



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

Issued by the Chief Inspector

Name of designated centre:	Ave Maria
Name of provider:	Cummer Care Limited
Address of centre:	Tooreen, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	07 July 2022
Centre ID:	OSV-0000315
Fieldwork ID:	MON-0036721

About the designated centre

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

Ave Maria Nursing Home is a purpose built single storey building, registered to provide care for 41 residents. The designated centre is family run and is located in a small country village. The centre is surrounded by mature gardens some of which are laid out with seating areas and vegetable gardens. The provider's dogs visit the centre every day and are enjoyed by the residents. All resident bedrooms are well laid out and have an en-suite bathroom facility.

The centre provides care to residents over 65 years with chronic illness, residents living with dementia and those requiring end of life care. The philosophy of care at Ave Maria Nursing Home is to create a home away from home environment, to deliver person centred care to each individual resident, in a comfortable, safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Thursday 7 July 2022	09:30hrs to 19:50hrs	Leanne Crowe	Lead
Thursday 7 July 2022	09:30hrs to 19:50hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents were content living in the designated centre and that they had good opportunities for social engagement with each other. They were cared for by a team of staff who were knowledgeable about their needs, routines and personal preferences.

On arrival to the centre, inspectors observed a bustling reception area. A group of residents were seated in this area and observed to be chatting happily to each other. The inspectors were guided through centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out.

The inspectors met with the residents, staff and registered provider representative during the inspection. Overall feedback from residents was positive regarding the quality of life and the services that were provided. Residents told the inspectors that they felt safe in the centre, were looked after by staff and felt that their needs were met. Staff interactions with residents were observed to be kind, friendly and gentle.

There was happy and welcoming atmosphere in the centre. On the day of the inspection many residents were preparing for an annual event that was arranged in celebration of the conservation of the curlew, a bird that frequented the area. To celebrate this event, the provider had organised a party with live music and had invited residents' relatives and friends to attend. Staff and residents were observed enjoying the celebrations throughout the day, with residents listening and dancing to the live music for a number of hours. A large wicker monument of the curlew was also displayed at the entrance to the centre and inspectors were told this was a source of great interest to many residents.

The inspectors observed that residents were very comfortable, relaxed and chatting to each other as they passed time in the various communal areas. Some residents were reading the newspapers while background music was playing on the radio throughout the day.

Some residents said they were from rural areas and they were happy that they could continue to live in a rural setting. Residents were able to enjoy views of the grounds and walk outside, weather permitting. On the day of inspection, some residents were assisted outside by staff while others mobilised independently. One resident told the inspectors that they had travelled around a lot but the centre was 'home now.' The centre's cat and dog added to its homely atmosphere and were a source of enjoyment for residents.

The centre was a single storey building located on the edge of a small village. Residents' accommodation was arranged in single bedrooms which were located within four wings. Bedrooms each had their own en-suite and shower. Bedrooms were personalised with photos and residents' belongings. Handrails were in place

along both sides of all corridors and in communal and en-suite bathrooms. This helped residents to mobilise safely around their home.

Two bright and spacious sitting rooms were located in the centre, which were used by residents throughout the day of the inspection. A dedicated visitors' room and 'pamper room' were also available to residents. Residents' visitors were calling to see them throughout the day and residents who spoke with the inspectors were satisfied with the visiting arrangements in place. The reception area was bright and airy, with a large mural on one wall. Staff had also developed an outdoor area, where residents were supported to plant vegetables and shrubs.

Photographs of staff and residents were displayed throughout the centre. Inspectors were shown a calendar which is created and distributed annually, using photographs of residents' events.

