a single story building and is located in the town of Boyle, Co. Roscommon. It is close to the shops and the railway station. Bedroom accommodation consists of 16 single, and nine double rooms. Communal space includes a large sitting room, a dining area, a media room, an oratory and a visitor's room. The centre has a large secure garden area that is centrally located and has been cultivated to make it interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 28 May 2021	09:00hrs to 17:00hrs	Sean Ryan	Lead
Friday 28 May 2021	09:00hrs to 17:00hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

This inspection was carried out during the COVID-19 pandemic and during a national incident which compromised the information technology (IT) access in the centre.

Inspectors spoke with six residents during the inspection. The feedback from residents was positive about their experience living in the centre and that staff were kind, caring and respectful.

Residents spoke of the challenges they faced throughout the pandemic and Level 5 restrictions. No resident had tested positive for COVID-19 in the centre. Residents complimented the staff and person in charge for keeping them safe from COVID-19 during that time. Residents were supported to keep in contact with friends and family through window visits and through telephone and video calls. Residents spoke of how staff were supportive and spent time reassuring them and the sense of camaraderie among residents and staff that arose from this challenging time.

At the time of inspection, the centre was undergoing significant planned renovation works on the roof. This had resulted in the loss of the main day room for residents and a number of bedrooms were also out of commission while these works were ongoing. Although renovation works on the roof had caused some disruption in the centre, residents were glad to have the use of the media room which they described as very homely and warm. The person in charge had created this additional space to provide residents with additional choice during the COVID-19 pandemic and had decorated the area with appropriate furnishings, wall decorations and a large TV and computer.The dining room was temporarily being used to provide a dayroom area for other residents while renovation on the roof was ongoing.

On the day of inspection, residents were observed to be comfortable and socially engaged in the media room. Staff were observed providing supervision and activities to residents in the media room. However, inspectors observed that residents spent long periods of time unsupervised in the second day room, within the dining room. Residents in the dining room did not have access to a call bell to summon staff if they needed assistance.

While there was a small oratory available to pray, residents expressed a desire to have mass recommenced in the centre. This was brought to the attention of the management team. Management confirmed to inspectors that mass would recommence the week following the inspection.

Residents told inspectors that they were engaged in activities most days but this was not consistent or activities may be interrupted when staff were required to carry out other duties. Some residents said they would like more variety of activities including outdoor activities if the weather was fine. The centre had an enclosed garden with a wooden gazebo. While this outdoor space was accessible to residents,

it was currently unsafe to use due in part to the presence of building scaffolding that had not been securely enclosed. Residents were not observed using outdoor space on the day of inspection. Some residents who spoke with inspectors were not aware of the various activities that would be occurring on a daily basis.

Residents complimented the availability and choice of food and snacks. Residents were provided with a choice from the menu and confirmed to the inspectors that if they did not like what was on the menu, they could request something different. Inspectors observed the dining experience for residents and observed delays in residents receiving assistance with their meals. This resulted in some residents having finished their meals before others sitting at the table had commenced theirs. As the dining room was also being used as a temporary day room, a review of the dining experience and mealtime sittings was required to ensure residents had adequate space and opportunities to socialise at mealtimes were optimised.

Residents told inspectors that they were actively consulted about changes in the centre and in relation to the ongoing renovation works. This was evidenced in the minutes of a recent resident meeting.

The following sections of the report outline the inspection findings in relation to the capacity and management in the centre and how this supports the quality and safety of the service been delivered.

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to monitor compliance with 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 to review contingency arrangements in place during the COVID-19 pandemic.

During this inspection, inspectors followed up on the actions taken to address the non compliance of the last inspection on 22 July 2019. Inspectors found repeated non-compliance in regulation 21, records and regulation 28, fire precautions.

The provider had submitted an application to renew the registration of 38 beds in the centre. An inspector visited the centre on 14 April 2021 to inform the registration renewal of the centre and to review one bedroom of concern. The inspector found that bedroom 20, a single room with an en-suite, was not suitable for use as a bedroom due to insufficient natural light and the limited access to the ensuite. Furthermore, inspectors found that the statement of purpose and the floor plans submitted with the registration renewal application did not accurately reflect the layout of the centre. Room 14, a four bedded multi-occupancy room on the centres statement of purpose and floor plans, was no longer used as a bedroom, rather it was a media room. The person in charge confirmed that this room had

been converted to a media room to provide residents with additional choice, facilitate residents' social care and provide safe social distancing during the COVID-19 pandemic.

