



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

## Issued by the Chief Inspector

Name of designated centre:	Mullinahinch House Private Nursing Home
Name of provider:	Mullinahinch House Private Nursing Home Limited
Address of centre:	Mullinahinch, Monaghan
Type of inspection:	Unannounced
Date of inspection:	20 May 2021
Centre ID:	OSV-0000148
Fieldwork ID:	MON-0031119

## About the designated centre

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

Mullinahinch House Private Nursing Home is a purpose built facility that can accommodate a maximum of 54 residents. It is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours general nursing care for both long term residents and short term such as respite, convalescence, palliative and end of life care. Based on a pre-admission assessment, residents with dementia can also be admitted if it is established that the facilities and services provided could adequately meet their needs. Care is provided for people with a broad range of needs: low, medium, high and maximum dependency. The centre is a two storey building situated 2.5 km from Monaghan town in a quiet country area on over an acre of landscaped gardens. Accommodation comprises of 28 single and 13 twin bedrooms, each with its own en-suite facility. There are also two common rooms, a dining room, day room, activities room, a hairdresser salon and an Oratory on site. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. The centre's stated aims and objectives are to provide excellent health care, tailored to each individual resident needs in a place designed to emulate an environment as comfortable, welcoming, safe, and pleasant as residents' own homes. Parking facilities are available on site.

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

Number of residents on the date of inspection:

33

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
Thursday 20 May 2021	14:00hrs to 18:30hrs	Ann Wallace	Lead
Friday 21 May 2021	09:30hrs to 16:14hrs	Ann Wallace	Lead
Thursday 20 May 2021	14:00hrs to 18:30hrs	Nuala Rafferty	Support
Friday 21 May 2021	09:30hrs to 16:15hrs	Nuala Rafferty	Support

## What residents told us and what inspectors observed

The inspectors found that residents were well looked after and were contented with their lives in the designated centre. The provider had made a number of changes since the previous inspection in June 2020 and overall care and services were better managed. However further improvements were now required to ensure that care was person centred and that care and services were provided in line with each resident's needs and preferences for care and support.

The inspection was carried out over two days and the inspectors spoke with 15 residents and one visitor. The inspectors also reviewed the records of resident meetings and feedback from residents and their families through the complaints process and the annual review. Both inspectors spent periods of time sitting in the communal areas, chatting with residents and observing the interactions between the residents and the staff. Residents and their families were overwhelmingly positive about the way they were looked after and the efforts that staff went to to make sure that they had everything they needed. Those residents who were more dependent and who could not talk with the inspectors appeared comfortable and did not show any signs of anxiety or distress.

Some residents openly shared their experiences of living in the centre during the COVID-19 pandemic with the inspectors. Residents described how difficult and lonely this period had been and how much they had missed seeing their families and friends. These feelings were verified in the records of the residents' meetings in 2020 and early 2021. Residents were clearly delighted and relieved that visiting restrictions were now lifted and that they could meet with their loved ones in their home.

Over the two days of the inspection the inspectors observed a number of visitors meeting with residents in the oratory or in their bedrooms. The visiting policy had been updated to reflect the revised guidance (COVID-19 Guidance on Visiting to Long Term Residential Care Facilities LTCRFs). However the inspectors were not assured that the policy was being fully implemented in practice and not all visitors were escorted to and from the visiting area on the first day of the inspection. Improvements were also required to ensure that all residents who were able to express a preference for visiting arrangements were able to choose the time and place they met with their visitors. Visitors were made welcome and it was evident that staff knew which visitor each resident was expecting and how they were related or connected. Where the resident or the family expressed concerns about entering the centre window visits were facilitated.

One relative was a daily visitor and was familiar with the process for visiting in place in the centre. Inspectors were informed that there was a diary and that hourly visits, up to four times per week were now permitted. The visits usually took place in either the large activity room beside reception or in the oratory on the ground floor. The relatives had to sign in, have their temperatures taken and complete a

questionnaire. Mask wearing remained in place. Relatives told inspectors that prior to indoor visiting restarting that staff supported external visits and also made sure that they could speak with their loved ones by phone and meet virtually on their tablet screens.

