



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

## Issued by the Chief Inspector

Name of designated centre:	An Teaghlach Uilinn Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	Kilrainey, Moycullen, Galway
Type of inspection:	Unannounced
Date of inspection:	27 January 2023
Centre ID:	OSV-0000309
Fieldwork ID:	MON-0039157

## About the designated centre

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

An Teaghlach Uilinn Nursing Home is a purpose-built designated centre for older people. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Moycullen village, Galway. Residents have access to a secure enclosed courtyard. The centre provides accommodation for a maximum of 75 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

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

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Friday 27 January 2023	09:00hrs to 17:30hrs	Catherine Sweeney	Lead
Friday 27 January 2023	09:00hrs to 17:30hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Inspectors completed a walk around the centre where they observed staff attending to the daily care needs of the residents. The centre is laid out over two floors. There were 41 residents accommodated on the ground floor and 17 residents on the first floor. The atmosphere was calm and residents were observed to be relaxed and comfortable. Inspectors observed an improvement in the staffing level on this inspection, and staff confirmed that staffing levels had stabilised since the previous inspection. Staff spoken with attributed this to a reduction in the level of sick leave, rather than hiring additional staff.

However, inspectors observed that the supervision and allocation of staff was inadequate. This was evidenced during the midday and evening meals times when residents were observed to be unsupervised and did not receive assistance or care in line with their care plans. Furthermore, inspectors observed inadequate supervision of the catering and cleaning staff resulting in very poor service delivery. For example, residents requiring a modified diet were not served food that was in line with their dietary requirements, and meals were observed to be cold when served to residents.

A meeting for care staff was held at midday on the day of the inspection. This meeting was still in progress at 12:30pm as resident's meals were being served. On the first floor, meals were served by the catering staff to residents who required assistance with their meals. There was no trained staff available to assist these residents. This meant that the resident's meal was left uncovered and out of the reach of residents. The meals were not observed to be reheated when they were eventually served to the residents.

Inspectors observed that some residents who required one-to-one supervision and assistance to eat their meal were not attended to. The inspectors also observed that some residents with complex care needs, including the risk of choking, were eating their meals unaided and unsupervised.

A number of residents told the inspectors that they were not happy with the quality of the meals served in the centre. One resident stated that they never eat the main meal as they did not like what is offered. This issue was brought to the attention of the provider through an urgent compliance plan issued following an inspection on 11 January 23. This issue had not been resolved on the day of this inspection.

The provider held a resident forum meeting that had been scheduled for the day of this inspection. Residents voiced their ongoing concerns in relation to the food choices and the quality of the meals. Residents told the inspectors that they were pleased that they had the opportunity to voice their concerns and dissatisfaction with the service provided.

Inspectors observed the infection prevention and control systems, and the

cleanliness of the centre. Overall, minimal improvement was observed in the cleanliness of the general environment and residents' bedrooms, communal areas and toilets, since the last inspection on 11 January 2023. Furthermore, inspectors observed that the kitchen was visibly unclean. The cleanliness of the communal areas of the centre, although improved since the last inspection, was still not acceptable. A second urgent compliance plan to address this was issued to the provider following this inspection.

Forty-six of the bedrooms had an en-suite toilet, shower and wash hand basin. Communal shower and toilet facilities were located proximal to the remaining bedrooms. Equipment viewed was generally clean and well-maintained, with the following exceptions; several portable fans and shower chairs were notably unclean.

The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. However, the storage of a specimen fridge in this room increased the risk of environmental contamination and cross infection.

There was insufficient storage space in the centre which resulted in the inappropriate storage of equipment and supplies in communal bathrooms and the dirty utility room.

Conveniently located alcohol hand gel dispensers were available throughout the centre. However, barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were a limited numbers of dedicated clinical hand wash sinks available for staff use. Inspectors also observed inconsistencies in the use of personal protective equipment during the course of the inspection. Findings in this regard are further discussed under Regulation 27, Infection control.