A notice of proposed decision under section 53 of the Health Act 2007 (as amended) was issued to the registered provider to renew registration of 33 beds.The provider made representation in response to this notice of proposed decision. The representation outlined a plan to convert the media room back into a four bedded room and planned to take measures to enhance the lighting of a single bedroom and improve accessibility to the en-suite. Inspectors followed up on the matters set out in the representation during this inspection.

The Health Service Executive (HSE) is the registered provider of the centre. There was a clearly defined management structure. The management team consisted of a general manager, a manager of older persons services within the HSE and the person in charge.

The nursing and care team consisted of the person in charge, supported by a clinical nurse manager in a supernumerary capacity, nurses and healthcare assistants who also worked as multi-task attendants in areas such as laundry duties. The centre had on-site catering facilities staffed with a team consisting of chefs and catering assistants. A maintenance person was available to maintain the grounds of the centre and carry out minor repairs.

Inspectors found that improvements were required in the governance and management of the centre. While there was a defined management structure in place, the management systems require strengthening to ensure that there was sufficient monitoring and oversight of the service provided. The allocation of staff and the provision of staff training and staff supervision also required review.

Inspectors viewed rosters from 24 May 2021 to 6 June 2021 and found that staff were redeployed from other duties, such as nursing care on 11 occasions, to fill vacancies in the healthcare assistant roster. Staff were redeployed to laundry duties in the afternoon and there was insufficient staff available to carry out household duties. The person in charge confirmed that the centre would not be admitting additional residents until staffing levels had improved and the works to the roof were completed. Staffing levels were not in line with the centres statement of purpose. This is actioned under regulation 15.

On the day on inspection, there was 26 residents present. Dependency levels provided were dated 3 May 2021 and resident dependency needs were as follows: nine maximum, 10 high, four moderate and three low.

Staff had received mandatory training such as fire safety, safeguarding, manual handling, hand hygiene and infection, prevention and control. Staff spoken with were knowledgeable about the procedure to take in the event of fire alarm activation and safeguarding of vulnerable people. However, further training was required to ensure that staff hand hygiene practices and use of personal protective equipment (PPE) were in line with best practice.This is discussed under Regulation

27.

Overall, inspectors found that management systems to assess, evaluate and improve the provision of services in a systematic way required strengthening in order to achieve best outcomes for residents.

Inspectors reviewed the infection control audits completed by the infection, prevention and control nurse and the clinical nurse manager. The infection control audits were not effective in promoting quality improvements as issues identified in these audits had not been addressed. For example, the inappropriate storage of equipment in a bathroom in a recent audit had been identified but no quality improvement plan had been developed to address the issue and therefore no action had been taken.

Copies of the staff training records were made available to inspectors but were not easily accessible and difficult to review as a number of records were stored in various folders

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration was not made within the specified time frame and was not accompanied by full and satisfactory information in regards to the matters set out in Schedule 2, Part B of the regulations.

For example, the application form had not been signed by a responsible person and was returned to the provider. The floor plans submitted to the Chief Inspector for the purpose of the renewal of registration were not accurate on the day of inspection. In addition to the the four bedded room being converted to a media room, the floor plans did not include an external store room being use by catering staff for storage of equipment, chemicals and beverages or laundry facilities.

Judgment: Not compliant

Regulation 15: Staffing

The number of health care staff on the rosters reviewed did not align with the staffing complement detailed in the centres statement of purpose.

The allocation of staff to communal areas to provide activities, support, supervision and assistance to residents required review. Inspectors observed residents in the dining room to be unsupervised on a number of occasions during the inspection.

There was inadequate staffing allocated to the housekeeping roster as evidenced by

the inspectors findings under regulation 27: infection control.

Judgment: Not compliant

Regulation 16: Training and staff development

While staff had received training on infection prevention and control and hand hygiene, further training and supervision was required as some staff practices were not in line with best practice which placed residents at risk. This is discussed under Regulation 27: Infection Control.

A review of the supervision of staff was required to ensure staff were supported and supervised to carry out their duties. For example, supervision of the cleaning and disinfection practices required improvement to ensure that the centre was clean and safe.