Relatives were happy that they were kept informed on the status of their loved ones and had no complaints. Inspectors observed that the relatives were familiar with many of the staff and there were several instances of banter and joking observed.

Inspectors observed that the majority of residents were in the sitting room but several preferred to sit in other areas. Some residents were seated in a small area beside the nurses' station in reception. As staff passed by they chatted with the residents and asked how they were. Inspectors saw how familiar the residents were with all staff including the catering household and maintenance staff and their interactions were warm friendly and there were lots of smiles and moments of laughter heard.

Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, favourite snacks and drinks and the activities that they enjoyed.

Some residents said that although they didn't often have an opportunity to leave the centre there were more things to do now than previously. A detailed activity plan was displayed outside the large sitting room and over the two days inspectors found that the activities were provided in line with the plan. Activities staff went round each morning to invite the residents to whatever was on offer each day. Activities were discussed at resident meetings and the feedback was very good. However the inspectors found that more needed to be done to ensure that those residents with significant cognitive impairments had access to purposeful activity in line with their needs and preferences.

Residents were enjoying a game of Bingo on the first afternoon of the inspection. The game was organised by the activities team and residents gathered expectantly in the main lounge. Residents with a range of abilities were encouraged to participate and those residents who needed help to play were supported by care staff and by other residents. There was a real sense of community and fun and it was evident that this was a popular activity with the residents. Residents taking part in the Bingo session said it was enjoyable and inspectors observed the rueful grins and commentary between a few residents when they narrowly missed out on winning.

On the second day an interactive live music session was observed. There was plenty of toe tapping and clapping, with residents singing along to their favourite songs. One resident talked about a song they had written on their native county many years ago, how it only took minutes to write and should have been famous, as it was the best song ever.

A lot of care and attention to residents' personal appearances was seen with clothing and even knee blankets carefully colour co-ordinated. Residents were well groomed with attention paid to nail and hair care. Some ladies wore make up and

lipstick and jewellery accessories were also favoured. A number of ladies availed of the beauty therapy sessions available with skin and nail care the more popular activity options.

Staff were responsive to residents' needs. Inspectors saw that they responded quickly to requests for assistance to go to the bathroom and bringing the residents to see their visitors.

Residents were encouraged to share their experiences and opinions on how the centre was run through the resident's forum and the monthly newsletter. Residents also had access to an advocate who was based in the centre. The advocate took responsibility for organising the resident's forum and the monthly newsletter. They were also available if a resident needed support to raise a concern or a complaint about their care. In addition the provider carried out an annual resident and family satisfaction survey. Following the inspection of June 2020 the provider had revised the management of complaints in the designated centre and there was now a clear complaints process in place with a named person responsible for investigating any complaints that were made. Complaints were monitored through weekly management reports and formed part of the quality assurance programme. Those residents who spoke with the inspectors said that they were able to raise any issues if they were not happy about their care or anything else and that it would be attended to promptly.

The inspectors did a walk about of the centre and chatted with residents in their bedrooms and in the communal areas. Residents said that overall the premises met their needs and that they were warm and comfortable. Inspectors found the premises to be visually clean warm and tidy. The centre was decorated and furnished to provide a comfortable and relaxed living environment and there was an inviting welcoming atmosphere. Household staff were observed cleaning and using wet floor safety signs to alert residents and others to ensure their safety. Maintenance personnel were also observed throughout the inspection repairing items and installing shelving where requested and assisting with storage of equipment.

