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:	Heather House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	St Mary's Health Campus, Gurranabraher, Cork
Type of inspection:	Unannounced
Date of inspection:	06 December 2022
Centre ID:	OSV-0000714
Fieldwork ID:	MON-0035900

About the designated centre

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

Heather House Community Nursing Unit is a purpose built, two storey premises, which opened in April 2011. It is located on the grounds of St. Mary's Health Campus on the north side of Cork City. The centre is registered to accommodate 50 residents in two 25 bedded units, Primrose, which is on the ground floor and Daisy is on the first floor. Each unit has 17 single bedrooms, two twin bedrooms and one four bedded room; all of the bedrooms are en suite with shower, toilet and wash hand basin. Each unit has its own sitting room, coffee doc, dining room and quiet room. Additional communal space include the quiet visitors' room alongside the main entrance, the prayer room, main activities room and the water lily games room. Residents have free access to two enclosed gardens with walkways around the house and two sheltered smoking areas. Heather House Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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
Tuesday 6 December 2022	08:30hrs to 19:00hrs	Breeda Desmond	Lead
Tuesday 6 December 2022	08:30hrs to 19:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Overall, inspectors found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. Inspectors met with many residents during the inspection and spoke with five residents and one visitor in more detail. Residents spoken with gave positive feedback and were complimentary about the staff and the care they received. There was a lovely atmosphere in the centre and observation throughout the inspection showed that staff were respectful, kind and actively engaged with residents.

There were 46 residents residing in Heather House Community Nursing Unit at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, hand hygiene, and face covering.

An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge and the project manager for the new extension.

Heather House Community Nursing Unit was a two-storey building situated on St Mary's Campus, which also accommodated day services, community care and primary care services. In the designated centre there was a 60 bedded extension completed with adjoining corridors on both floors connecting the existing and new building.

The existing building: The main entrance was temporarily re-located to the side of the building while construction works were in progress and this will remain in use until registration of the new extension. The entrance lead to a garden space for residents which had garden benches and a patio seating area; a large number of domestic waste bins were stored here and were unsightly. The entrance was wheelchair accessible and led to a lobby where the lifts and stairs access to the upstairs were located. Sign-in sheets and electronic temperature check were located here. There was key-pad security to gain access beyond the lobby to Primrose unit downstairs, and keypad access to Daisy unit upstairs.

Both Primrose and Daisy were 25 bedded self-contained units with 17 single, two twin and one four-bedded multi-occupancy bedrooms each; all with full en suite facilities of shower, toilet and wash-hand basin. Single and twin bedrooms were of adequate size and layout, and could accommodate a bedside locker and armchair. Residents in single bedrooms had double wardrobes for storing and hanging their clothes; residents in twin and multi-occupancty four bedded rooms had only access to single wardrobes. One resident spoken with in the multi-occupancy four-bedded room said that the wardrobe was too small and that it could not hold enough clothes.

Call bells were fitted in bedrooms, bathrooms and communal rooms. Additional toilet and specialist bath facilities were available on each floor. Communal space on both units comprised the dining room, small sitting room which led into the larger sitting room with coffee dock. Sitting rooms were pleasantly decorated and had comfortable seating; the larger sitting rooms had a fire place and large screen TV. One had two exercise bikes which residents used as part of the physio programme. The dining rooms had new murals on the wall with dressers and a stove and residents said that it was 'very life-like' and loved it. Both the dining rooms and sitting rooms had expansive windows with views of the city. The view from upstairs was onto the garden below, which had a porto-cabin which was no longer in use and was to be removed as it was unsightly. Additional communal areas on the ground floor beyond the reception area included the prayer room which was currently used as staff dining facilities, the activities room, and Waterlilly social centre with bookshelves with a variety of books and games.