Inspectors observed residents participating in some group activities throughout the day of the inspection. The activity coordinator was also observed to support residents on a one-to-one basis. These residents were facilitated to take walks outside.

Visiting were observed to be facilitated throughout the day of the inspection.

## Capacity and capability

This was an unannounced risk inspection to seek assurance that actions to ensure the safety of residents and committed to by the provider following an inspection of the centre on 11 January 2023 had been taken. Overall, inspectors found that the registered provider had failed to take adequate action to ensure that resident's nutritional needs were met and that required infection prevention and control standards were implemented. Staff supervision and allocation was also poor and this

had a direct impact on the care and safety of residents in the centre.

A risk inspection on 11 January 2023 found that the service provided to residents was not safe. Following the inspection, the provider was required to submit an urgent compliance plan detailing the actions it would take to ensure the safety of residents.

On this inspection, inspectors reviewed the action taken by the provider to address the urgent risks identified during the last inspection. The provider submitted an urgent compliance plan in relation to

1. Regulation 15: Staffing
2. Regulation 18: Food and Nutrition
3. Regulation 27: Infection Control

This risk inspection found that the provider had failed to take the required action to address the significant non-compliance that had been identified on the last inspection. In addition, further urgent action was required in relation to Regulation 23, Governance and management to ensure that systems were in place to ensure that residents were in receipt of safe care.

Inspectors found that the day to day staffing levels in the centre had improved since the last inspection. A review of the rosters found that this was due to staff returning from sick leave and a reduction in the level of sick leave in the centre. However, there remained a high level of staff vacancies in the centre including seven nurses, four health care assistants and a chef. While there was an on-going recruitment plan in place, the centre remained heavily dependent on agency staff to support the service. Within the urgent compliance plan, the Chief Inspector requested assurance that the number and skill mix of the staff was appropriate having regard to the needs of the residents and the size and layout of the centre. The provider responded with a proposed recruitment plan for the centre. However, the plan did not address the immediate requirement for permanent staff in the centre. As a result, the risks associated with inadequate staffing levels, identified on the previous inspection had not been addressed.

The provider had failed to ensure that the organisational structure in place in the centre was robust. There was a clinical director who supported the person in charge up to one day per week. Within the centre, the person in charge had limited support as the position of an assistant director of nursing remained vacant. A newly recruited clinical nurse manager was rostered for eight hours a day, four days a week in a supervisory capacity. Inspectors found that there was insufficient management and supervision of nursing and care staff, catering and house-keeping staff. There were no management systems in place to ensure the safe allocation and supervision of staff.

Inspectors reviewed the plan submitted in relation to food and nutrition and found that the provider had failed to address the urgent risk to residents. Inspectors found that a nutritional audit of all residents had been completed and a plan was put in

place to ensure that residents who were identified as being of risk of malnutrition had their assessments and care plans reviewed. However, a review of the nursing documentation found that where a care plan had been developed, the care was not communicated to staff and therefore, not delivered to the residents.

The provider failed to address the risk identified in relation to having insufficient numbers of staff available to assist residents at meals and when other refreshments were served. Despite being identified on the last inspection this issue continued to pose a high risk to the safety of residents during this inspection.

Following the inspection of 11 January 2023, the provider was required to arrange an immediate deep clean of the centre to protect the residents from the risk of infection. This had not been completed. The management team confirmed that only two rooms had been deep cleaned. There was no deep cleaning procedure or protocol available to review and the management team were unable to describe the difference between cleaning and deep cleaning.

The provider had also committed to completing an environmental audit as part of the urgent compliance plan. An environmental checklist audit had been completed on 17 January 2023. The checklist covered a range of topics including facilities management and COVID-19 processes. It did not contain any reference to the cleanliness of the centre which was the subject of the urgent compliance plan. The checklist found minimal issues of non-compliance with infection control and the cleanliness of the centre, and did not reflect the findings of inspectors on this or the last inspection. In addition, infection prevention and control checklists were not scored, tracked and trended to monitor progress. This was a missed opportunity for learning and making improvements to ensure a safe and clean environment.

