



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

Issued by the Chief Inspector

Name of designated centre:	St. Eunan's Nursing Home
Name of provider:	St. Eunan's Nursing and Convalescent Home Limited
Address of centre:	Rough Park, Ramelton Road, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	25 May 2021
Centre ID:	OSV-0000392
Fieldwork ID:	MON-0032956

About the designated centre

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

The centre is a modern purpose built one storey residential care facility that can accommodate 42 residents who need long-term, respite, convalescent and end-of-life care. Accommodation for residents is provided in 22 single rooms and 10 twin rooms. All rooms have ensuite facilities of shower, wash hand basin and toilet. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 May 2021	08:30hrs to 15:45hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector observed a very friendly, relaxed and calm atmosphere in the centre. Residents were supported to enjoy a good quality of life by staff who were kind and caring. The overall feedback from the residents was that they were very well cared for by the staff. Residents told the inspectors that they were happy with their life in the centre. The staff were observed to deliver care and support to the residents which was person-centred and respectful.

This unannounced inspection was carried out over one day. There were 36 residents accommodated in the centre on the day of the inspection and six vacancies.

St Eunan's Nursing Home was operated by St Eunan's Nursing and Convalescent Home Ltd. The centre was a purpose built facility situated on the outskirts of Letterkenny, County Donegal. The facility was a single storey premises and provided accommodation for 42 residents which comprised of 22 single and ten twin bedrooms, all of which were ensuite. There were a variety of communal areas for residents to use depending on their choice and preferences including two sitting rooms, a dining room, an activities room and a prayer room. There was also an enclosed central outdoor courtyard area for residents to access.

The centre had remained COVID-19 free and had not experienced an outbreak at the time of the inspection. The management and staff were proud and very relieved that residents and staff had remained safe during the COVID-19 pandemic.

The inspector spoke with eight residents and two visitors during the inspection. The residents who spoke with the inspector all spoke positively about the centre and the staff. One resident told the inspector that everything was good, that they felt safe and that they had everything they wanted. They told the inspector that the call bell was always answered whenever they needed to get assistance from staff. A number of residents who were in one of the sitting rooms told the inspector they were happy and loved spending time together. There was plenty of laughter and humour amongst these residents as they watched a comedy on the television. Another resident told the inspector that they liked it very much in the centre and loved the company of the other residents. 'Everyone is lovely and helpful', 'the staff look after everyone', 'very happy' and 'getting spoilt here' were some of the positive comments made to the inspector.

One visitor told the inspector that their relative was 'extremely well looked after' by the staff in the centre. They were very satisfied with the management and the staff. They told the inspector they were particularly impressed and relieved that there had not been an outbreak of COVID-19. Another visitor who was having a window visit with their relative told the inspector they were very happy with everything in the centre.

On the morning of the inspection the inspector completed a walk about of the

premises with the person in charge. Residents were observed in various areas of the centre and were seen to be happy and content as they went about their daily lives. Some residents were having breakfast in the dining area, other residents were watching television in communal areas or mobilising freely and comfortably throughout the centre. All residents were nicely dressed and well groomed. The staff were observed to be attentive and respectful in their interactions with the residents.

The entrance of the centre opened on to a foyer which was bright, airy and welcoming and included the reception area. Each corridor was painted a different colour to signify a particular theme. For example, the blue corridor had a coastal theme and was decorated with seaside scenes and maritime features. The green corridor contained lovely artwork and pictures featuring birds whilst the purple corridor had a colourful floral theme. Other areas were painted in bright colours and decorated with interesting pictures on the walls including residents' own artwork. This decoration provided points of interest for the residents and helped them to orientate themselves to the building. There were grab rails in place along all the corridors to facilitate residents to mobilise independently or with supervision of staff. The building was warm and well ventilated throughout.

Overall, the centre was tastefully decorated but the décor required upgrading and a number of maintenance issues were in need of attention. Many items of furniture were visibly worn, doors were scuffed and paintwork chipped. A light fitting on one of the corridors was flickering continuously which impacted residents who wished to mobilise in this area. The person in charge informed the inspector that the provider was addressing this issue and also had a plan to refurbish the centre which included painting, decorating and new furniture.