Residents were happy with their bedrooms and one gentleman was particularly happy with his large wing backed armchair positioned beside the bed and close by the window where he could observe all the comings and goings. The bedrooms were spacious and each room had an en suite with a toilet and walk in shower. As part of the centre's Covid 19 preparedness plan all residents were offered single bedrooms. At the time of this inspection there were no residents in shared bedrooms. The Florence Suite which accommodates two residents had been re designated as a staff changing facility during the COVID-19 outbreak in April 2020 and remained as a staff changing facility at the time of this inspection.

The inspectors observed that the communal areas were well used by residents. Residents congregated in the main lounge on the ground floor and spent time chatting with their friends or watching television. This room was also used for the Bingo session and the musical entertainment that was held on the second day of the inspection. There was also a pleasant first floor lounge with a small balcony

overlooking the car park. This area could have been improved with weeding and planting of the containers used to decorate the balcony.

There was a large activities room which was decorated with the residents' art work and their comments and memories of living through the COVID-19 outbreak. There was also a beautifully decorated memory tree with a leaf for each resident that had passed away in the centre. However the room was lit by high windows and the lighting was poor in this area. The inspectors noted that this issue had also been raised by some of the residents in a resident meeting.

Quiet seating areas were also available including a pleasant oratory on the ground floor. The oratory was re-designated as the visiting area at the time of the inspection. However it was still used for prayers and mass when visitors were not in the centre.

There was a spacious dining room which was nicely laid out with tables and dining chairs. Tables were nicely set with place settings and condiments. There were two sittings at each meal time. This enabled residents to maintain their social distance in line with the current guidance and to keep themselves safe whilst still enjoying a pleasant dining experience.

The inspectors observed a lunch time meal and an evening meal served in the dining room. There were enough staff available to ensure that residents were supported to eat and enjoy their meals. Staff offered discreet support and encouragement to those residents who were not able to eat independently. The meal times were a pleasant social interlude in the resident's day and residents were seen chatting over dinner and enjoying each others company.

All meals were freshly prepared and cooked in the centre's own kitchen. Fresh vegetables or salad were served at each meal. Residents were also served fresh fruit or smoothie drinks as snacks between meals. The kitchen staff baked each day and served cakes or tray bakes with the hot drinks in the afternoon and with suppers. Residents said that they enjoyed their meals and that there was plenty of choice.

Staff were seen to knock on bed room doors and obtaining the resident's permission before entering the room. Staff addressed residents in a polite, friendly and respectful manner. Residents told the inspector that they could trust the staff and that they felt safe in the centre.

In conclusion the inspectors found that residents were well looked after by a staff team that knew them well. However significant focus and improvements were now required to ensure that care was person centred and reflected the assessed needs of all residents and their preferences for care and support.

The next two sections of the report will describe the findings of the inspection under the relevant regulations. The first of these sections will discuss the capacity and capability of the service and the final section will cover the quality and safety of the care and services provided for the residents.



## Capacity and capability

There had been significant improvements in the governance and management of this designated centre since the last inspection in June 2020. However more focus and resources were now required to ensure that the centre was brought into compliance with the care and welfare regulations. In addition improvements were still required in the the oversight of the service to ensure that the standards of care and services were consistent and in line with the designated centre's Statement of Purpose.

This was an unannounced risk inspection to assess the designated centre's preparedness for a COVID-19 outbreak and to monitor the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations)2013. The inspectors also followed up the provider's compliance improvement actions from the previous inspection in June 2020.

Mullinahinch House Private Nursing Home Limited is the registered provider for Mullinahinch House Private Nursing Home. The inspectors found that the provider had made a number of improvements since the last inspection to strengthen the governance of the service. There was a clear management structure in place with clear lines of authority and accountability. The provider representative is a director of the company and records showed that they were in regular contact with the person in charge and were kept up to date about any current issues in the centre. The provider had recruited a full time Director of Operations (DOP) in February 2021. The Director of Operations was now the line manager for the person in charge and visited the designated centre each week. During these visits the DOP held a management meeting with the person in charge and met with residents and staff. Staff and residents were familiar with the person in charge and said that she was approachable. Management meetings were held regularly and decisions were communicated to the relevant staff. A clinical governance committee had been developed since the last inspection. Records showed that this group met regularly and had oversight of complaints, incidents and any audits that had been completed in the previous month