Supervision and staff allocation in the dining room required review to ensure a member of the nursing or care staff was present at all times due to the level of support some residents required and associated health care risks. The allocation of staff to the dining room requires improvement to ensure staff are available to provide residents with timely assistance at meal times.

Judgment: Substantially compliant

Regulation 21: Records

Record-keeping and file-management systems required review to ensure records were appropriately maintained, safe and accessible. This was evidenced by:

- Staff training records in respect of Schedule 2 of the regulation were not easily accessible, and were stored in multiple folders. Inspectors found that they were disorganised, disjointed and difficult to review
- Records regarding residents hydration and nutritional needs were not maintained. For example, an intake and output chart was not maintained where the resident had a reduced fluid and dietary intake of clinical concern. This meant that residents at risk of poor nutrition or dehydration were not appropriately monitored to inform the appropriate corrective action to ensure the health and wellbeing needs of the resident were maintained.

Judgment: Substantially compliant

Regulation 23: Governance and management

Significant improvements were required to the management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored. This was evidenced by:

- Poor fire safety management
- Inadequate risk identification
- Poor record management
- Inadequate infection prevention and control
- Effective systems were not in place to implement quality improvements arising from audit findings.

There were insufficient resources for the provision and supervision of:

- trained staff to support an activity programme that was suitable and delivered to all residents
- housekeeping staff and cleaning of the centre

Considering the issues found on this inspection, an urgent action plan was issued to the provider to ensure immediate strengthening of governance and management systems in the centre.

Judgment: Not compliant

Quality and safety

Inspectors found that residents received good quality healthcare and support that promoted their independence.

However, improvements were required in

- Premises
- Risk identification
- Infection prevention and control
- Fire precautions
- Residents rights

Residents' reported that their lives had been significantly impacted by the COVID-19 restrictions. The centre had remained free of COVID-19 throughout the pandemic. Residents told inspectors that they had window visits from family and friends during Level 5 restrictions and were able to access social media to stay connected with their families. Systems were in place, such as, symptom and temperature monitoring, hand hygiene, social distancing and personal protective equipment

(PPE) to ensure that visiting was safe for residents and staff.

The centre had a risk management policy and the risk register formed part of the centres risk management system. Inspectors identified a number of risks pertaining to the renovations works on the roof, fire safety, staffing, infection control and the premises that had not been identified in the risk register. Improvements were required to ensure systems were robust for hazard identification and assessment of risks throughout the centre.

Inspectors observed housekeeping staff and their procedure for cleaning that was in line with the National Standards for Infection Prevention and Control. A coloured cloth cleaning system was in operation and housekeeping staff provided a demonstration of this system to inspectors.

Notwithstanding all the positive measures, inspectors found that the management and supervision of the standard of cleaning required urgent attention to ensure that the premises was clean. Inspectors reviewed the cleanliness of multiple bedrooms that had been confirmed as being deep cleaned and found them to be visibly unclean. Inspectors brought this to the attention of the management team on the day of inspection.

The registered provider had not taken adequate precautions to ensure that residents, staff and visitors in the centre were protected from the risk of fire and had not ensured that adequate systems were in place for identifying and managing the risks associated with fire.

A review of residents' nursing documentation found that all residents had a comprehensive assessment and care plan completed. However, a review of nursing assessments was required to ensure that nursing assessments were accurate and reflected the current needs of the residents.

Overall, inspectors found that the residents medical and healthcare needs were met. Residents had access to allied healthcare services through a blend of on-site and remote consultation.

A review of residents rights was required to ensure that all residents had appropriate access to opportunities for activity and social engagement, had unrestricted access to religious services, and could exercise choice, particularly during the period of planned renovation work in the centre.

Regulation 11: Visits

Visits were facilitated in line with the current COVID-19 Health Protection Surveillance Centre (HPSC) guidance on visits to Long Term Residential Care Facilities.

Judgment: Compliant

Regulation 17: Premises

A review of current storage arrangements and storage availability was required as evidence by:

- Inappropriate storage of multiple wheelchairs and mobility aids in a resident's bedroom. This bedroom was vacant to facilitate roof works but contained the personal possessions of a resident. Equipment impeded access to the wardrobes. This meant that if a resident wished to access their personal belonging, they would have to remove this equipment before doing so.
- An external storage room for the catering department was used to store beverages for residents, catering consumables, chemicals and also contained a laundry facility, a sink and barrels of used oil from kitchen equipment awaiting disposal. These items were not separated from each other and this posed a safety risk.
- This external storage room was in a state of disrepair with tiles missing off the wall and floor, exposed concrete and evidence of corrosion on copper pipes and the faucet.