The resident bedrooms were clean and bright and staff made great efforts to maintain them in a tidy manner. The majority of these rooms had sufficient space for residents to live comfortably including adequate space to store personal belongings. Many were personalised with personal items such as photographs and ornaments to create a comfortable, homely environment. However, the layout of a number of twin bedrooms did not have sufficient space to accommodate a comfortable chair at each bedside. The layout of another twin room was not suitable to ensure that the privacy and dignity of the residents who lived in the room was maintained and that the residents accommodated in this room could carry out personal activities in private.

There were two communal sitting rooms in the centre, both of which had lovely views of the surrounding countryside. There was a lovely atmosphere present throughout the day in these areas with residents chatting happily with each other and staff, watching television and listening to music. In one of the sitting rooms the atmosphere was lively and there was plenty of laughter to be heard. In the other sitting room residents were observed listening to music or simply quietly watching what was going on around them. The décor in both rooms was homely and included features such as a piano, fireplaces, book shelves and ornaments. The furniture was comfortably arranged to facilitate social distancing without detracting from the overall social feel of the centre. There was sufficient seating available for the

residents and the rooms were laid out to allow the residents to mobilise safely.

There was an activity room available for the residents which contained lots of books and activity items. Residents had free access to this area and many were observed using this room throughout the day. However, the inspector observed a number of items stored inappropriately in this area on the day of the inspection including a hoist, hoist slings, communal blankets, and an unused chair in a state of disrepair. This impacted on the space available to the residents in the room.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that most measures were put in place to ensure the residents' safety when using this facility including access to suitable fire fighting equipment. However, the furniture in this room was very worn and required replacement.

The dining room was a bright, spacious area with views of the external grounds. The furniture was arranged to promote social distancing and tables were arranged to accommodate a maximum of two residents. The room was nicely decorated with pictures and artwork. The floor covering in this area was torn and the person in charge informed the inspector that this was due for replacement in the coming days. During the breakfast period, the inspector observed a linen skip in the dining room which was used for residents' used clothes protectors and an open bin both of which were not appropriate. These were removed immediately by the person in charge.

Residents had safe, unrestricted access to a lovely bright courtyard. This area contained many items of interest including garden statues, raised planting beds and a lovely water feature. There was a variety of suitable seating areas for the residents to sit and enjoy the fresh air. Activities such as gardening and painting took place in this space and the inspector was shown some brightly coloured stones which were recently decorated by the residents.

A multi-denominational prayer room was available and was used for religious services and quiet prayer prior to the pandemic. This room was now arranged to accommodate visiting.

The centre did not have a dedicated hairdressing facility available to the residents on the day of the inspection. The person in charge informed the inspector that the previous hairdressing room had been changed into a communal bathroom. As a result, the residents were now attended to by the hairdresser in a corridor area and were on view to staff and other residents passing by. This arrangement did not ensure the privacy and dignity of the residents who were attending the hairdresser.

There was a staff room available with sufficient space to ensure social distancing was maintained.

Call bells were available throughout the centre and were observed to be promptly answered on the day of the inspection.

Overall, the centre was clean and tidy. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre.

However, the inspectors were not assured that the cleaning processes in place were in line with national guidance on infection prevention and control in residential care settings. The person in charge agreed to seek advice from the local public health department regarding this matter following the inspection. Improvements were required in the deep cleaning processes as the inspector noted that a bedroom that was deemed to be deep cleaned contained resident items. In addition, there was a lack of appropriate pedal operated waste bins in many areas including the dining room, resident bedrooms and toilets.

The laundry facility was a large well-ventilated area with clear segregation of clean and dirty linen. The area was clean, tidy and well organised.

Equipment such as wheelchairs, shower chairs, hoists, commodes were cleaned after each use. Numerous staff confirmed this process with the inspector and this equipment was found to be clean and in a good state of repair. However, some items of furniture including a number of pressure cushions and personal chairs were found to be torn and in a state of disrepair.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and social distancing to keep themselves safe. Staff were observed helping residents with hand hygiene throughout the inspection.