The person in charge (PIC) worked full-time in the centre and was supported in her role by two clinical nurse managers (CNMs). The person in charge was due to leave the centre in the next couple of months to take up a new post. The provider was recruiting a new person in charge at the time of the inspection. The clinical nurse managers had supernumerary management hours allocated on the weekly rosters. This time was used to support and supervise staff in their work and to complete management audits.

There was a significant improvement in the oversight of the quality and safety of the service. In line with the compliance plan from the June 2020 inspection the provider had engaged an external company to review the centre's quality assurance processes. A suite of key performance indicators had been developed and were being monitored by the senior management team. In addition an annual audit

programme was developed and agreed. There was now a comprehensive quality assurance system in place with regular audits and weekly performance management reports. However more focus was needed to ensure that where improvements were required that these were implemented within the agreed time frames.

Staff and residents reported that resources were available if required. For example one resident told the inspectors that they had asked for additional shelving in their bedroom and this was provided. Staff told the inspectors that where equipment was required this was sourced. Resources were available for decorating and refurbishment of the building and three bedrooms had been redecorated however a number of other areas such as bedrooms, the reception and the activities room were in need of redecoration and refurbishment and there was no clear quality improvement plan in place with an agreed time frame for this work to be completed.

There were sufficient staff on duty on the days of the inspection to meet the needs of the 33 residents accommodated in the centre. However the current rosters did not equate to the number of whole time equivalents declared in the centre's statement of purpose. For example there were eight staff nurses declared in the statement of purpose and only six nurses on the roster. There were three activities staff declared in the statement of purpose whilst the rosters showed that there were only two staff working in activities in the centre. In addition the statement of purpose recorded 10 staff working across housekeeping and catering teams whilst the rosters showed seven staff working across these teams.

Staff had access to ongoing training and records showed that staff were up to date with their mandatory training requirements. As a result staff took responsibility for their work and demonstrated good practice in key areas such as moving and handling and hand hygiene. Staff who spoke with the inspectors attended regular updates in safeguarding training and were clear about their responsibility to report any allegations or concerns about the potential abuse of residents. However inspectors found that staff did not have access to specialist training such as dementia care and person centred care in line with the profile of the residents for whom they were providing care and services..

There were comprehensive selection and recruitment processes in place to ensure that appropriate staff were recruited. However the inspectors found that one staff file did not contain all of the required documents including two satisfactory references. A review of the management audits showed that there was no audits of staff recruitment and selection processes being carried out to ensure that new staff were selected in line with the centre's own recruitment policy.

## Regulation 14: Persons in charge

There was a full time person in charge who met the requirements of the regulations. They worked full time in the designated centre and the inspectors were satisfied that the person in charge was responsible for the day to day management and

oversight of the service.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff to meet the needs of the 33 residents, taking into account the number of residents and the layout of the designated centre.

Rosters showed that there was at least one nurse on duty at all times in the centre. The provider had a contingency plan in place to ensure that two nurses would be available over the 24 hour period in the event of any future outbreak of COVID-19 in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training in safeguarding, moving and handling, infection prevention and control and fire safety. Training records showed high levels of staff compliance with their mandatory training requirements.

The current training programme did not include additional training in dementia and person centred care in line with the centre's resident profile.

Judgment: Substantially compliant

### Regulation 21: Records

This regulation was not fully inspected however the inspectors reviewed a sample of staff files and found that one file did not contain all of the requirements of Schedule 2 of the regulations.