Tables in the dining rooms had new coverings and were bright and colourful. Christmas centrepieces decked the tables and looked well. On one unit, the menu display was easily read and had an inspirational message written underneath. Tables were set prior to residents coming for their meal. On the second unit, it was difficult to read the menu choice as the marker was faded and the colour did not contrast with the background making it difficult to read. On this unit, tables were not set for residents before they sat down for the meal. Lovely interaction and chat was seen on both units before and during mealtimes and staff were seen to provide appropriate assistance in dining rooms and in bedrooms. Residents were seen to have choice with their meals, and while they were served appropriately on one unit, it was observed that residents waited for several minutes before they were given a cup of tea even though they had their sandwich for some time. There were no spoons or milk on the table as tea was poured in the pantry, and sugar and milk added by the pantry staff before being served to residents.

During the morning walkabout, the inspector observed lovely social interaction and banter with staff and residents. Staff providing assistance to residents in their bedrooms actively engaged in a kind and respectful manner and chatted as they were assisting with personal care and during mealtime.

Residents normally had access to three different outdoor areas. One was accessible via the dining room on the ground floor. The second outdoor area was accessible via the activities room on the ground floor. The third outdoor area was temporarily unavailable due to the temporary re-location of the main entrance, as it was no longer secure.

Information regarding advocacy services was displayed on each unit as well as in the activities room. As part of promoting a rights-based approach to care, there were large easy-read posters with 'Rights Don't Get Old' information for residents and relatives to read explaining their rights. Signs with the activities programme were displayed on each unit as well as in the activities room along with the World Cup fixtures. The centre was decorated for Christmas and every place looked gorgeous; some residents had their own Christmas tree and decorations in their

bedrooms.

There were activity sessions observed during the inspection. Downstairs, activities were in the activities room and facilitated by the in-house activities co-ordinator. An exercise session was facilitated where residents were guided through gentle exercises to help keep them supple and flexible. Residents were seen to enjoy this and asked the inspector to join them. Residents were offered snacks and refreshments after the session. Upstairs, the inspector observed a 'racehorse meeting' and saw seven residents having fun and excitement during that session. The inspector chatted with another resident in the afternoon as he was enjoying one of the matches of the world cup in one of the day rooms. Another resident's wife was visiting, as she did every day, and said that the care and support they both received was excellent and gave high praise for all the staff.

The safety pause was seen to be facilitated by the CNM, where resident care was discussed and reminders to staff of specific residents' care needs as part of their ongoing quality management.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of November 2022. Visitors were known to staff who welcomed them, provided support and actively engaged with them.

While walking around the centre, the inspector noted that rooms such as the clinical room and cleaners room were secure to prevent unauthorised access. Clinical rooms were neat and tidy, and did not have any inappropriate storage. There were separate hand wash sinks in place. The household rooms and dirty utility rooms all had separate hand-wash sinks; hand-wash sinks were partially obstructed with a large domestic waste bin and other bins. The large domestic bins were removed from the room as they were superfluous as there were smaller waste bins available to dispose paper towels following hand washing. Bedpan insets were seen to be disposed of in this bin rather than in the macerator. Also stored in the sluice room were the very large clinical waste bin, two very large domestic waste bins and two linen trolleys.

In general, the centre was visibly clean, nonetheless, one wardrobe had not been cleaned out following the discharge of a resident and had some incontinence wear on the shelving. There were low low beds, pressure relieving mattresses, specialist chairs, and all rooms including the assisted bathroom, had overhead hoists to assist residents when transferring from bed to chair or chair to bath. Orientation signage to rooms such as the day room and dining room were displayed around units to ally confusion and disorientation.

In the kitchen, the inspectors saw the extractor hood had been cleaned by an external contractor. There was a suppression system over the cooking equipment which would activate in the event of a fire or activated manually by the pull handle. Staff were aware of the location of this and how to use it.

Several issues were identified relating to fire safety and these will be further discussed under Regulation 28, Fire precautions.