Throughout the day the majority of residents were observed enjoying activities and socialising in the various communal areas on the day of the inspection. Other residents were observed in their bedrooms reading, listening to music or having quiet time. The inspector saw that the approach to care and support was resident focused. The staff knew the residents well and provided support and assistance with respect and kindness. There was sufficient staff on duty to ensure the residents' needs could be met. Communal areas were supervised at all times and staff regularly checked residents who chose to remain in their own rooms.

There were two activities co-ordinators employed by the centre who worked over a seven day period to ensure activities were provided to the residents on a daily basis. The daily schedule of activities for the residents was displayed in a prominent place and included small group and one to one activity. The inspector observed staff engage with the residents in a very positive manner during the inspection and friendly conversations were heard throughout the day. The inspector observed a staff member waltzing with a resident on the morning of the inspection and it was clear that this activity was both enjoyable and relaxing for the resident as they were smiling throughout. Residents were also observed enjoying reading, doing puzzles, chatting to each other and staff. Residents could move around the centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements

in place to support residents to maintain contact with their loved ones including video calls. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

On the day of the inspection two mealtimes were observed by the inspector. Menus were displayed in prominent locations in the centre and the residents had a choice of meals. In addition to the dining area, both communal rooms were also used for dining purposes to allow for maximum social distancing and residents had a choice where to have their meals. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently and residents were not rushed. The atmosphere during these periods were very social and the residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout the meals and all interactions were respectful. The inspectors saw that the meals served were well presented and there was a good choice of nutritious food available. A choice of hot and cold refreshments and snacks was available to the residents throughout the day. However, the inspector observed that one member of the care staff transferred to work in the kitchen for an hour during the lunchtime period and then returned to their role as a care assistant. This multi-tasking posed a risk of cross infection. The person in charge informed the inspector that this practice would cease with immediate effect.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The management team were committed to ongoing quality improvement for the benefit of the residents who lived in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There had been improvements in compliance with the regulations since the last inspection on October 2019. However, the inspector found that further improvements were still required to bring the service into full compliance.

The person in charge facilitated the inspection and the provider was on site

throughout the day.

The person in charge demonstrated a clear understanding of her role and responsibility and was a visible presence in the centre. The person in charge was supported in this role by a clinical director of nursing, one clinical nurse manager, one senior nurse and a full complement of staff including nursing and care staff, two activity coordinators, housekeeping staff, catering staff, and administrative staff. There were deputising arrangements in place for when the person in charge was absent. The person in charge was also provided with excellent support in her role by registered provider representative who worked on site full time.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. The senior clinical nurses provided clinical supervision and support to all the staff. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. Although staff were rostered to specific roles, on the day of the inspection, the inspector did observe crossover between the clinical and catering teams.

A sample of three staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 infection prevention and control training. The clinical director of nursing had completed instructor training in Dementia Care and planned to roll out this training in the future.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents.

The inspector observed that regular management meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of issues were discussed in detail including COVID-19, environmental issues, health and safety, training, fire safety and resident welfare. As a result of the pandemic, face to face staff meetings had been reduced. To ensure staff remained fully up to date with important information regarding the residents and the centre, the provider sent email communication to all staff every two weeks or more often if necessary.

A range of audits were carried out by the person in charge which reviewed practices such as care planning, end of life care, food and nutrition, medication management and infection prevention and control.

There was a programme for continuous improvement identified for 2021 which included increasing the number of audits, more frequent resident/staff/management communication meetings, training in responsive behaviours and a refurbishment of

the centre. However, this programme did not include identified time lines or persons responsible for actions.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection Prevention and Control, COVID-19, Manual Handling, Safeguarding and Fire Safety Training.

Staff were supported and supervised in their work and each staff member had a performance appraisal carried out in 2020.

