



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Annabeg Nursing Home
Name of provider:	Annabeg Enterprises Limited
Address of centre:	Meadow Court, Ballybrack, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	30 May 2022
Centre ID:	OSV-0000005
Fieldwork ID:	MON-0036941

About the designated centre

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

Annabeg Nursing Home is situated in a quiet cul de sac in Ballybrack. It is registered for 41 beds and offers both single and twin room accommodation. Annabeg accommodates both male and female residents over the age of 18. The centre offers long and short-term care, and provides care for low dependency, medium dependency, and high/maximum dependency residents. Annabeg Enterprises Ltd. is the registered provider, and the person in charge is supported by the management team, an assistant director of nursing, nursing staff and healthcare assistants. Residents have access to a number of communal rooms (three in total) and a family/visitors room. There are two passenger lifts & an enclosed courtyard is a 'timeout' haven for residents to enjoy. Annabeg is currently serviced by the Cherrywood Luas, Killiney Dart Station and local buses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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
Monday 30 May 2022	08:30hrs to 18:30hrs	Margo O'Neill	Lead
Monday 30 May 2022	08:30hrs to 18:30hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

On arrival at the centre inspectors were requested to complete infection prevention and control measures which included inspectors donning (putting on) face masks, completing a health declaration, temperatures being taken and recorded and hand hygiene performed. Inspectors met with the assistant director of nursing and the person in charge to discuss the format of the inspection and to request documentation to inform the inspection process.

During the inspection, inspectors took the opportunity to speak to a number of residents and visitors to gain feedback about the service provided and insight into the lived experience of residents in the centre. Inspectors spoke with residents who wanted to engage with them, and spent time observing practice. Residents looked well cared for and the atmosphere in the centre was overall calm and relaxed. Residents who spoke with inspectors reported they were satisfied with the service and care provided to them and that they felt secure and safe.

Residents were very positive about the staff working in the centre and commented that staff were 'just great' but that they were 'always busy' but particularly so after 18:00hrs each day. This was discussed with management in the centre who outlined that they had started the recruitment process for additional staff and that staffing levels were under ongoing review. Inspectors' observed that staff were respectful and kind in their interactions and appeared to know the residents' needs and preferences.

On the day of inspection inspectors found that the centre was warm, well ventilated, decorated tastefully throughout and was overall maintained to a good standard. The premises was made up of an old period house and a new build which was completed in 2015. It was layout over three floors with two lifts and stairs to allow residents, visitors and staff move between them. The premises contained 28 single bedrooms and 3 twin bedrooms, all with en-suite facilities and one single room and three twin bedrooms without en-suite facilities.

There were appropriate handrails, furniture and a number of small seating areas observed throughout the premises which enhanced residents' ability to move around the centre safely and independently.

Inspectors observed that residents' single bedrooms were spacious, clean and contained a chair, locker, lockable space, and wardrobe and storage space. All had a wall mounted television for entertainment. Residents were encouraged to personalise their rooms with photos, paintings and bedding such as throws. Some residents proudly displayed their arts and crafts they had made in the centre; one resident showed inspectors their collection of pottery they had finished and explained that they liked to display them on their window sill and at times gave some as gifts to their loved ones and friends. Residents reported to inspectors that

they were satisfied with their bedrooms.

Inspectors observed that the location of residents' wardrobes in five of the six twin bedrooms impacted on their ability to access their belongings within a private space; this will be discussed within this report under Regulation 9, Residents' Rights. The shared en-suites and bathroom facilities viewed by inspectors were found to have space and facilities to allow residents to undertake personal care activities independently or comfortably with assistance if required.

The centre had one dining room and three sitting areas adjacent. There was also one activity room located by reception for residents to use. Inspectors observed that the dining room was bright, tastefully decorated and contained appropriate comfortable furniture for residents to use at meal times. Tables were dressed with care and fresh flowers were placed on the tables for residents to enjoy. Inspectors observed that the chef and catering staff attended the dining room at meal times to plate food according to residents' preferences and residents and staff were seen to enjoy each other's company and conversation during meal times. Inspectors noted that residents who chose to take their meals in their bedrooms were provided with appropriate support from staff to do so. All residents who spoke with inspectors reported that the food and variety of food on offer was very good.