Regarding the new extension: The new extension was completed and will accommodate 60 residents. The main entrance was expansive and the corridor to the left led to the existing building; the corridor to the right led to the new units of Poppy (first floor) and Lily (ground floor). Both units were self-contained and could accommodate 30 residents each. Both had a day room with an adjoining smaller quiet room; these were separated with a partition enabling the room to be expanded for parties or other gatherings. Bedrooms were single en suite shower, toilet and wash-hand basin facilities. Bedrooms had individual temperature control mechanism. There was a nurses station, CNM office, staff changing facilities, linen storage, sluice room on each unit.

During the walkabout, inspectors checked equipment and found several deficits in the premises; these will be further discussed under Regulation 17 Premises', Regulation 9 Residents' rights, and Regulation 23 Governance and management. The inspectors reviewed fire precautions in the new extension and identified several issues relating to fire safety. These will be discussed in detail under Regulation 28, Fire precautions.

The dining rooms were large with kitchenette with tea and coffee making facilities. There was expansive window frontage with views of the internal courtyard from the dining room. The doors to the courtyard were electronic with automated opening mechanism, but the push-button was placed too far away from the door. Inspectors activated the push-button and identified that residents would not have enough time to get outside as the doors closed before the door was reached. Cognisant that the unit was to accommodate 30 residents, the dining rooms were set up to accommodate just 14 residents as there were four tables, two of which could seat four residents, and two could seat three residents despite there being ample room for additional tables.

The outdoor courtyards were paved and flowerbeds were planted up and looked lovely. On the first floor, there was access to the balcony which was a lovely space for residents to enjoy the fresh air; re-enforced glass panels were of sufficient height on top of walls to ensure residents safety. There were push-button panels enabling residents to re-enter the building. There were no call bells in the outdoor spaces for residents and staff to call for assistance should the need arise.

The main day rooms had the fireplace and television in one corner of the room book shelves on either side of the fire place. Eight residents could sit comfortably in this space and watch television. Opposite the television there was a sink and draining board unit and it was explained to inspectors that this unit was for tea and coffee making facilities. There was no water coming through these taps. The rest of the room will have seating for residents. Adjoining the main day room was the smaller quiet room with fireplace and television. The dividing partition was movable, however, this partition was broken on both units.

The hairdressers room was on the first floor on the corridor adjoining the existing and new building. It had full glass frontage with views of Cork city. The room had a hairdressers sink and the chair underneath the sink was low, immovable and non-

adjustable and could not accommodate residents with varying needs.

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

Overall, while some of the findings on this inspection demonstrated there was a commitment to promoting a rights-based approach to care delivery, the registered provider had not ensured that the new extension was ready for occupancy and regulatory inspection as part of the application to re-register the centre.

The inspector reviewed the actions from the previous inspection and found that some actions were completed and others had not been taken. By way of example the audit process and submission of notifications were completed and had improved. Further action was required regarding regulations relating to the personal possessions and personal storage space in twin and multi-occupancy four-bedded rooms and this was a repeat finding. Fire safety, infection control, complaints, and food and nutrition all required action on this inspection. Immediate actions were issued on inspection regarding fire safety precautions and urgent assurances were requested from the registered provider regarding risk associated with other fire safety precautions, and risk associated with smoking facilities, lighting to en suites in the new building, accessibility and call-bell access in outdoor spaces.

Heather House Community Nursing Unit was a residential care setting operated by the Health Services Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprised the general manager for the CH03 area of the HSE, that is, the person nominated by the registered provider as their representative. The person in charge reported to the general manager. The person in charge was full time in post and was supported on-site by the assistant person in charge, and clinical nurse managers (CNMs), one on each unit. Additional clinical support included senior nurses on each unit. Relevant staff had good knowledge of the Health Act 2007 and the Regulations thereunder.

The registered provider had applied to re-register Heather House Community Nursing Unit and increase the number of residents to be accommodated from 50 to 85. Currently, two units, namely, Primrose and Daisy (25 beds each) were operational; the new extension had a further two units, namely, Poppy and Lily (30 beds each). Three of the four units were included in this re-registration, the forth unit, Primrose, would be de-commissioned upon re-registration to facilitate it's reconfiguration. The appropriate fees were paid and specified documentation submitted as part of the application. The floor plans were updated to reflect the current lay out of the premises.