Judgment: Compliant

Regulation 19: Directory of residents

The centre had a directory of residents which was maintained up to date and available for the inspector to review on the day of the inspection.

Judgment: Compliant

Regulation 21: Records

All staff files reviewed contained vetting by An Garda Siochana. However, one file reviewed had evidence that a staff member had commenced work in the centre prior to the provider getting vetting disclosure for that staff member. In another file, references were available but not provided by the referees stated on the application form and there was no information available regarding their professional relationship to the employee. The date of a reference in another file was incorrect as it was dated some months in the future. As a result the inspector was not assured that the recruitment process was sufficiently rigorous.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There were systems in place to monitor and evaluate the quality and safety of the service. The audit system included action plans with identified time frames and persons responsible for actions. However, the inspector found that the oversight of a number of key areas was not robust and as a result the audits had not identified a number of areas of non-compliance found by the inspector during this inspection. The person in charge had already identified the need to enhance the current quality assurance and auditing system.

There was an annual review prepared for 2020 which was available to residents and staff on the day of the inspection. However, whilst this document described the service provided to the residents in the centre it did not include a review of quality and safety issues. Also, the review did not include consultation with residents and their families.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were in place for all residents and included all the requirements as per Regulation 24.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. There was a low level of complaints and there were no open complaints on the day of the inspection.

Judgment: Compliant

Quality and safety

Overall the inspectors found the care and support provided to the residents of this centre to be of a good standard. There was a person-centred approach to care and the residents' well-being and independence were promoted. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies required to care for residents with a variety of needs and abilities.

Overall, residents' rights and choices were respected. However, some improvements were required in bedroom accommodation and other facilities to ensure residents' rights to carry out personal activities in private was adequately upheld. Also, the inspector was not assured that residents had a choice when they received medication. This will be discussed further under Regulation 9 Residents' Rights.

Residents were well cared for and their health care needs were assessed using validated tools which were used to inform care planning. The inspector found that improvements were required to ensure that care plans reflected the residents' current needs in order to guide care. This will be discussed further under Regulation 5.

Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other health

care professionals in line with their assessed need.

The provider promoted a restraint-free environment in the centre in line with local and national policy. The only restrictive practice in place on the day of the inspection was the safe keeping of cigarette lighters for two residents.

Residents had the opportunity to meet together and discuss management issues in the centre. Minutes of recent meetings showed that relevant topics were discussed including COVID-19, the planned refurbishment, visiting arrangements, activities, staffing, care plans and nutrition. Issues raised by the residents were reviewed and addressed by the management of the centre. A resident satisfaction survey was underway at the time of the inspection which looked at the impact of COVID-19 on the centre. Residents had access to an independent advocacy service.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice and there were regular activities including music and exercise.

Infection Prevention and Control measures were in place. Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day in line with the guidance from the Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). Social distancing was evident on the day of the inspection in resident and staff areas. However, some improvements were required to ensure the premises and lived environment supported appropriate infection prevention and control practices. This will be discussed under Regulation 27.

The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

Overall the design and layout of the centre was suitable for the number and needs of the residents accommodated there. However the inspector observed a number of areas which required improvement.

- There was no hand wash basin in the housekeeping room.
- The current accommodation in four of the twin rooms did not provide adequate privacy and were not of a suitable size or layout for the needs of residents.
- There was lack of appropriate storage in the centre. As a result there was restricted access to a number of areas within the centre. For example;
 - The communal bathroom was used to store a variety of equipment including hoists, IV stands and hairdressing equipment.
 - A number of ensuite facilities were used to store personal chairs.
 - Chairs were stored on corridors blocking residents' access to the grab rails and thereby restricting residents ability to move safely around the building.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the most of required elements as set out in Regulation 26 (1). However, the policy did not include the measures and actions in place to control;

- Abuse
- The unexplained absence of any resident injury to resident, visitors or staff
- Aggression or violence
- Self-harm.

There was an up to date risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an available emergency plan which included a comprehensive COVID -19 contingency plan with controls identified in line with public health guidance.