Not all residents had access to call bell's in their bedroom. A resident in bed requested assistance from an inspector to summon staff and it was observed that there was no call bell available to the resident in the bedroom. Inspectors brought this to the attention of nursing staff. A call bell was not available to residents in the dining room.

Inspectors reviewed bedroom 20, a single bedroom with en-suite. Inspectors found that the bedroom was not appropriate to meet the needs of a resident as evidence by:

- inadequate light - Inspectors visited the room on a number of occasions throughout the day to check if the flow of natural light improved as the day progressed but it did not due to a canopy that extended from the main building to an out building.This meant that the light was too weak to allow a resident to read comfortably if they wished and and artificial light would be required in the room during the day.
- The view from the bedroom window was of a pebble dash brick wall and the external space outside the bedroom window was used to store the receptacle bin for linen that obstructed the view
- The layout of this room and position of the bed prevented the en-suite door from being opened fully by a resident and impeded a hoist from entering the en-suite.

Inspectors reviewed room 14 and observed that the four beds were removed and the bedroom was being used as a media room for residents. This room had been decorated and appropriately furnished with comfortable chairs and sofa, book

shelves and a large T.V.

Overall, inspectors found that both rooms, in their current format, layout and design, were not suitable for resident accommodation.

While the enclosed garden was well maintained and landscaped, it was not risk assessed for use by residents as there was scaffolding in place that was not cordoned off and posed a risk to residents safety and wellbeing and which limited the available outdoor space for resident's.

Inspector's noted that areas of the building required upgrading, repair and repainting. For example, there was evidence of wear and tear along the bedroom doors and corners of corridor walls where equipment had caused chips and abrasions. A section of the corridor floor covering outside a bedroom was stained, lifting from the floor and broken in spots.

Judgment: Not compliant

Regulation 26: Risk management

A number of risks identified during inspection had not been identified by the management team or entered into the risk register. This included:

- Staffing and contingencies for responding to planned and unplanned leave.
- Scaffolding in the enclosed resident garden and lack of cautionary signage or containment around this to alert residents to the potential danger.
- Storage of cleaning chemicals externally without appropriate containment.
- Storage of cleaning chemicals on the top of the housekeeping trolley that were not secured or locked when the trolley is unattended.
- A wooden structure in the garden area had not been risk assessed

A number of risks had been identified by the person in charge and appropriately entered into the risk register but these risks required review and updating: These included risks associated with:

- switching off the mains oxygen supply for a two week period in the centre, while renovation works were ongoing had been risk assessed in April but required review and updating as the risk was ongoing.
- inadequate storage of chemicals required review to ensure the controls in place were been implemented by all staff. For example, the chemical store was not locked and secure as per the mitigating controls identified in the centres own risk assessment.

Judgment: Not compliant

Regulation 27: Infection control

The centre had not maintained a high standards of cleanliness to provide a safe environment for care.

Inspectors observed practices that were not consistent with National standards for infection prevention and control in community services such as:

- Equipment such as shower chairs and wheelchairs were not appropriately cleaned and decontaminated after use. For example, equipment was observed to be heavily soiled with organic matter.
- Equipment was not stored appropriately. For example, I.V infusion stands, wheelchairs and mobility aids were stored in a bathroom.

  Bedrooms that had been signed off as deep cleaned were not clean on inspection. There was dust evident on high and low surfaces. Bed rails and bed bumpers were soiled and wheel castors visibly unclean.

- Inappropriate use of PPE. Staff were observed walking through corridors wearing gloves and entering a residents' room to provide personal care. These practices reduced the opportunity for hand hygeine and therefore increased the risk of transmission of infection.
- The laundry area required review to segregate the clean and dirty activities. The area did not provide for division of clean and dirty areas as required by national guidelines.

Improvements were required in the allocation of staff, particularly in the area of housekeeping, cleaning and disinfection, to ensure care is provided in a clean and safe environment that minimises the risk of cross infection. This is addressed under Regulation 15, staffing.

As a result of the above findings, the provider was issued with an urgent compliance plan to immediately address this non compliance.