The schedule of audit for 2022 was available with monthly audits completed. There were no audits scheduled for the end of quarter two and four to enable reflective practice of the service, to facilitate analysis and trending of information accrued in the audits and implement change and corrective actions in a measured and timely manner.

Staffing levels and skill mix were appropriate to the current number (50) and needs of residents and to the size and layout of the centre. The training matrix was reviewed and showed that staff training was up to date with further training scheduled over the coming weeks to ensure training remained current.

Rooms such as the clinical room and cleaners room were secure to prevent unauthorised access. The office of the clinical nurse manager could be accessed from the nurses station as well as from the corridor. The door on the corridor was locked to prevent unauthorised entry and ensure confidentiality.

Notifications correlated with incidents and accidents recorded. Notifications as required in the regulations were submitted in a timely manner.

A synopsis of the complaints procedure was displayed in the centre. However, management of complaints required attention to ensure records were maintained in line with regulatory requirements.

In general, there was a lovely relaxed atmosphere in the centre, where residents were seen to be treated with respect and dignity, however, prior to the regulator coming on site and upon hand-over of the new building to the provider, a final inspection was not completed to ensure the building was ready for occupancy and regulatory inspection.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had applied to re-register Heath House Community Nursing Unit and increase the bed capacity from 50 to 85 residents. The appropriate fees were paid and the necessary documentation submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary qualifications as required in the regulations. She actively and positively engaged with the regulator; she was knowledgeable regarding her role and responsibility as specified in the regulations, and engaged in the operational management and administration of the

service.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and the assessed needs of the current number of residents (50). Form Monday to Friday the following were on duty:

Person in charge and assistant person in charge,

Per unit:

Clinical nurse manager – 07:45 – 16:45hrs

Nurses – 08:00 – 20:00hrs x 2

Healthcare assistants:

08:00 – 20:00hrs x 2

08:00 – 17:30hrs x 1

Multi-task assistants:

07:45 – 16:30 – Pantry duties

07:45 – 17:30 – cleaning duties

One activities person from 07:45 – 17:30hrs. The activities person provided assistance with breakfasts and personal care up until 09:00hrs and then provided activation for residents on the unit.

There was an on-call system in place to further support the service and this operated from 18:00 – 20:00hrs and night duty. The on-call rotated between the person in charge, deputy person in charge and CNMs.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was reviewed and showed that mandatory training was up to date. Additional training was scheduled to ensure that training records remained in

date.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensure that a number of management systems were in place to ensure that the service provided was safe appropriate consistent and effectively monitored.

Overall, the provider had not ensured the new building was ready for regulatory inspection as described throughout this report, and that the centre was ready for registration renewal.

Immediate action was issued on the inspection to address fire safety risks and to ensure the safety of residents living in the existing building, and urgent assurances were requested from the registered provider regarding other fire safety precautions and risks identified.

The systems in place to manage risk were not sufficiently robust and required action:

- residents on Primrose unit that smoked and would be re-locating to the new extension did not have a smoking area identified at the time of inspection, so residents would not have a safe space to smoke
- lighting in en suite bedrooms where the light switch over-rode the sensor mechanism and caused a delay of 12 seconds before the light was activated; this would be a significant risk for residents, in particular at night time in the dark
- bedrooms had ceiling mounted hoists; some were high and the re-set mechanism could not be reached, others were low and were a hazard for hitting ones head
- the registered provider had not determined the staff complement for the registration for 85 occupancy
- there were no call bells in the outdoor spaces for residents and staff to call for assistance should the need arise
- hooks for hanging dressing gowns or towels protruded and were positioned at eye level at the entrance to en-suites and were a potential risk of injury
- the safety mechanism on one call bell did not activate when pulled and caused the ceiling tile to become loose; this was also a ligature risk
- the staff toilet at both levels had a sliding door which was configured such that the door handle created a risk of finger injury when the door slides into the frame
- manifestations or markings to windows and doors were inadequate to ensure the safety of visually impaired residents
- there was inadequate space to safely store the amount of waste containers

and laundry trolleys in sluice rooms in Daisy and Primrose and would be a health and safety risk to staff moving these trolleys and waste bins.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to include:

- the whole time-equivalent (WTE) staffing for 85 residents
- residents' access to GP services
- room descriptors to include facilities such as wash-hand basins, baths, toilets and showers.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were timely submitted and in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was viewed on one unit. While the complaints seen were recorded appropriately, there were two pages of complaints missing as they had been torn out of the log book. This did not provide assurances regarding oversight of the complaints process.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Relevant policies and procedures were not updated with local addenda to reflect the new building, fire safety and how they impacted service provision.

Judgment: Substantially compliant

Quality and safety

In general, this was a good service, the atmosphere was relaxed and resident-focused where staff positively engaged with residents in a normal social manner.

Residents had access to appropriate medical services to ensure that their health care needs were met. Care documentation seen demonstrated that residents were timely referred to the appropriate allied health professionals such as dietitian, speech and language, occupational therapist for example. Residents were reviewed in a timely manner and interventions were put in place to enhance their quality of life. Residents' transfer letters to and from the centre were filed as part of residents' documentation and easily accessible. Medication management was examined. Comprehensive medication administration charts were seen. Practices around controlled drugs administration and records were in line with professional guidelines.

Residents' care documentation showed that residents' consent was sought for matters such as participation in the care planning process both on admission and ongoing basis, photograph, wound care and prescriptions. Evidence-based risk assessments were used to determine risk to the resident associated with pressure ulcer, falls and nutritional risks for example. The quick score multi-factorial falls risk assessment was introduced and provided detailed information regarding supports needed for residents to enable best outcomes for them. Assessments and care plans were examined and these showed that while there was some personalised information to inform individualised care, others were incomplete or the information accrued regarding assessment and medical histories did not inform the care planning process.

Residents had personal emergency evacuation plans to provide information on the individualised assistance they required in an emergency.

Information and contact details of advocacy services were displayed. The person in charge facilitated residents to access these advocacy services.

The provider confirmed that a fire safety risk assessment had been completed for the existing areas of the building and the report for this was due to be issued during the week following the inspection.

The evacuation procedure for residents in one area of Primrose included an alternative escape which led to a flight of steps. The mode of evacuation was by bed, meaning that this procedure was not feasible. During the inspection, in response to an immediate action, staff tested a bed on an interim route through a dining room as a short term measure to manage the risk. Staff were able to evacuate a bed along this route. Several other issues were identified regarding fire safety and immediate actions were issued on inspection and urgent assurances were

requested relating to fire precautions. These were discussed in detail under Regulation 28, Fire precautions.

Regulation 11: Visits

Information pertaining COVID-19 visiting restrictions and precautions was displayed at the entrance to the centre. Visitors were seen visiting their relative in their bedroom and in the day room on each unit. Visitors were known to staff and staff welcomed then and chatted with relatives in a friendly and welcoming manner.

Judgment: Compliant

Regulation 12: Personal possessions

The wardrobe space available to residents in the four-bedded multi-occupancy rooms was not in line with a rights-based approach to living in a residential care setting as wardrobe space comprised a single wardrobe. This was a repeat finding. Feedback from residents on inspection outlined that the wardrobe size was inadequate.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider had not ensured that the premises conformed to the matters set out in Schedule 6 of the regulations:

- there was inadequate storage space available externally to safely and discreetly store large domestic waste containers
- the closure mechanism to the day room on Primrose was broken and the door banged when operated creating a loud noise
- many of the bedrooms in the new build did not have curtains, roller blinds, bedside chairs, mattresses, or pillows; it was reported that solar guards were to be applied to residents' bedrooms windows to ensure their privacy, however, these were not fitted
- some en suites did not have toilet-roll holders, paper towel dispensers, appropriate size domestic waste bins
- one assisted en suite did not have a shower seat
- the water pressure in one sink was high and caused splasing; the water in another sink stopped when the tap was rotated from cold to hot; one sink did

not have a water flow,
- the family room, pantries on both units, the cleaners' room, nurses' station, clinical rooms, household waste stores, sluice rooms, were not operational
- lighting in some rooms was not working
- the hairdressers' room had a hairdressers sink; the chair underneath the sink was low, immovable and non-adjustable and could not accommodate residents with varying needs
- the main day rooms had the fireplace and television in one corner of the room book shelves on either side of the fire place. Eight residents could sit comfortably in this space and watch television. However, should more than eight residents wish to watch the television in this room, it could not be facilitated due to the layout of the space,
- in the day room, opposite the television, there was a sink and draining board unit and it was explained to inspectors that this unit was for tea and coffee making facilities, however, this layout and location of the draining board unit was not in keeping with what one would have in their own sitting room.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were seen to have choice with their meals, and while they were served appropriately on one unit, it was observed that residents waited for several minutes before they were given a cup of tea even though they had their sandwich for some time. There were no spoons or milk on the table as tea was poured in the pantry, and sugar and milk added by the HCA in the pantry. Tables were not set for residents prior to them coming to the dining room for their meal.

Cognisant that the new unit was to accommodate 30 residents, the dining rooms were set up to accommodate just 14 residents as there were four tables, two of which could seat four residents, and two could seat three residents despite there being ample room for additional tables.

Judgment: Substantially compliant

Regulation 27: Infection control

Issues relating to infection control that required action to be consistent with the standards for the prevention and control of infection included:

- while there two sinks in the coffee doc on Daisy unit, neither were designated for hand washing as the hand-wash soap and paper towels were over the domestic sink with the draining board

- some window sills and frames were not vanished to ensure appropriate sealant to protect the surfaces and enable effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Immediate action was required during the inspection to address fire safety risks and to ensure the safety of residents living in the existing building:

- the alternative escape route for residents in Primrose included a flight of steps. The mode of evacuation in this area was bed evacuation. there were no other evacuation aids and some residents were immobile in this area. An interim alternative escape routes was arranged during the inspection through a dining room to manage the risk,
- the large plant room above the kitchen was used for large volumes of combustible storage, some of which was adjacent to electrical panels. the person in charge made arrangements to manage this risk during the inspection,
  store rooms within the kitchen, Primrose and Daisy had electrical panels with combustible storage noted up against the panels
- in the extension there were five smoke detectors which were fitted with dust covers, preventing effective operation to detect fire. They were immediately removed during the inspection.

In addition to the above, the registered provider was not taking adequate precautions against the risk of fire, nor adequately reviewing fire precautions, for example:

- an oxygen cylinder was secured to the wall of a treatment room, but was in the pathway of a trolley, resulting in potential damage from impact
- the procedure to shut off piped oxygen supply was not included in the emergency plan, evacuation procedures or procedures displayed. Staff did not include this step when describing the evacuation procedures to inspectors,
- the process for identification and management of fire safety risks was not adequate
- the absence of automatic closers to bedroom fire doors was not risk assessed, nor was it explicitly detailed in the evacuation procedures to ensure doors would be shut in the event of a fire
- there was a call bell at each of the two smoking areas in the existing area; when tested, it was not clear which call bell was activated causing potential delay in assisting a resident.

Arrangements for the containment of fire were not adequate, for example:

- there were deficits noted to fire doors including gaps, damaged seals and doors not closing correctly. These deficits impacted the containment measures in place to prevent the spread of fire and smoke,
- there was a panel missing in the ceiling of a file room impacting the fire containment of that room.