The following two sections, capacity and capability and quality and safety, will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While some improvements had been made since the previous inspections in August 2021 and March 2022, inspectors found that the current governance and oversight of the designated centre was not effective and did not ensure that care and services were provided in line with the centre's statement of purpose. In addition the risk management processes were not effective in ensuring that risks were identified and mitigated, particularly in relation to medication management.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. A number of non-compliances had been identified during the previous two inspections particularly in relation to staffing and governance and management and a restrictive condition had been attached to the designated centre's registration in December 2021, which required the provider to come into compliance with Regulation 15, staffing, by 31 March 2022. Records showed that the provider had carried out a significant recruitment drive since the last inspection and had been successful in recruiting additional nursing and care staff. However ongoing vacancies meant that the provider did not have the staffing compliment outlined in the staffing strategy submitted following the last inspection.

The centre is owned and operated by Cummer Care Ltd. The company has three directors, two of whom were present in the centre on the day of the inspection. The company secretary represents the provider entity. The management structure outlined in the statement of purpose includes two of the proprietors who took management responsibilities in the centre, a person in charge and a clinical nurse

manager. However the person in charge had left in April 2022. The management team were supported by nurses, health care assistants, activity, catering, domestic and maintenance staff.

The person in charge had departed the role in April 2022, and the provider had been unsuccessful in recruiting a person in charge who met the regulatory requirements. The provider had been in ongoing dialogue with the office of the Chief Inspector since May 2022 and was required to appoint an appropriate person in charge.

The provider had appointed a new clinical nurse manager and was due to commence in the role on a supernumerary basis in the week following the inspection. However it was not clear how this person would be supported to develop in their new role in the absence of a person in charge.

The inspectors reviewed a sample of the quality audits and reports that were available and found that there was little evidence that clinical or operational audits had been completed on a regular basis since the end of 2021. As a result inspectors were not assured that the management team had sufficient oversight of the service and could ensure the service was appropriately monitored.

While inspectors' observations on the day of the inspection indicated that there was sufficient staff on duty to meet residents' needs, the current staffing resource was not aligned to the staffing strategy that had been set out by the provider in December 2021. This is discussed further under Regulation 23 Governance and Management.

The inspectors reviewed a sample of staff personnel files and found that they contained all the information as required by Schedule 2 of the regulations.

Regulation 14: Persons in charge

The previous person in charge had departed the role in April 2022. The new person that the provider had nominated to commence in the person in charge role did not meet the requirements of regulation 14 in terms of management experience and the provider was informed that this person could not occupy the role. While there was evidence that indicated that the position was being advertised on an ongoing basis, at the time of the inspection the provider had failed to find a person in charge that met the regulatory requirements.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors' observations on the day of the inspection indicated that there were

sufficient staff on duty on the day of the inspection to meet the needs of the residents. However, rosters showed that up to the day of the inspection there had been only one nurse and one carer rostered at night, which was not sufficient staff to provide safe care for 32 residents and was not in line with the staffing strategy submitted by the provider. While this was being addressed by the provider and rosters showed that from the night of the inspection staffing levels increased to two carers and one nurse for 32 residents, additional health care assistant hours were still required for day duty. This was discussed with the provider on the day of the inspection, who agreed to review the current roster and align it with the staffing strategy.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. Training records reviewed by the inspectors indicated that a small number of staff required refresher training in fire safety, safeguarding of residents and moving and handling practices.

Supernumerary hours had been allocated to the clinical nurse manager, which addressed the action from the previous inspection. However it was not clear how this person would be supported and developed in their new clinical leadership role in the absence of a person in charge.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors were not assured that there were sufficiently robust governance arrangements in place or that the service was being effectively monitored:

- The provider had failed to provide adequate staffing resources in line with the staffing strategy that they submitted to the Chief Inspector in November 2021
- The management structure was not clear because the person occupying the role of the person in charge on the day of the inspection did not meet the requirements of the regulations. The newly appointed clinical nurse manager did not have an experienced person in charge to support and develop them into their new role
- The management systems that were in place did not ensure that the service provided was safe, appropriate and consistent. While there were regular management meetings to review key clinical and operational aspects of the

service, the auditing programme was not being implemented in line with the audit calendar and there were few audits and quality checks completed since the beginning of 2022. As a result the provider did not have sufficient oversight to ensure that care and services were being provided to the required standards which was evidenced by the number of non-compliances found on this inspection. For example the non-compliances relating to medication management and care planning documentation had not been identified and addressed by the management team