Inspectors found that the provider did not comply with Regulation 27, Infection control and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, antimicrobial stewardship and environment and equipment management. In addition, there was significant gaps in the staff training records for infection prevention and control.

Overall, Inspectors found that the failure of the provider to put in place an effective organisational structure had resulted in multiple failings with regard to the governance and management of the centre. These included a failure to

- identify and manage risks to resident safety
- appropriately allocate and supervise staff
- to maintain a safe and clean care environment
- put management systems in place to address areas of non-compliance to the regulations and standards required for safe care
- put management systems in place to effectively monitor the service

A repeated urgent compliance plan was issued in relation to Regulation 18, Food and nutrition, and Regulation 27, Infection control. A further urgent compliance plan was required to address the non-compliance in Regulation 23, Governance and

management.

### Regulation 15: Staffing

The provider failed to ensure that staffing levels in the centre were adequate to meet the assessed needs of the residents, for the size and layout of the centre. In addition, the provider had failed to address the findings of the last inspection of the centre on 11 January 2023,

There was inadequate staffing available to

- meet the nutritional needs of residents.
- supervise residents as required during mealtimes
- clean the centre.

Judgment: Not compliant

### Regulation 16: Training and staff development

Inspectors were informed that staff had received training on standard infection control precautions and transmission based precautions. However, a review of training records indicated that 19 staff members were not up-to-date with mandatory infection prevention and control training. The inspectors also identified through speaking with staff that additional training and education on Multi-Drug Resistant Organisms (MDRO) prevention and control was required.

In addition, inspectors found that staff were not supervised by appropriately qualified and experienced staff. This was evidenced by;

- poor allocation of staff at meal times
- inadequate standards of environmental hygiene

Judgment: Not compliant

### Regulation 23: Governance and management

Inspectors found that the use of resources in the centre were not planned and managed to ensure person-centred, effective and safe services. The provider failed to ensure that there were adequate resources available to assist residents with their meals. This posed a significant risk to some residents, who had been assessed as being at high risk of aspiration and choking. Furthermore, inadequate levels of

senior nursing staff resulted in poor support and supervision of the nursing and care teams.

A weak organisation structure contributed to the providers failing to address or take appropriate action following the significant high risk findings of the previous inspection of the centre.

The provider failed to ensure that there was management systems in place to ensure that the service provided was safe and effectively monitored. This was evidenced by:

- Repeated non-compliance across all regulations reviewed on this inspection.
- The provider did not have effective assurance processes in place in relation to the standard of environmental and equipment hygiene. Cleaning schedules in resident rooms and communal areas were inconsistently signed. Inspectors observed rusty and broken resident supportive equipment, such as shower chairs and residents comfort chairs. This was a repeated finding from the last inspection. The management team told the inspectors that an external equipment audit had been undertaken following the last inspection. However, the report from the audit was not available to review. In addition, inspectors reviewed a number of completed environmental and clinical audits and found that audits were poorly completed. Information collected was not used to drive quality improvements.
- The provider had not nominated a staff member, with the required training and protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Judgment: Not compliant

## Quality and safety

Inspectors reviewed the standard of care received by residents in this centre and found that it was poor and that residents were not safe. Urgent action was required from the provider to ensure resident's safety and well-being.

Inspectors found repeated non-compliance with the regulations reviewed. This was a concern as the issues of risk identified in the previous inspection in relation to staffing, food and nutrition and infection prevention and control required urgent action.

Inspectors found that no action had been taken to ensure that residents were appropriately supervised during meal times. Residents, accommodated on the first floor of the centre had complex care needs and required close supervision and support during meal times. This support was not made available. In addition,

residents who required a modified diet did not receive the appropriate diet.

A second action required was the immediate assessment of the nutritional risk of all residents in the centre. While an audit of nutritional had been completed, and all residents had been reviewed, care plans developed from assessments lacked the detail required to guide safe care. The completed audit identified a significant number of residents who had lost over 5% of their body weight and were at high risk of malnutrition. These residents had not been identified as being at nutritional risk prior to the audit. Some of the residents at high risk of malnutrition were reviewed by a dietitian. However, the updated care plans containing the recommendations of the dietitian were not communicated to the care or catering team, and therefore not delivered to the resident.