Action was required to ensure early warning of, and adequate detection of fire:

- the service record for the fire detection and alarm system identified the system as a category L2/lL3 system, which may not provide adequate coverage of the fire alarm system. Further assurance was required to ensure adequate detection of fire,
  in the administration corridor, the rooms use and sign on the door did not match. For example, the staff room was a former chapel.
- assurance is required that the information displayed on the fire alarm panel matches the rooms use,
- zoned floor plans were not displayed adjacent to the fire alarm panels.

Fire safety management and practiced fire drills did not ensure staff were fully aware of the procedures to follow in the event of a fire:

- the procedure to shut off oxygen was not evident in drill reports, nor was it detailed in the action cards detailing action to take in the event of a fire for different staff roles
- at first floor, the procedure varied depending on the direction of travel. If moving horizontally, it was bed evacuation and the alternative route towards the stairs required using ski sheets. This was not reflected in the procedure relayed to the inspectors by staff.

The arrangements in place for evacuating residents were not adequate. In addition to the risk to residents in Primrose, the following was noted:

- the compartment boundaries shown on evacuation floor plans did not align with those practiced in fire drills or described to inspectors. Further assurance was required from the provider to ensure that the evacuation procedure reflected the fire compartment boundaries as they exist, to ensure the safe evacuation of residents.
  The displayed procedures were not effective:

Effective evacuation procedures were not prominently displayed.

In the extension, action was required by the provider to ensure compliance with Regulation 28, as the following were identified:

- evacuation aids were not fitted to beds at first floor in line with the evacuation strategy explained to the inspectors
- there was no documented procedure in place or displayed for the use of the evacuation lift
- there was no facility for residents who smoke to do so safely
- an extinguisher was not yet mounted

- fire procedures, policies and fire safety management plan had not yet been updated to reflect the extension
- the procedures to follow in the event of a fire were not yet displayed, nor were the proposed evacuation floor plans
- zoned floor plans were not yet displayed by the repeater fire alarm panels
- the zoned floor plans beside the main fire alarm panel showed the extension only and not the remainder of the building. It was confirmed to the inspectors that this was the main fire alarm panel for the entire building'
- further assurance was required regarding the interface between the fire alarm system in the existing building and the extension to ensure that any activation in any part of the building would display on the panels in each area of the building.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Comprehensive medication management and administration charts were in place which provided assurances that residents received medication in line with their prescribed medications. Controlled drugs were maintained in line with professional guidelines. Additional charts relating to pain management, diabetes, antibiotic and psychotropic medications were included in residents administration records when relevant.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessments and care plans were reviewed and these showed that while there was some personalised information to inform individualised care, others were incomplete and were not sufficiently detailed to direct care, the following were identified as requiring action:

- information accrued regarding assessment and medical histories were not used to inform the care planning process
- medical information seen in other care plans were not included in the medical history or assessment
- care planning information identified that monthly blood tests were required, however, blood results showed that while bloods were done in April, they were not done again until August
- the yearly template for monthly urinalysis was blank for a resident with diabetes
- the smoking assessment did not have a risk matrix to determine the risk

pertinent to the resident; the exemption form relating to smoking did not correlate with the resident's information detailed in the smoking assessment,
- care plans that were in place for acute episodes or when the resident had COVID-19 but were not discontinued when the resident recovered, which could lead to errors.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to health care including specialist health care services. Residents notes demonstrated that they were regularly reviewed; medications formed part of the review, and residents and staff were consulted with regarding responses to changes in medication to enable best outcomes for residents.

Residents had timely referrals and consults with allied health professionals such as speech and language therapist and occupational therapist, and plans of care were in place along with recommended equipment to support residents to have a better quality of life.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of bed rails were assessed in line with current national guidance. Residents requiring behavioural support plans had these in place to support and direct individualised care. Observation on inspection showed that staff knew and understood residents and their needs, and supported them with respect and kindness.