Judgment: Substantially compliant

Regulation 27: Infection control

There was a comprehensive infection prevention and control (IPC) policy in place. Training records confirmed that all relevant staff were up to date with infection prevention and control training which included hand hygiene, appropriate use of personal protective equipment (PPE), standard precautions and breaking the chain of infection to prevent transmission of COVID-19. There was up to date national guidance available to all staff. Staff were observed to adhere to social distancing advice on the day of the inspection including in staff rest areas.

COVID-19 and IPC were discussed at staff and resident meetings. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies.

Residents and staff had accessed the COVID-19 vaccination programme with over 90% uptake for staff and residents.

Hand hygiene facilities were provided throughout the centre. Alcohol based hand gel was readily available to all staff and residents.

Maintenance records for equipment including the bedpan washer were up to date.

The provider had completed a risk assessment for Legionella and this included controls such as daily flushing schedules.

Overall the general environment including the communal areas and residents' bedrooms were clean and tidy. Staff completed cleaning schedules which were monitored by the person in charge.

However, a number of improvements were required to ensure safe care was provided.

- The oversight and monitoring of the deep cleaning regimen was required. One bedroom which was assumed to be terminally cleaned was found to be unclean at the time of inspection.
- There were a number of inappropriate items stored on the floor of the sluice room including commode basins and raised toilet seats. This meant the floor could not be cleaned sufficiently and presented an infection prevention and control risk. The inspector also noted that there were open packets of hygiene wipes stored on the work surface beside the sluice sink which created a risk of cross contamination.
- The maintenance of the premises and furniture did not support effective cleaning as a number of chairs were torn and in a state of disrepair whilst

walls and doors were visibly scuffed.

- The management of sharps required improvement as there was a sharps box stored on the floor of the treatment room which was also overfilled and therefore not in line with best practice. The person in charge dealt with this matter immediately on the day of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Personal evacuation plans were in place for each resident and updated on a regular basis. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Whilst fire evacuation drills were undertaken in 2020, there had not been a drill carried out since October 2020. The inspector reviewed the report of this drill and noted that it did not identify any areas for improvement or learning opportunities for staff.

The provider subsequently carried out a fire evacuation following this inspection which included a detailed evaluation report of the procedure.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident files and found evidence that residents had a comprehensive assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Following admission, a range of validated assessment tools were used to assess falls risk, skin integrity, oral status, nutritional status and level of dependency. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements.

Overall, the care plans were holistic and person-centred but a small number of plans

did not contain the necessary information to guide care delivery. The centre had recently implemented and was transitioning from a paper based system to a computerized nurse documentation system. As a result a number of care plans did not contain up to date information from recent assessments. For example:

- Two care plans did not contain information relating to the nursing care required to treat a wound.
- One care plan did not include sufficient information to guide staff in falls prevention for a resident who had frequent falls.
- One care plan contained information that was out of date and not relevant to the resident's current condition.

Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided such as antibiotic therapy and behaviour management. There was recorded evidence of consultation with residents or their representative in relation to care plans.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had timely access to appropriate medical assessments and treatment by their General Practitioners (GP) to meet their needs. The person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the staff made efforts to ensure the residents' rights were upheld in the designated centre. Privacy and dignity was respected and care provision was person-centred for most of the residents.

However, the inspector found that the space and layout in one of the twin bedrooms did not ensure that both residents accommodated in this room could carry out personal activities in private. On the day of the inspection the inspector observed staff assisting a resident to transfer from their bed to a chair using a hoist. Whilst

staff ensured the privacy curtains were fully closed during the procedure, there was not adequate space available to manoeuvre a hoist satisfactorily without travelling through the other residents' bed space and compromising the privacy and dignity of both occupants of this room.

The inspector was informed that a number of residents received medication very early in the morning due to staff routines and the timing of the medication round. The inspector did not find evidence that this practice was informed by resident choice or assessed need and therefore residents were at risk of having their sleep disturbed for no clinical benefit.