- Risks were not well managed and the provider acknowledged there was a need for improvement stating that they had arranged a representative from the risk management system in place in the centre to provide guidance on auditing and risk management to the nursing management team, in the weeks following the inspection
- The annual review of the quality and safety of the service for 2021 had not been completed.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. The contracts reviewed set out a breakdown of the fees to be paid in relation to their care and were signed by the resident and/or their representative, where appropriate. Each contract also indicated the occupancy of the bedroom in which the resident would be accommodated, but did not specify the room number.

Judgment: Substantially compliant

Quality and safety

Staff knew the residents very well and residents expressed to inspectors that they enjoyed a good quality of life. However, significant focus was now required to bring the centre into compliance with the regulations and ensure that any improvement is sustained.

Inspectors observed that a detailed comprehensive assessment of each resident's health, personal and social care needs was completed upon their admission to the centre. However, some care plans were not updated as required and did not provide clear guidance for staff.

Inspectors were assured that resident's medical and health care needs were being met. Residents had good access to medical and health care services including

general practitioners, physiotherapy, dietetics and speech and language therapy.

Medication management practices within the centre were not safe and required improvement to ensure compliance with the centre's local policy and best practice. This is discussed in detail under Regulation 29, medicines and pharmaceutical services.

Inspectors observed interactions between staff and residents, which were kind and respectful. The atmosphere in the centre on the day of the inspection was sociable and relaxed, with residents observed passing time together or pursuing their own interests. Residents also had access to a secure garden, where they were supported to take walks and grow plants and vegetables.

Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes.

As the centre did not employ a dedicated activities staff, activities were decided on a daily basis and there was no weekly activities schedule in place. The registered provider was proactive in ensuring that activities were held daily and there were opportunities for all residents to engage in these activities. For example, on the day of the inspection, residents participated in an exercise class and an afternoon of live music. However, as social care plans and assessments had not been completed for a large number of residents, it was difficult for inspectors to ascertain if the activities that were being provided were meaningful and appropriate for all residents.

Residents had access to radio, television and newspapers and were seen chatting to each other about local events. Residents were facilitated to practice their religious beliefs. There was a small oratory in the centre which was available for resident use. Mass was held monthly for all within the centre. Local parish priests also attended to offer the sacrament of the sick, as per residents' wishes.

Overall the general environment was clean and comfortable. The premises was nicely decorated, homely and the layout was suitable for the residents. There were a number of communal and dining areas. The grounds were well maintained. However, further oversight was required to ensure appropriate storage for medical and house-keeping supplies. This will be discussed further under Regulation 17, premises.

There were systems in place ensure daily, weekly and quarterly fire safety checks were conducted and recorded. Evidence was provided which showed that the emergency lighting system and fire fighting equipment were serviced regularly. The provider had taken steps to ensure there were effective arrangements for evacuating the centre, taking into account the needs of the residents and staffing levels at different times of the day and night. Inspectors reviewed the training matrix and the majority of staff had completed their mandatory fire safety training in the required time-frame. The inspectors were not assured that a number of the fire doors met the required standards and posed a risk to safely containing a fire in the event of an emergency.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place in line with the current Health Protection Surveillance Centre (HPSC) guidance and public health advice. Inspectors observed a number of residents receiving visitors in their bedrooms or in communal rooms.