Judgment: Not compliant

Regulation 28: Fire precautions

The following fire risk areas were found by inspectors:

- A fire door was wedged open with an oxygen cylinder. This room stored a number of oxygen cylinders.
- Cautionary signage was not in place where oxygen was stored including the nurses station and treatment room.
- A number of fire doors did not have intumescent strips or smoke seals fitted to prevent the spread of smoke in the event of a fire.
- Certification is required to confirm that wood paneling at the back of dining area and oratory are fire rated.
- The centre had a fire safety policy and associated procedure to guide and inform staff in the event of fire alarm activation. However, the fire procedure displayed throughout the centre was not accurate or consistent with the information it displayed.The fire procedure displayed in the centre contained a postal code for the centre to be given to emergency services in the event of a fire but this was incorrect. The postal code was for a premises in County Galway.
- The procedure to call the emergency services was not clear. Some signage had conflicting information regarding the number to call in the event of an emergency and the steps to take to obtain an outside line to connect to the emergency services. This was brought to the attention of the person in charge who addressed the issue immediately.
- Inspectors were not assured that the largest compartment which could accommodate 14 residents could be safely evacuated because a fire drill had not been carried out in this compartment. The person in charge confirmed that a fire drill evacuation of the largest compartment, simulating night time staffing levels, would be completed and submitted to the Office of the Chief Inspector. This was received and reviewed by inspectors post inspection**.** The drill record did not provide assurance to the Chief Inspector that the residents are adequately protected from the risk of fire and evacuated in a timely and safe manner. Further improvements and fire drills are required to ensure residents are protected from the risk of fire.

As a result of the findings on this inspection, a fire risk assessment of the building was required to be completed by a competent person.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents files found that the assessment of residents nutritional status were inaccurate. This was evidence by

- a resident with unplanned weight loss did not have their assessment updated and therefore their care plan did not guide care in accordance with evidenced based nursing practice
- a resident with a history of refusing meals was assessed as low risk and did

not have a care plan to account of their complex needs

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access allied healthcare services throughout the pandemic through a blend of face to face and remote consultations. A system of referral was in place for residents that required access to additional expertise such as Occupational Therapy, Chiropody, Speech & Language Therapy, Dietitian and Tissue Viability services.

Residents had access to an on site physiotherapist three days per week. Records reviewed evidenced that residents were reviewed by their general practitioner as required and residents were supported to access the National Screening programme.

Judgment: Compliant

Regulation 9: Residents' rights

Not all residents had opportunities to participate in activities in accordance with their interests or capabilities. For example, while residents in the media room had access to supervision and activities throughout the day, resident's in the dining room did not have access to the same level of supervision and activities. For example, residents were observed sitting for long period of time without engagement.

While baking activities were observed in the dining room in the afternoon ,inspectors observed that this was the only activity provided to residents in the dining room during the inspection.

Residents spoken with said that they would like a more varied activities schedule and said that activities were not provided every day and often disrupted when staff had to attend to the needs of other residents.

Residents were relocated from their bedrooms to other rooms in the centre to facilitate planned roof renovation work. However, significant personal possessions such as rosary beads, ornaments and lotions were not transferred with the residents. This did not promote dignity and personal possessions were not accessible to residents. These bedrooms were not secured when vacant and were also used to store equipment.

There was restricted access to religious services. Mass was available on television however residents spoken to wished for live Mass to be recommenced in the centre. The person in charge made contact with the parish priest and arrangements were in

place to resume Mass in the centre.

The temporary layout of the centre to facilitate renovation works on the roof did not facilitate residents' choice. For example, residents in the dining room did not have access to a T.V. This meant that residents sat for long periods without anything to do.

There was evidence that some residents could independently take their own medications. However medications were administered to all residents by a nurse. Inspectors found that opportunities to promote resident's independence by self medicating had not been considered.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Plunkett Community Nursing Unit OSV-0000653