Judgment: Compliant

Regulation 9: Residents' rights

in the new extension the doors to the courtyard were electronic with automated opening mechanism, but the push-button was placed too far away from the door. Inspectors activated the push-button and identified that residents would not have enough time to get outside as the doors closed before the door was reached. This does not facilitate residents to have easy access to the outdoors.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Heather House Community Nursing Unit OSV-0000714

Inspection ID: MON-0035900

Date of inspection: 06/12/2022

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Currently, residents have a safe space to smoke in the existing smoking shelter. Residents are facilitated to smoke with the assistance of staff and a new location in the newly built courtyard will be provided following risk assessment by the HSE Fire Safety Officer. • Lighting in the ensuite bedrooms has been addressed and there is no delay in light activation. • The hoists are installed in accordance with the manufacturer's instructions and the supplier has carried out an inspection on site and all hoists are functioning correctly • The updated statement of purpose with the staffing WTE has been provided to the Regulator • Call bells in external areas have been installed and are functioning correctly • Protruding clothing hooks have been replaced with self-folding hooks • Supplier has provided certification of activation mechanism and safety to reduce ligature risk on call bell system • Handles have been replaced on the sliding doors on staff toilets • Manifestations on windows and doors are now in place • Storage for waste and laundry will be reviewed for Daisy and Primrose as part of the reconfiguration project of Primrose to a Dementia Unit. Dedicated waste storage will be allocated	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of	

purpose: The updated statement of purpose has been provided to the Regulator.

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Staff refresher training on the use of the complaints book has taken place.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Updated Fire Policies and Procedures have been implemented, to reflect the new building	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Storage for personal possessions will be reviewed for Daisy and Primrose as part of the reconfiguration project of Primrose to a Dementia Unit	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A new waste storage facility is almost complete external to Primrose • Door closure mechanism on Primrose will be addressed as part of the reconfiguration project of the unit to a Dementia Unit	

• All furnishings and fittings are in place and solar guard has been applied to the downstairs accommodation and is in the process of being applied upstairs • All water supply issues have been addressed • All rooms and areas are operational • The hairdressing facility in the new extension has been removed and this service will continue to be provided from the existing unit • As the new unit is operationalised, usage of the main day rooms will be reviewed, in line with residents' preferences, and any recommended changes or reconfiguration can be addressed by management

Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: • The services had been audited in November and implementation of recommendations arising from those had enhanced the dining experience for residents on both units. Management will review this on all units to ensure that it is consistently implemented. • Sufficient tables are in place in Dining Room in the new unit	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • Designated handwashing sink has been clearly identified • All window sills have been varnished and sealed	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • In addition to remedial actions immediately taken following the inspection, works instituted to rectify identified non-compliance highlighted within regulation 28 will be completed by the 31st January 2023. Further detail was provided to the Regulator in separate correspondence which has issued since the inspection was carried out • The Fire policy has been reviewed and updated to take account of the new building.	

• Minor structural and replacement works will continue throughout Q1 and Q2 2023 • Fire system and certification, including extinguishers is in place • Evacuation procedures have been have reviewed and assessed in terms of the current building layout • Evacuation notices and fire plans have been reviewed and are in place throughout the building • The schedule of works identified in the fire safety risk assessment will be finalised by September 2023, within the timelines as provided in the assessment

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: • Full audit of all care plans was completed by nursing management. All findings have bene addressed and education with staff on completion of care plans, including findings from this inspection, has taken place	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Door closure mechanisms have been adjusted for timings to ensure full access for residents	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/06/2023
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	31/03/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each	Substantially Compliant	Yellow	16/01/2023

	resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
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	Orange	30/06/2023
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.	Substantially Compliant	Yellow	16/01/2023
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.	Not Compliant	Orange	31/01/2023

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	16/01/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	16/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	16/01/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	16/01/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are	Not Compliant	Orange	16/01/2023

	displayed in a prominent place in the designated centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/01/2023
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	16/01/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	16/01/2023

Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	16/01/2023
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	16/01/2023