- the file did not have a satisfactory explanation about a number of gaps in the employee's employment history.
- the file did not have two written references for the employee.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Additional resources were required in order to bring the designated centre into compliance with the Regulations 17 and 27. For example;

- staff had been using a re-designated resident bedroom as a staff changing facility since the outbreak of COVID-19 in April 2020. There were no staff lockers available in this area and staff were using the en-suite facility to shower. The provider had a plan in place to build an additional staff changing area on the grounds of the centre by the 30/12/2021. However the inspectors were informed that this plan had not been progressed at the time of the inspection.
- there was a lack of appropriate storage in the centre which was identified on the previous inspection had not been fully addressed by the provider.

The inspectors found that a number of issues identified in the audits and management reviews had not been fully addressed and that the follow up of improvement actions was not robust. A number of non-compliances found on this inspection had previously been identified through audits and management reviews, however the changes had not been fully implemented and had not brought about the required improvements. For example;

- care plans were found not to be person centred
- activity care plans were not specific and up to date.
- care plan reviews were not consistently carried out every four months.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The provider had prepared a statement of purpose. The statement of purpose contained the information required in Schedule 1 of the regulations however some corrections were required in the information relating to the staffing numbers in the centre as they did not reflect the staffing numbers for on the rosters.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

There provider had completed the compliance actions following the June 2020 inspection in relation to managing complaints in the centre. The complaints policy had been updated to include the person in charge as the person responsible for managing complaints in the centre and an appeals process had been added to the process.

The complaints process was displayed in the centre in the entrance foyer and on the resident's notice board. Residents told the inspectors that if they were not happy about anything they could talk with a member of staff.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The inspectors were not assured that staff were implementing the following Schedule 5 policies in a consistent manner;

- Health and safety of residents, staff and visitors (including infection prevention and control).
- Recruitment, selection and vetting of staff.
- Residents' personal property, personal finances and possessions.

Judgment: Not compliant

#### Quality and safety

Residents received person-centered care and were supported to live autonomously in a warm safe and comfortable environment. Overall it was found residents' physical, psychological, emotional and spiritual needs were met however further improvements were required to ensure that all residents received care and support in line with their assessed needs and known preferences. In addition some improvements were required in the management of risks such as infection prevention and control and fire safety to ensure the safety and well being of the residents.

Appropriate care practices with warm empathetic interactions were observed during this inspection. Staff respected resident's rights to privacy and dignity. Appropriate processes were in place to protect residents from abuse and these were being implemented. The inspectors spoke to several residents and those residents who could voice their opinion told inspectors that they felt safe. Inspectors also saw that

some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

A process was in place where the provider was acting as a pension agent for some residents. Inspectors found that the processes in place to trace all transactions were open and transparent and no concerns were raised in terms of due diligence. It was clear from the records that all monies were held in safekeeping and monthly invoices showed monies credited to the account and where expenses were raised. However, action was needed to ensure that the process was brought in line with the Department of Social Protection guidance which requires that a separate resident account is used for this purpose.

Overall the inspectors found that residents' rights for choice, self-determination and autonomy were supported and their rights to dignity and privacy were upheld. Information was available to residents and advocacy services were available. Residents told the inspectors that they felt involved in making decisions about their care and daily routines. However the inspectors were not assured that processes were in place to ensure residents who were non-verbal or who had significant cognitive impairment were supported to make choices in line with their abilities and assessed needs. This is discussed further under Regulation 9.

Inspectors found the use of bed rails was reduced in the centre and managers and staff were working towards a restraint free environment. The inspectors reviewed a sample of medication records and found that psychotropic medications were used appropriately and were reviewed regularly. However improvements were still required to ensure that all staff were clear about what were the appropriate de-escalation techniques to use to support residents who displayed responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and that these interventions were implemented as the first course of action when responsive behaviours were displayed.

On this inspection it was found that care records had been successfully transferred to the new electronic system and staff had received further training in care planning and assessment. Assessments and care plans were reviewed on a four monthly basis and an external company had been engaged to examine these care plans for quality assurance purposes. Improvements to the care planning process had been identified on the last inspection. On this inspection the inspectors found that these had been partially addressed however the standard of care plans was inconsistent. In addition the inspectors found that a more individual and person-centered approach was required to ensure that care was based on not only the resident's assessed needs but also their known preferences for care and support.