Care plans were written on an electronic documentation system and were accessible to inspectors. A review of a sample of residents care plans found that while each resident had a care plan in place, this care plan was not consistently informed by accurate assessment. The care plans of residents admitted for short term stays were poorly detailed and did not guide care.

A review of the food and nutrition aspect of the care service was completed due to the high risks identified on the previous inspection. Inspectors found that minimal action had been taken to address the issues found. Following the last inspection the provider was informed that residents had reported significant dissatisfaction with the quantity and the quality of the food provided. Inspectors acknowledge that a residents' meeting was schedule for the day of this inspection, however, the 16 day delay in scheduling this meeting added to the continued dissatisfaction of the residents who could share their feedback with the inspectors.

Residents were observed to be served food that was not properly or safely prepared, taking into account the residents requirement for a modified diet due to swallowing difficulties.

The standard of cleanliness of the care environment was poor. The kitchen was visibly unclean, with immediate action being required. The cleaning of the catering area was commenced by staff in the centre immediately, and a deep clean by external contractors was scheduled for the following day.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff were knowledgeable of the signs and symptoms of respiratory infections and appropriate controls were in place for any resident showing symptoms of respiratory infection.

The centres outbreak management plan was available in the COVID-19 resource folder. This plan was regularly reviewed and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. There were no residents with confirmed or suspected respiratory infections in the centre on the day of the inspection. However, inspectors observed that excessive infection prevention and control COVID-19 signage was on display throughout the centre.

The volume of antibiotic use was monitored each month. However, the overall

antimicrobial stewardship programme, to improve the quality of antibiotic use, needed to be further developed, strengthened and supported in order to progress.

The number of residents with health care-associated infections was recorded each month. Surveillance of multi-drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded. A review of lab reports and acute hospital discharge documentation found that resident's current MDRO colonisation status and history was inaccurately recorded for five residents. As a result, documented plans to guide the care of residents colonised with MDROs were unavailable for these residents.

Inspectors were not assured that equipment was managed in line with best practice. For example, in the absence of a dirty utility room on the first floor, there was some ambiguity among staff regarding the decontamination of commodes and urinals. One staff member said they never bring equipment downstairs to empty and decontaminate. A second staff member said utensils are emptied upstairs and brought downstairs to be decontaminated at the end of their day/ night shift.

## Regulation 18: Food and nutrition

Food and nutrition was not delivered to residents in line with regulatory requirements. This is evidenced by;

- Residents were not provided with adequate quantities of food and drink. Two residents told the inspectors that they did not get adequate amounts of food.
- The food served was not prepared properly and safely. The catering environment was not clean. Food was not prepared in line with the assessed needs of residents. For example, a resident who was assessed as being at high risk of choking, requiring a smooth textured meal was served an inappropriate diet.
- The food served did not meet the dietary needs of the residents and was not based on appropriate nutritional assessment.
- There was insufficient staff allocated to assist residents at meals. There were two staff members available to assist the 17 residents with their meals on the first floor. Of the 17 residents, four required full assistance with meals, while the remaining 13 required supervision to ensure they enjoyed their meal. Inspectors observed how a resident's meal was served by the catering team and left on a table out of reach of the resident. It was over 25 minutes before the resident was assisted with their meal.

Judgment: Not compliant

## Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- The provider had not nominated an infection prevention and control link practitioner to increase awareness of infection prevention and control and antimicrobial stewardship issues locally
- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- Daily cleaning records were not consistently signed. This meant that the provider could not be assured that all areas were cleaned according to the schedule.
- There was no evidence of targeted antimicrobial stewardship quality improvement initiatives, training or guidelines.
- Staff and management regarding did not know which residents were colonised with MDROs. Accurate information was not recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents.
- Additional education was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs.