Inspection ID: MON-0033138

Date of inspection: 28/05/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The signed application form has now been submitted. Floor plans are now accurate incorporating all external parts of the designated centre. The plans now reflect the correct usage of the rooms.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing compliment is for the full registered occupancy of 38. It is also noted on the Statement of Purpose that staffing is adjusted based on occupancy, underpinned by standard staffing norms for safe critical care. During the time of inspection there were essential roof repairs underway which necessitated the relocation of residents from the day room on a temporary basis. The dining room and room 14 were used for resident's recreational activity for this period. While Room 14 was initially converted to a media Room during the pandemic, it was continued to be used as a Day Room during the extended roof repairs. The roof repairs are now compete and the day room has reverted for the full recreational use of residents. There is supervision in the day room from 10.30am to 8pm with structured activities from 10.30am to 5pm other than between 1pm and 2pm while dinner is underway. Daily activities are outlined on a white board in the day room. To address the required standard of hygiene and infection and prevention and control,	

the cleaning arrangements in Plunkett CNU are changing to an alternative which will address these issues. There will be 8 hours per day provided by the Cleaner. It has been reiterated to HCAs that their role involves cleaning equipment and to support the cleaning role outside of the cleaners hours.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Due to the requirement to segregate residents into 2 areas rather than 1 during the essential roof repairs, there was an aberration on the day of inspection in terms of supporting residents with feeding. There is a standard protocol where residents who require assistance with food and drink are brought to the dining room initially and are supported by staff before the remaining residents come to the dining room and are supervised by a dedicated nurse. This is recorded on the Day Diary/Allocation Book and the Dining Room Meals

Refresher courses in hand hygiene and PPE is ongoing. Hand Hygiene refresher course was completed on June 30th for all staff. This is evidenced by having a signature sheet for all who attended it. An audit of all staff training on "Donning and Doffing of PPE" was completed. Staff who had not completed this course were instructed to complete it. This is ongoing and is due to be completed in July 30th 2021.

Supervision of staff is carried out by DON, CNM 2 and Infection Control Link Practitioner on a continual basis.
.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Training records are available on an excel spread sheet in a structured manner. However due to the cyber attack on the HSE records were not readily available on the day of the inspection. Hard copy records are now in place.

All residents are weighed monthly. Residents with a MUST score of 2 raises concerns and are weighed weekly and referred to a Dietician. Residents have been assessed by the Nutritionist and a full review was conducted in June 2021.

Following a review by Dietician, the Chef is informed of the changes advised by the Dietician. This is recorded in the Chef's daily diary. Chef makes the necessary adjustment to a residents diet plan and informes al kitchen staff.

A Food Intake and Fluid intake/output chart was put in place on 30th May, 2021. This provides evidence of monitoring nutritional intake and can be evaluated for changes. Currently we have 4 residents who are being reviewed by the Dietician. A food intake chart is being maintained along with weekly weights.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Fire drills have been undertaken to simulate night time staffing in all compartments and zones.
Work is ongoing with HSE West Estates Department to ensure compliance with Regulation 28.

Risk identification has been addressed.

Audits undertaken have comprehensive action plans and documentation has been organised to reflect this.

Risk identification was reviewed and updated Risk Assessments were carried out on several concerns including the following; the timber folding door between the dining room and oratory, storage of waste cooking oil, safe storage of chemicals, storage of cleaning equipment, repair of damaged floor covering near resident bedroom, laundry facilities. Repair of all keypad locks, removal of cloth upholstered chairs and armchairs.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Any items stored inappropriately in bedrooms/bathroom have been removed. Residents wishes in maintaining excess equipment in their rooms is balanced with ensuring the health and safety of those required to enter the room. On the day of inspection wheelchairs were stored temporarily in a Residents Room which had been vacated to facilitate temporary roof repairs. This is no longer the case.

External storage room has been reorganised to ensure that all items are stored appropriately.
External storage rooms - We are working with maintenance to upgrade this facility to standard required for any food/equipment to be stored there.

Call bells: Management was unware that any residents were without a call bell as call bells are provided in each room. A subsequent audit established that there were call bells in all bedrooms. There is a call bell point, at an accessible level, in the dining room that is activated by touching the call bell panel.

Bedroom 20: A plan was submitted to upgrade Room 20 to further improve lighting in line with the requirement in respect of adequate lighting in Schedule 6 under Reg 17.

Room 14 was temporarily made available to residents during the Covid-19 pandemic and subsequrently to facilitate essential roof repairs as a recreational space.

Enclosed garden. Risk assessment has been completed regarding the wooden structure and this will be removed by August 2021.