Care planning to support individual visiting arrangements had just started. It was noted that the visiting plans did not include resident's preferences and more focus was required to keep the residents fully informed about all aspects of visiting arrangements.

Inspectors saw that regular maintenance was in place in the centre and that,

although some aspects of the premises were in good repair, more focus and resources were needed. For example a number of doors were badly scraped and needed repair and painting and some bedrooms were in need of painting and refurbishment. In addition some of the armchairs were worn and needed to be replaced. Maintenance personnel were visible over the course of the inspection, addressing previously identified issues and responding to requests as they arose. However there was no evidence of a fully resourced plan to upgrade the premises and to provide much needed additional facilities such as the staff changing rooms and more internal storage. In addition the laundry did not provide sufficient space for the sorting and storage of clean items and linen.

At the time of this inspection vacant bedrooms were being used as temporary staff changing facilities, and others, as temporary storage areas. Inspectors found that the bedrooms were not suitable for their current purpose. The storage of personal protective equipment was disorganized, untidy and unsafe. This was brought to the attention of the person in charge who directed staff to remove some of the items and to reorganise the remainder.

### Regulation 11: Visits

A policy and process to support safe visiting arrangements was in place but not being fully implemented.

A dedicated staff member to support visitors understanding of, and compliance with, the process had been initiated following similar issues at the last inspection, but inspectors learned this had ceased some months earlier.

Inspectors were told and observed that visits were scheduled.

Judgment: Compliant

### Regulation 17: Premises

The premises was not laid out in accordance with the designated centre's Statement of Purpose.

- one twin room was being used as a staff changing facility
- one twin bedroom was being used to store personal protective equipment

The premises did not conform to all of the matters laid out in Schedule 6 of the regulations.

- a number of areas were in need of refurbishment and redecoration
- there was a lack of appropriate storage in the centre.

- the lighting in the activities room was poor
- laundry facilities did not provide enough space in the clean area for staff to sort and fold clean clothing and linens.

Judgment: Not compliant

## Regulation 26: Risk management

The risk management policy was in place and included the information required in Schedule 5 of the Regulations. There was also a risk register in place which included clinical risks and corporate risks.

There were arrangements in place through management and staff meetings to discuss and review incidents and learn from any serious incidents or near misses that occurred.

There was a plan in place to respond to major incidents and serious disruption to the service.

Judgment: Compliant

## Regulation 27: Infection control

Inspectors found that some procedures were not consistent with the standards for the prevention and control of health care associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

For example;

- personal protective equipment (PPE) was stored on the floor which did not allow for the floor to be cleaned.
- Several different boxes of the same type of PPE were opened which meant the items were not being used in rotation.
- in the temporary staff changing facility the inspectors saw the personal belongings of staff left on the top of furniture including beds. Shoes were being stored on the floor under the beds which meant that the floor could not be cleaned. In addition the inspectors noted that the privacy screens in this area were of a heavy cloth fabric and there was no evidence that they had been cleaned. These were removed at the time of the inspection.



- On the first day of the inspection records showed that staff were not taking and recording their temperature prior to entering the centre, in line with the centre's Covid 19 contingency procedures.
- Inspectors saw that clinical wash hand basins were not available for staff in areas where these might be required to manage any outbreaks of infection such as outside the clinical rooms or on corridors where resident's bedrooms were located.
- wall and floor surfaces in the laundry were not to a standard that could ensure effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There was one large fire compartment with 12 beds on the ground floor of the building. The provider had not identified this as a risk. The inspectors were not assured that the provider had reviewed the evacuation procedure for this area as there had not been a full compartment fire drill carried out to ensure that the compartment could be evacuated safely with night time staffing levels of one nurse and three care staff.