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

- The kitchen had not been cleaned to an acceptable standard. Ineffective cleaning increased the risk of cross infection.
- Cleaning chemicals and equipment was stored within the dirty utility room. This posed a risk of cross-contamination.
- Staff did not empty and decontaminate bedpans, commodes and urinals in the automated bedpan washer after every use. Inadequate disinfection of bedpans, commodes and urinals increases the risk of cross-infection.
- Storage space was limited. Wheel chairs, linen skips and other pieces of equipment were stored within the communal bathrooms. This increased the risk of cross infection.
- There were a limited number of clinical hand was sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- Portable fans and the underside of several shower chairs were unclean. This indicated that they had not been effectively decontaminated after use.
- Clean and used linen was transported on the same trolley. This increased the risk of cross contamination.
- A specimen fridge was observed within a treatment room. Bringing potentially contaminated samples into these rooms increases the risk of environmental contamination.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Residents did not have a comprehensive assessment completed. Residents with a significant recorded weight loss did not have a nutritional assessment completed. In addition, a resident admitted for short term care did not have an assessment of needs completed.
- Residents care plans were not developed using comprehensive assessments.
- Care plans were not reviewed or updated when a residents condition changed. For example, the care plan for a resident with a wound had not been updated when the wound healed.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant

# Compliance Plan for An Teaghlach Uilinn Nursing Home OSV-0000309

Inspection ID: MON-0039157

Date of inspection: 27/01/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Regulation 15 (1)The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.</p> <p>The staffing arrangements in the centre are reviewed formally weekly by the PiC and the Clinical Director, who is also on site. This review takes into consider the dependencies of the residents and the skill mix required.</p> <p>Currently we have 44 residents with:            2 x Staff Nurses daily and 8.5 x HCAs supported by the PiC and CNM.            At night the centre has 2 x Staff Nurses and 3 x HCAs supported by Management with on call rota and out of hours audits.            Mealtimes are supervised by the PiC and CNM to ensure adequate support for the residents.</p> <p>The centre has a full complement of Housekeeping staff and 2 x staff are rostered daily to ensure appropriate cleaning of centre takes place.            All rosters are released in advance with a full and adequate staff complement daily.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Regulation 16(1)(a)The person in charge shall ensure that staff have access to appropriate training.</p>	

The training matrix has been reviewed.

One session of IPC training had taken place in the centre post the last inspection and 2 others booked for early March.

The following training has been booked for staff in the centre:

IPC Training- 08-03-2023

Safeguarding-09-03-2023

Dementia and Challenging Behaviour-13-03-2023

Manual Handling- 14-03-2023

HACCP- 22-03-2023

Falls Prevention- 23-03-2023

COSSH- 23-03-2023

Fire Training 20-04-2023

CPR- 20-04-2023

Food Safety- 26-04-2023

A new Training Tracking Tool is being implemented by the Operations Director to ensure that all staff have training clearly tracked and it is evident a month in advance what training is required to be booked. It is expected this tracker will be in use from March 27th 2023.

Mealtimes continue to be supervised by either the Nurse, Clinical Nurse Manager and Director of Nursing. Meal audits are conducted 3 times weekly. The appointment of the Team Leaders and additional CNM will ensure that all staff are fully aware of their roles and responsibilities as indicated in the daily allocations. The Team Leader and CNMs can ensure these roles are being appropriately fulfilled and residents are receiving a consistent approach to care and care delivery.

Regulation 16(1)(b)The person in charge shall ensure that staff are appropriately supervised.

In order to ensure staff are suitable equipped to perform their roles a review of training needs has been completed. Staff roles and responsibilities have been discussed and roles and responsibilities outlined. Escalation pathways have been refreshed and are visible in the centre to ensure clarity for all staff.

Regular feedback is given by the PiC and CNM throughout the day to all staff regarding any issues noted during observations and supervision of the units. The PiC attends the handover daily and debrief and huddle sessions are conducted on a daily basis to ensure staff are knowledgeable and have the skills to perform their roles. This knowledge is audited by the PiC and CNM through daily observations ( e.g manual handling, resident care delivery) and through weekly/monthly audit.