The lack of a dedicated hairdressing room resulted in residents having to sit in a corridor whilst having their hair tended to. This practice did not promote the residents' privacy and dignity.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Eunan's Nursing Home OSV-0000392

Inspection ID: MON-0032956

Date of inspection: 25/05/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Registered Provider to complete audit on staff files with detailed action plan for improvements. Registered Provider in collaboration with PIC to develop policy for staff recruitment to ensure documents in schedule 2 are reviewed in staff file prior to commencement date ensuring compliance with regulation 21 paragraph 1.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Prior to inspection PIC had identified some issues with the system in place for audits and was in the process of making improvements. These improvements included selecting appropriate staff to complete audits in different departments and these staff presenting the results of the audits at the management meetings to develop the action plan and delegate the actions within a time frame, allowing compliance with regulation 23 paragraph c.</p> <p>PIC has reviewed annual review template available on HIQA website and will be using this template for the 2021 annual review to ensure compliance with regulation 23 paragraph d. This review will be discussed and developed in consultation with residents and families ensuring compliance with regulation 23 paragraph e.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All twin room sizes follow current HSE guidelines with greater than 1.6m between beds. The layout of the room and the needs of the residents will be evaluated and recorded in their personalized care plan to allow compliance with regulation 17 paragraph 2 and schedule 6 paragraph 3 subparagraph f and g.</p> <p>Registered Provider and PIC do walkabout and review of every room and remove items not required in Care Centre to ensure compliance with regulation 17 paragraph 2 and schedule 6 part 3 subparagraph k.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: New Risk Management Policy and Procedures developed by Registered Provider and PIC to ensure compliance with regulation 26 specifically paragraph 1 subparagraph c.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Audit to be completed on rooms immediately after deep clean to ensure compliance with policy and monitor infection prevention and control measures.</p> <p>Sluice room to be audited to ensure correct infection control measures in place and to ensure items are stored appropriately.</p> <p>Residents personal comfort chairs with scuffs and upholstery torn: discussed with residents and families that HIQA are recommending a repair/replacement to ensure proper cleaning for infection prevention control measures. Families and residents presented with option to purchase chair recommended by HSE Occupational Therapist. Risk assessment will be completed on chair that resident/family unable to replace and chairs to be repaired.</p> <p>At the residents' meetings prior to the inspection, it was discussed with residents/families</p>	

regarding the need for painting of walls, doors and handrails. At this time, the residents did not feel safe having a painter travelling throughout the building. Residents developed improvement plan with management based on community transmission and incidents of COVID-19 in the local community to have the painting completed in September-October.

The management of sharps in the centre was reviewed by the PIC and CNM, processes in place were deemed to be compliant but staff were not following the correct procedures at all times. Correct management of sharps within the centre was communicated to all staff nurses in a written format and advised to contact CNM if had any queries or concerns.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Schedule in place for regular fire drills with details of evacuation times, risks identified, action plan and areas of improvement/learning opportunities for the team as per HIQA Fire Handbook 2021.

Regulation 5: Individual assessment and care plan	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
While in transition to the computerized nurse documentation system increased auditing of the care plans will be done with action plans and improvements to ensure compliance with regulation 5 paragraph 4.

Regulation 9: Residents' rights	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights: PIC to evaluate twin rooms for layout and residents needs and to discuss with residents, do they feel they can undertake all personal activities in private at all times. To ensure compliance with regulation 9 paragraph 3(b).

Time of medication discussed with residents and recorded in personalised care plan to ensure compliance with regulation 9 paragraph 3(a).

Hairdressing services will be discussed with residents at their residents' meeting and each resident's preference for service and location of the service will be recorded in their personalised care plan.

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 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	20/08/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	31/07/2021

	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.	Substantially Compliant	Yellow	31/07/2021
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	Yellow	31/07/2021
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Yellow	31/07/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Not Compliant	Yellow	31/07/2021

	actions in place to control the unexplained absence of any resident.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Yellow	31/07/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Not Compliant	Yellow	31/07/2021
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Yellow	31/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/10/2021

	published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/07/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/10/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with	Substantially Compliant	Yellow	31/07/2021

	the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/08/2021