There were six residents located in this compartment at the time of the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors saw that a number of assessments and care plans were not linked and as a result the care plan did not have enough detail to direct staff to manage care in line with the resident's needs and preferences for care and support.

Examples included;

- Care plans did not consistently reflect resident's abilities or preferences for preferred activities.
- some care records did not include an assessment of the resident's needs which correlated with the care plans that were in place for that resident.
- Care plans were not consistently reviewed in line with the regulation and with the centre's own care planning policy.

Judgment: Not compliant

## Regulation 6: Health care

Evidence that residents were provided with medical care and health and social care professional interventions as they required in a timely manner was found.

Actions from the last inspection to ensure that residents, where referred for review, was followed up by staff was addressed since the last inspection. A sample of records were viewed which showed residents had been referred and seen by a number of health and social care professionals including dental, opticians, occupational health, physiotherapy and psychiatry of old age.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Residents' risk assessments and care plans clearly identified potential causes for responsive behaviours, however the care records were inconsistent and did not provide staff with a clear plan of how to intervene with an appropriate level of de-escalation for the resident when they became agitated or distressed.

Judgment: Substantially compliant

## Regulation 8: Protection

The current process in place for managing resident's pensions was not in line with the centre's own policy and did not meet the Department of Social Protection guidance in relation to pension agent arrangements.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Actions were required to ensure those residents with higher levels of cognitive impairment were supported to make choices in their day to day lives.

Actions were also required to ensure that those residents who had cognitive impairments or who may display responsive behaviours were able to take part in activities in line with their assessed needs and preferences.

The location of three closed circuit television (CCTV) monitors in use in the centre was not known to staff and managers. Inspectors also found appropriately placed signs to alert residents and visitors to the use of CCTV in the designated centre were not in place

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Mullinahinch House Private Nursing Home OSV-0000148

Inspection ID: MON-0031119

Date of inspection: 21/05/2021

## 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
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>As noted in the inspection and report, staff are up to date with mandatory training in respect of Safeguarding, moving and handling, infection prevention and control and fire safety.</p> <p>Dementia care training has been added to our training schedule for all staff going forward. Training has commenced and we expect it to be complete by the 30/8/31 for all Staff. Going forward, this course will be audited in line with our other training topics.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The issue referenced in the report regarding 1 staff file, has now been addressed and the identified gaps closed. Immediate</p> <p>We have a detailed HR policy which gives step by step guidance, to ensure that in the future no further gaps occur. An audit is scheduled to take place on the 8th July 2021, and hr files have been added to our auditing schedule going forward.</p> <p>In addition, our administration staff has been supported with further training on the management of new staff and their hr files going forward. Immediate</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have plans in place to provide an additional staff changing area within the next six months. The construction company have provided us with a start date of September 2021. In the mean-time, the identified room will continue to be used until the work is completed. Our updated Statement of Purpose reflects these details.</p> <p>We have additional storage secured locally should it be required. September 2021.</p> <p>Daily checks and cleaning of changing and storage areas are completed daily and have been added to our auditing schedule. Effective 20/5/21.</p> <p>Following the inspection, we carried out a review of the audits in place. We have introduced additional audits that run on a monthly basis over a two-year cycle and include HR. We have used this audit program in other homes within the Group and are happy that it achieves its goals. This system is in place effective from the 6th June 2021.</p> <p>Our care plans for our Residents are reviewed on an ongoing basis. Additional training has commenced for our nurses to ensure that person-centred approach is applied to all care plans. In the immediate term, a daily audit will be carried out on a selection of care plans by senior staff.</p> <p>All training to be complete by the 25/08/2021.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The amendments have been corrected and the updated SoP was returned.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The visitors policy has been amended and is in line with current visiting guidelines. All</p>	

staff have been made aware of the current policy via daily handover and visitors are escorted to and from the home in line with recommendation. Immediate.