As indicated to the Regulator an additional CNM has been appointed to the centre in the absence of an ADoN. This CNM has been recruited and we are currently awaiting Garda Vetting so they can commence their role. This additional support to the PiC will ensure 7 day managerial support across the centre.

The role of Team Leader has been advertised and interviews are taking place. This role

will add another layer of oversight on the floor and allow for supervision of care with residents daily. Four Team Leaders will be appointed to ensure appropriate cover across 7 days and also assistance to the CNMs on a daily basis.

Staff are supervised by the PiC and CNM. A very detailed staff allocations form is in place defining the roles and responsibilities of each staff throughout the day. The CNM and PiC ensure these allocation forms are in place daily with duties delegated based on the layout of the centre, the assessed needs of the residents and dependency levels.

The activities team have met with the PiC and will continue to do so informally weekly and formally monthly to ensure appropriate activities are provided and booked in advance. Residents current activity needs are being gathered and collated.

Senior Management will continue to meet with the nursing staff quarterly as previously documented in relation to their roles, responsibilities and accountability as outlined in their regulatory documents.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

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.

The staffing arrangements in the centre are reviewed formally weekly by the PiC and the Clinical Director, who is also on site at least 3-4 days per week. This review takes into consider the dependencies of the residents and the skill mix required.

Currently we have 44 residents with:

2 x Staff Nurses daily and 8.5 x HCAs supported by the PiC and CNM.

At night the centre has 2 x Staff Nurses and 3 x HCAs supported by Management with on call rota and out of hours audits.

Mealtimes are supervised by the PiC and CNM to ensure adequate support for the residents.

The centre has a full complement of Housekeeping staff and 2 x staff are rostered daily to ensure appropriate cleaning of centre takes place.

All rosters are released in advance with a full and adequate staff complement daily.

Current Vacancies:

1 x ADoN

2 x Kitchen Porter  
0.3 x Laundry Assistant

Regulation 23 (b) The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.

Staff meetings are ongoing in the centre to ensure staff communicated with in an open and transparent manner. The PiC attends handover to ensure they are fully abreast of issues within the centre.

The PiC has an open-door policy to address, and concerns or issues raised by staff. Staff responsibilities have been clearly outlined to all staff.

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.

An external agency knowledgeable in the management of centres Caring for Older People have been met with and assistance sought in relation to the issues noted and the supports required to ensure the centres reaches compliance

Staff allocations are provided daily by the Centre Management Team. These allocations are reviewed and supervised daily to ensure that those residents requiring assistance at mealtimes receive it.

Mealtimes have been audited and new practices implemented in relation to the meal Services. These practices are monitored daily to ensure they are being embedded into daily practice and are becoming the accepted norms. Education is being provided daily for the staff to ensure understanding of why these practices are required. Nutrition Audit booked with external agency for 09-02-2023

The PIC and Newly appointed CNM are both trained as Infection and Control Link Practitioners. These two staff are the nominated Practitioners for the centre. All residents infection status will be reviewed and where known an appropriate care plan will be put in place. Pre Admission Assessment has been updated to include additional infection

Regulation 18: Food and nutrition

Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Regulation 18(1)(c)(i) The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Mealtimes are monitored and supervised. All residents requiring support at mealtimes have a nominated, dedicated staff to assist with meals.

There is a clear process within the Nursing Home in respect of residents that are declining meals. Nurses are fully aware of this process, and it is clearly outlined in an educational folder and has been relayed to staff during training provided both internally and by external trainers. All declinations of meals is reported and acted upon.

Nutrition policies have been updated and shared with staff. Weight loss policy has been implemented.

Weights and MUST scores are overseen by the PiC and reviewed monthly.

The CNM oversees food and fluid intake and in her absence this is documented and recorded by the nursing Staff. The support from an additional CNM and Team leaders on the floor will ensure that all residents are receiving the supports they need in relation to nutritional intake.