Judgment: Compliant

Regulation 17: Premises

For the most part, the design and layout of the centre met the needs of residents. The following issues were identified:

- A number of raised toilet seats were not securely attached to the toilets
- While a linen room had been de-cluttered following the previous inspection, a shower room still contained a large amount of boxes and equipment at this inspection. The provider advised the inspectors that there were plans to remove this equipment, but that the current wing in which the shower room was located was not occupied with residents and did not limit residents' access to sanitary facilities.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider had addressed some issues that had been identified during the recent inspection of infection prevention and control practices. However, a number of items were in progress and remained incomplete at the time of the inspection:

- There was no dedicated housekeeping room. Cleaning trolleys and supplies were stored in the sluice room. This arrangement increases the risk of environmental contamination and cross infection
- While the centre had clinical handwash sinks on corridors, these did not comply with current recommended specifications for clinical hand hygiene sinks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some fire doors did not meet the required standards and did not ensure that they could appropriately contain a fire. For example:

- Some doors and door frames contained holes where fixtures had been removed. These had not been sealed and therefore compromised the integrity of the doors
- A gap under the door leading to a service corridor was wider than the maximum acceptable limit and therefore could not effectively prevent the passage of smoke and fire
- Inspectors were unable to determine whether some hinges and screws inspected were fire-rated.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were not assured that medication practices were in line with the safe administration of medicines professional guidance, for example:

- Controlled drugs were not consistently administered in line with best practice professional guidelines. The practice of double checking controlled drugs upon delivery, at the start of each shift and prior to administration, was not always adhered to. This was evidenced by lack of a second signature in a number of entries into the controlled drug records
- The inspectors reviewed the medication records and found that medications were not being transcribed in line with best practice professional guidelines and the centre's own medication management policy. Medications were transcribed from a patient information chart (PIC) to a medication administration record (MAR), without cross referencing against a general medical script (GMS). Transcribing was undertaken by one nurse on multiple occasions, which increased the risk of medication error. Transcribed medical administration records (MARS) did not always include date, time and route of administration. Some transcribed medication administration records were unsigned
- Medicinal products such as eye-drops and nutritional supplements, which were out of date, were not segregated from other medicinal products which were in use
- The inspectors reviewed the medication records and found medication that was to be crushed was not individually signed off by the prescribing GP, in line with best practice.

The inspectors sought additional assurances from the provider at the time of the inspection that that these non-compliances and associated risks would be addressed

in a timely manner.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning required increased oversight to ensure that each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- A resident with a wound did not have it referenced in their skin care plan and there was no associated wound care plan in place to guide care
- Meaningful activities assessments and social plans were not in place for all residents, therefore it was not clear how residents' preferences were informing the programme of activities provided
- A risk assessment completed for the use of bed rails contradicted the information contained in the resident's restrictive practice care plan. Therefore the documentation could not clearly guide staff in the use of restraint
- Several mobility care plans were generic and lacked sufficient detail to guide care. For example; history of injury, specific equipment needed and frequency of access to allied health services
- Covid-19 care plans were generic and some care interventions were not aligned to current public health guidance
- Nutritional care plans had not been completed for all residents.

Judgment: Not compliant

Regulation 6: Health care

There was evidence of residents having good access to appropriate medical and health care. A physiotherapist visited the centre weekly and supported residents in accordance with their mobility needs. Occupational therapy was available on a referral basis. Speech and language therapists, dietitians and chiropodists visited the centre. Tissue Viability Specialists provided consultations where required and although this service was remote, nursing staff reported good access and sufficient guidance to ensure evidenced-based care and positive outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The management of restraint required further oversight to ensure it was used in accordance with national policy. For example:

- a risk assessment completed for the use of bed rails did not include consideration of alternative equipment which could have been trialled prior to implementing use of a bed rail restraint.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were facilities for residents to engage in recreational and occupational opportunities. Residents were supported to exercise their political and religious rights.

Residents had access to radio, television and newspapers and to the internet. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

There was an independent advocacy service available in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not 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 9: Residents' rights	Compliant

Compliance Plan for Ave Maria OSV-0000315

Inspection ID: MON-0036721

Date of inspection: 07/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p> <ul style="list-style-type: none"> ● Ave Maria is continually working to find a DOC with the right qualifications to meet HIQA requirements. Ave Maria has widened its search to international recruiters while also speaking with suitable candidates currently working for larger nursing home groups and the HSE. ● Six Recruitment Agencies ● Continue advertising the role – Nationally and Internationally ● Raise the salary package to entice new candidates to apply ● Send current ADOC on further education and training while ensure good supports are provided – October/November 2022 ● Ave Maria nursing home hopes to recruit a DOC as soon as possible but in the meantime the proprietors will continue to support the current management team. ● One CV was received which was suitable for the role of DOC, a request was sent to interview the candidate but the candidate had already agreed to take a full- time position elsewhere. 	

Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: After review of the rosters by proprietors and management all current rosters were updated immediately and aligned with our staffing strategy.</p> <p>Proprietors met with management and no admissions will take place if staff levels do not align with staffing strategy.</p> <p>All admissions will be aligned with appropriate levels of staff governed by staffing strategy</p> <p>The Ave Maria has a current working roster of 2 carers & one nurse at night with a capacity of 29 residents at present.</p> <p>The daily carers roster is working at 4 x 8am-8pm, 1 x 8am-6pm</p> <p>Ave Maria will be reviewing our staffing strategy to ensure it is still fit for purpose and meets resident care level needs. This is to ensure it does not need to be updated to meet the needs of the nursing home. The Ave Maria nursing home will present a new staffing strategy to HIQA by 31st December 2022 if required from staffing strategy review. It is important this review is completed to continually improve the care the home provides.</p>	
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>Ave Maria is in the process of arranging refresher and new fire training for staff, we are also arranging moving & handling training and this will be completed by October 31st 2022</p> <p>Safeguarding training to be completed by staff online – 15th September</p> <p>End of life training – booked for 1st September & 7th September</p> <p>Medication management –</p> <ul style="list-style-type: none"> ● Nurses are completing Medication management training, however they are having difficulty printing their certs as the website is experiencing difficulties. ● Medication management on-site training is booked for 1st & 7th September ● Individual nurse competencies will be completed by PIC & CNM by 17/10/22 	

CNM – Support and development.

Induction took place through working closely with the ADOC for a roster week. Crossover days between ADOC and CNM will take place each week. Proprietors are onsite and will liaise closely with CNM to ensure he has the support he needs.

Support & development will be provided through monthly management meetings with Proprietors to look at nursing home performance under audits, risks, resident care, staff training, medication management, care planning and documentation. These meetings will be held the 1st week of each month. First meeting is scheduled for the 6th of September.

Weekly meetings with ADOC and CNM will take place.

Further Education and training will be provided for ADOC and CNM.
CNM will be booked into QQI Level 6 leadership programme for the Autumn intake

Audit and Risk training will be provided 4.8.22

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:

- To enhance the governance and management of the nursing home, the proprietors have engaged an external consultancy to perform a program of twice annual inspections
- will provide guidance and development to manage and improve quality, safety and regulatory compliance
- will assist to build a stronger governance and management structure
- First site visit inspection to be completed by 10th December 2022

- On note of the last HIQA inspection and a meeting with an external consultancy. The proprietors have decided to implement a new Quality Management System recommended by yhr external consultancy.
- This software system allows management to Engage, Measure and improve
- The system delivers modules for clinical guidelines, incident reports, audits and action plans where and when they are needed.

- The system uses the submitted data to create comprehensive real time traditional reports, charts and graphs via our reporting dashboard.
- Access to real time reports will help the Ave Maria to instantly identify and fix problems
- Having the capability to generate automated reports and action plans, significantly reducing the admin burden on staff, giving them more time with residents
- The Accurate data from this system will also allow Ave Maria Nursing home to measure and improve the delivery of care

To support the development of the CNM, he will be monitored and supported via the following methods:

- Weekly meetings with ADOC
- Monthly meets with Proprietors, audits, risks, resident carer, staff training, medication management, care planning and documentation. Finding will be relayed to ADOC and CNM, learning discussion and action plans put in place to improve the service Ave Maria provides.
- Education and training – booked into a leadership course for Autumn 2022, date TBC by Training company.
- Crossover day with ADOC each week
- The Ave Maria will implement monthly management meetings with set performance indicators to ensure that the service provided is safe, appropriate and consistent. PIs will identify specific and measurable elements of the quality and care of nursing home service. The nursing home performance and service of care is critical to achieving positive resident experiences. They will also be used to support and develop ADOC and CNM while providing accountability and assurance to the proprietors.
- The Ave Maria's PIs will be used to benchmark nursing home performance against HIQA National Standards. To date there is a lack of quality assured data through completed audits, risk assessments and oversight to plan and achieve better care and service to optimize resident experience care.