Regarding acting as a collection agent for those residents who request this service, we will continue to work towards bringing this process in line with the Department of Social Protection guidance. To be complete by the 30/8/21

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
As previous – the Statement of Purpose has been updated to ensure compliance.

We are a working home so there is a continual cycle of redecoration and refurbishment. The items noted by the inspectors on the day will be addressed by 01/11/2021.

The lighting on the activities room has been addressed by changing the strength of the ceiling pendants. Immediate.

The laundry room as been assessed, and additional flat surface will be installed by the 30/8/21.

As mentioned before, we have secured an additional storage unit for use, which will assist us in optimizing our existing storage appropriately. Immediate

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

PPE stock is no longer being stored in additional rooms in the home. The main storage area is located outside, and PPE is brought in as required. Immediate.

PPE is now managed on a rotation basis. Immediate

Staff changing areas now have appropriate storage and the floor areas are clear. Immediate

The privacy screens have been removed. Immediate.



There is a staff temperature station at both entrances to the home and staff record their temperatures at the relevant point of entrance and compliance with this is being monitored daily. Immediate.

Infection control guidance will be monitored and adhered to in a real time basis. In the event of an outbreak, we will follow changed guidelines coming from the department of public health. Ongoing.

The wall and floors in the laundry are scheduled to be painted to allow for effective cleaning. 30/8/21

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regular fire drills are undertaken as part of our annual mandatory fire training. During our fire evacuation drills, we always assume night-time staffing levels. We will ensure that the fire compartment references in the report is used for upcoming drills and assume maximum occupancy in this compartment also.

In addition, we have sought a review from our fire safety company to support our own risk assessment which is now in place. Review by Phoenix to be complete by the 30th July 21.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
Our care plans for our Residents are reviewed on an ongoing basis. Additional training has commenced for our nurses to ensure that the correct application of the nursing process is applied and to ensure the person-centred approach. In the immediate term, a daily audit will be carried out on a selection of care plans by senior staff to ensure care plans consistently reflect residents' abilities, or preferences for preferred activities. We have included review of assessments to ensure that they are appropriate and that they meet individual resident's needs and are connected to the care plans.  
All training to be complete by the 25/08/2021.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  All Residents who have been identified as having responsive behaviors have had their careplans updated to ensure that staff are cognizant of the de-escalations that are appropriate and effective for each Resident.</p> <p>This is supported by the continued use of the "ABC Chart" with greater emphasis on staff to ensure that all fields are filled during the course of their evaluation of the Resident. Further staff training will continue in 2021 to ensure full understanding of the policy and procedures – 1/08/2021</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In regard to acting as a collection agent for those residents who request this service, we will continue to work towards bringing this process with the Department of Social Protection guidance. To be complete by the 30/8/21</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Residents with cognitive impairment are supported to make choices. Actions on how to achieve this are set out in their individual care plans. Immediate</p> <p>Residents who have responsive behaviors have had their individual care plans updated to specify their assessed needs and preferences regarding activities. Immediate.</p> <p>Signage for CCTV has been reviewed, and additional information posters are now in place throughout the home. Immediate</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	25/09/2021
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.	Not Compliant	Orange	23/05/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/11/2021

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	25/07/2021
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.	Substantially Compliant	Yellow	23/05/2021
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.	Substantially Compliant	Yellow	25/12/2021
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	Substantially Compliant	Yellow	25/07/2021

	staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	25/07/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	25/07/2021
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	23/05/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies	Not Compliant	Orange	25/07/2021

	and procedures on the matters set out in Schedule 5.			
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		25/07/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Yellow	25/07/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Yellow	25/07/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the	Substantially Compliant	Yellow	30/12/2021

	resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	25/07/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	21/06/2021
Regulation 9(3)(c)(i)	A registered provider shall, in so far as is reasonably practical, ensure that a resident information about current affairs and local matters.	Substantially Compliant	Yellow	21/06/2021