Regulation 18(1)(c)(iii) The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

The menu plan has been reviewed with residents and a three-week rotational menu agreed.

Residents forum meetings are taking place every 2 weeks to ensure residents are afforded the opportunity to discuss their concerns and raise any issues.

Mealtimes are monitored daily and meal audits conducted 3 times weekly at present.

Care plans relating to nutrition have been updated for all residents and all resident have been reviewed by the dietitian where needed and appropriate.

Regulation 18(3) A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Currently we have 44 residents with:

2 x Staff Nurses daily and 8.5 x HCAs supported by the PiC and CNM.

At night the centre has 2 x Staff Nurses and 3 x HCAs supported by Management with on call rota and out of hours audits.

Mealtimes are supervised by the PiC and CNM to ensure adequate support for the residents.

Daily allocations have been updated to include specific residents needs and their

allocated HCA appointed to meet those needs. This in turn is monitored by the Pic and CNM. When the Team Leaders are appointed to the centre this role will be theirs to manage and monitor.

Regulation 27: Infection control

Not Compliant

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

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.

The PIC and Newly appointed CNM are both trained as Infection and Control Link Practitioners. These two staff are the nominated Practitioners for the centre.

Cleaning Chemicals have been moved from the sluice to a newly dedicated cleaners room- completed 09-03-2023. The cleaners room is anticipated to be in full use for the housekeeping team the week beginning 20th March 2023.

Communal fans have been removed from use in the Nursing Home. Two residents have requested to continue use of their personal fans. These have been risk assessed and are contained within the risk register. Cleaning schedules are in place for both and reviewed by the CNM.

MDRO review undertaken by the CNM and 8 residents identified and log maintained for all of them. Antibiotic usage will be discussed with GP, logged for review and monitored.

Staff have received IPC training in the centre. Lat course completed on 08-03-2023. All shower chairs have been cleaned as part of the deep clean. Six new shower chairs have arrived in the centre.

Kitchen has been deep cleaned on 2 occasions and since inspected by an external regulatory body and found to be clean.

Weekly deep cleans of the kitchen are ongoing.

Specimen fridge removed from treatment room- 28-03-2023

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Regulation 5 (2) The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.</p> <p>The PiC has overseen a comprehensive review of all resident's care plans. This review was undertaken by all staff nurses post training provided and is due to be reviewed by an independent external provider on the 14th and 15th of March.</p> <p>An admission checklist has been implemented which is to be completed on all new residents on admission by the admitting nurse. The PiC is responsible for the review of this document and sign off within 72 hrs of admission. The centre is currently closed to admissions at this time, so the document has not yet been used.</p> <p>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.</p> <p>All Nursing staff have received additional training on the assessment of residents. Admission checklists have been updated to ensure there is a recorded process in place which clearly outlines the information obtained, care plans commenced and action plan required to ensure all documentation pertaining to residents is obtained on admission. Staff will be supported to ensure they are fully aware of the care planning process.</p> <p>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.</p> <p>Care plans have been updated across the centre following training with staff nurses and allocation of areas of priority and need.</p> <p>The PiC has commenced meetings with Families and Residents to review care plans and ensure the residents wishes and needs are recorded and documented in a manner that is appropriate and meets the healthcare needs of the resident.</p> <p>Care plans will continue to be audited monthly by the PiC and CNM. The incoming PiC will oversee the management of the care planning process and ensure where appropriate and possible all residents will be consulted in the preparation of their care plans and if appropriate family will be included.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	15/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	15/04/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	15/03/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Not Compliant	Orange	15/03/2023

	and drink which are properly and safely prepared, cooked and served.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Red	31/01/2023
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Red	31/01/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	15/03/2023
Regulation 23(b)	The registered provider shall	Not Compliant	Orange	20/03/2023

	ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	31/01/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	31/01/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a	Not Compliant	Orange	20/03/2023

	resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	Orange	20/03/2023
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	Orange	20/03/2023