Corridor Walls and Bedroom doors repairs are on the Maintenance plan

Corridor floor - the leak issue that has caused this concern has been referred to Maintenance and a plan has been agreed to address it.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
There is a standard norm in place, based on occupancy, to ensure safe levels of care. Where required there is a process for sourcing agency. A review of the rostering (supplemented by the allocation book) is being undertaken to ensure that there is a consistent level of staffing on a daily basis, which will also ensure care, laundry and activities are covered.

Scaffolding: A Method Statement was signed off by Estates and Service Management. However, it was subsequently accepted that the works undertaken and associated issues that arose were not fully covered by the Method Statement. The essential roof repair works are now fully completed and there is no construction works on the site.

• Risk Identification and assessments have been updated and completed June 2021.
• Risk identification and assessment has been updated regarding Staff Absences June 2021.
• Risk indentification of Cleaning Chemicals completed and safe locked storage area

defined.
• Risk assessment completed regarding Scaffolding in garden during the roof repairs project.
• Risk assessment completed regarding the Wooden structure (Gazebo) in enclosed garden.

Essential roof repair construction works have been completed and the risk associated with the oxygen no longer exists.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
There was no case of Covid-19 with any resident in Plunkett CNU since the beginning of the pandemic. The high standard of cleanliness that normally existed in the premises was compromised by the essential roof repairs on the date of inspection.

A deep clean was carried out on 16th of June and again on 23rd June. The unit has reverted to its high standard of cleanliness.
• Cleaning schedule and checklist was put in place which includes cleaning of shower chairs and wheelchairs. This is visually inspected and checked daily by the IPC Link practitioner/CNM2 .
• We have implemented a deep cleaning schedule and task list for each room/area in the building. This is checked by IPC Link Practitioner and CNM2.
• Equipment storage is monitored and checked that it is stored appropriately.
• A refresher course on "donning and doffing PPE" was completed in June
• Our laundry is going to be refurbished following a "Dirty to Clean" flow process.
• Our roster and allocation book identifies staff who are allocated to the laundry.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The issues raise in the 2019 inspection were addressed. The issues raised in the 2021 inspection are different issues under the same Regulation.
• Excess Oxygen cylinders have been removed.
• Cautionary signage has been put in place.
• Intumescent strips are being placed on fire doors, as reguired by Fire Safety Standards, where there are none.
• Fire safety policy and associated procedures: we are working with Estates to ensure

this is compliant with Regulation 28. We are seeking confirmation from Estates that the wooden panelling at the back of the oratory and dining room is Fire Rated.
• The Eircode has been amended to the correct Eircode.
• It has been confirmed, with revised fire plans including compartments from HSE West Estates that the largest compartment is not actually 14 beds but in fact 7 beds.
Simulated fire drills with night time staffing have been completed and the documentation submitted showing the significantly reduced evacuation times and any learning from these drills is now been implemented.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Resident who had weight loss was on a weight reducing diet as advised by Dietician review. This was normal and being monitored.
An audit of nutritional status was completed and actions following audit were implemented. Residents were referred to a dietician where there is significant weight loss or gain. This is recorded into each residents careplan.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The day room is now fully available for all residents.

The renovations are completed and residents have access to the day room and other recreational spaces.

Our current activities include walks in Boyle town and surrounding area, garden walks in Lough Key, shopping to the local supermarket and a variety of other activities that residents choose to be involved in.

There is a full schedule of activities, however, an agenda item of activities will be brought to the residents council meeting to determine if the current activities program can be enhanced in any way.
Our current roster is able to facilitate a person to carry out meaningful social activities daily.

• A resident who requested to self-administer their own medications was facilitated to

do this. This has been achieved June 2021.
• A television was placed in the dining room to support residents who choose to watch TV there.
• Going forward if there is any further renovations that includes resident moving rooms temporarily, we will ensure that significant personal possessions are transferred with the resident.

Mass is available on the web-cam. Mass is now being held on site in the CNU.

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
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Not Compliant	Orange	30/10/2021

	provider.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/10/2021
Regulation 21(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	30/09/2021

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/08/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	04/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	04/06/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated	Not Compliant	Orange	30/08/2021

	centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	04/06/2021
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.	Not Compliant	Orange	30/09/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/09/2021

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/09/2021
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.	Not Compliant	Orange	30/09/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2021
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	30/09/2021
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	30/09/2021
Regulation 5(1)	The registered provider shall, in	Substantially Compliant	Yellow	30/08/2021

	so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/08/2021
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Not Compliant	Orange	30/08/2021
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	30/08/2021