Monthly meetings with Proprietors will be based on audits, risk assessments, resident care, staff training, medication management, care planning and documentation. This will allow the Ave maria nursing home to ensure they can:

- Support residents to live healthy and independent lives;
- Ensure the delivery of high quality and safe service
- Create a more responsive, integrated and people-centred nursing home experience
- Promote effective and efficient management of the nursing home
- Allow the core values of care to be implemented, Compassion, Care and resident focused service.
- To ensure risks and auditing are better managed, proprietors have arranged training for management and nurses on the new auditing and risk assessment system. This is taking place on the 4.8.22
- Proprietors will oversee audits and risk assessment monthly with a meeting to discuss finds held at the beginning of each month. First meeting scheduled for 6th September

- The annual review of the quality and safety of the service for 2022 is attached.

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Room numbers to be added to each residents' contracts of care by 31/08/22</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All raised toilet seats were assessed and will be replaced as required throughout centre – completed by 25/08/22</p> <p>Shower room will be decluttered prior to the wing reopening to residents. At present, the wing is closed due to the low occupancy numbers.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Dedicated household room is now currently under construction & will be completed by 31/8/22</p> <p>Hand hygiene sinks will be replaced gradually in accordance with the nursing home budget. All sinks will be replaced by 31stDecember 2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p> <p>Fire Services assessed the centre on 19/08/22 and has addressed issues to meet compliance of regulation 28. Please see attached document from Fire services</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1. The PIC & CNM have conducted daily visual audits on the Controlled Drugs book. 2. The PIC completed a medication management & Kardex audit on 01/08/22. 3. The PIC & CNM will complete individual Medication Management competencies on the nurses by 17/10/22 4. The PIC has arranged training on medication management for 1st September 2022 5. The PIC, along with the Proprietors & CNM held a nurses meeting on 13/07/22 to discuss all matters of concern regarding medication management 6. All Nurses repeated the medication management course, however at present they are facing technical issues with the website and the nurses are unable to print their certs. 7. Medication management policy was reviewed and updated. Nurses re-read policy and signed. 8. The centre's local pharmacist has completed 2 on site medication audits (see letter attached). Also going forward, a record of these audits will be kept in the Centre. 	
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> <ol style="list-style-type: none"> 1. The PIC will complete a care plan audit by 16/09/22 2. Social Care plans & meaningful activities assessment will be added to each resident's profile by 30/09/22 3. All restrictive care plans will be reviewed and amended as appropriate by 31/08/22 4. All mobility care plans will be reviewed and developed to provide more guidance of 	

care by 30/09/22

5. Covid 19 care plans will be reviewed and amended by 30/09/22

6. Nutritional care plans to be added for all residents by 30/09/22

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The PIC will review the management of restraint in the centre and will ensure that it ties in with national policy by 15/10/22

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 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Red	22/08/2022
Regulation 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Red	22/08/2022
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	Substantially Compliant	Yellow	31/12/2022

	centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2022
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	31/12/2022
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.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	31/10/2022

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	31/12/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	31/12/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	31/12/2022
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	31/08/2022

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	19/08/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate	Substantially Compliant	Yellow	19/08/2022

	arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/08/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	13/07/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation	Not Compliant	Orange	13/07/2022

	or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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.	Substantially Compliant	Yellow	30/09/2022
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	30/09/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance	Substantially Compliant	Yellow	15/10/2022

	with national policy as published on the website of the Department of Health from time to time.			
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