The centre's dining room was not large enough to accommodate all residents in one sitting so there was arrangements for two sittings of lunch and supper daily. Some residents were also observed to be supported with taking lunch and supper in the adjacent sitting rooms and communal space that lead to the new part of the centre. Inspectors spent time observing meal times, both at lunch and supper and identified that the areas where residents took their meals became very loud and busy, staff were observed to be moving items such as hoists and linen skips through the communal spaces from the new building to the original part of the building as this was the main thoroughfare. This resulted in a loud and distracting environment that did not lend itself to a relaxing and calm dining experience. The person in charge had already identified this as an area for review so that residents could have an improved dining experience.

Residents had access to a large, safe enclosed courtyard garden area. This area contained a number of seating areas with tables for residents to use and enjoy when finer weather permitted. The space was landscaped with a mature garden and inspectors were informed that some residents enjoyed spending time and tending to the garden with staff. At the time of the inspection inspectors noted that doors to the garden were locked therefore limiting residents access at will, inspectors were assured that this was an interim measure while a new secure coded lock was being applied to an external gate to ensure that the space was secure and safe for all residents to enjoy.

There was one dedicated activity staff member who worked Monday to Friday, organising and providing a programme of activities to residents. At weekends, a designated carer took the lead to facilitate activities for residents. There was a varied activity schedule which included pottery, bingo, a choir lead by an external singer and live music sessions. Throughout the day, inspectors observed various

group activities being held such as a sing-a-long session, quizzes and a lively chair exercise class. Residents were seen to enjoy these activities and residents who spoke with inspectors reported very positively regarding the staff and activities in the centre. The hairdresser attended the centre every week and there were papers, televisions and radios available. Residents could access streamed Mass services from the local church on TVs in their bedrooms.

Visitors were observed coming and going throughout the day of the inspection. Visits could take place in residents' bedrooms, outdoors or in the centre's family room. There was also access to a kitchenette area in this room so that visitors and residents had access to a fridge, sink and other facilities if using the room for a private celebration or occasion. Visitors who spoke with inspectors were complimentary of the service being provided to their loved ones and were positive regarding staff working in the centre.

There were ample hand hygiene sinks located throughout the centre, however the sink in the clinical room did not comply with recommended national specifications. Inspectors also identified that there was no dedicated hand hygiene sink in one sluice room and the household storage room. Alcohol based hand rub was available at most strategic points in the centre, however additional dispensers were required in the family visiting room and outside one of the centre's lifts. There were gaps seen in the provision of instructional signage for hand hygiene procedures in some areas around the centre. Staff were seen to wear respirator masks when providing direct care to residents.

The flooring on corridors were seen to be clean and carpeted and a large amount of chairs were covered partially by material. Chairs in the dining room were seen to be stained. The management team told inspectors that carpeting and seating had been identified for replacement to a finish that would facilitate effective cleaning. Residents who spoke with inspectors said that they were happy with the cleanliness of the centre and that their room was cleaned regularly.

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

Capacity and capability

Inspectors found that there was a robust management structure in place and that residents were receiving a good standard of care. During the inspection inspectors had a particular focus on Regulation 27, Infection control. Inspectors identified that action was required to ensure compliance in the following areas; governance and management, training and staff development, contracts for the provision of services

and notifications of incidents.

The registered provider for the designated centre is Annabeg Enterprises limited. There had been a significant change to the senior management structure of the centre prior to the inspection; the centre was now part of the Trinity Care nursing home group. The group included ten nursing homes in total and there was a senior group management team involved in providing support to all ten nursing homes.

The management team within the centre was led by the person in charge. There was an assistant director of nursing, a head chef and household supervisor, all of whom supported the person in charge in her role to guide and lead the day-to-day operations. Records from fortnightly operations meetings with the person in charge and nursing home group management personnel were provided to inspectors for review; these records contained information regarding key performance indicators of the quality and safety of the service that were kept under review by management. Monthly meetings were also held for the persons in charge of all ten nursing homes in the group, records indicated that these forums were used as knowledge sharing sessions as well as for oversight of the governance and management of the centres.

The person in charge had started in the role two weeks earlier and through discussion with inspectors, informed them of the areas that they had identified and highlighted for particular focus and quality improvement. These areas included recruitment of additional nursing and care staff, efficient use of the care records management system, strengthening of the management systems to ensure effective monitoring of the service and residents' rights such as improving the dining experience for residents. The person in charge outlined the steps they had already taken in order to implement these improvements.

The centre's statement of purpose was available to inspectors and on review had been updated as required following the change in nursing home management.

An annual review of the quality and safety of care delivered to residents in the centre during 2021 was made available to inspectors. This report did not reference that feedback from residents using the service had been collected and used to inform the report. Management informed inspectors that management systems in place to monitor the safety and quality of the service were being reviewed and strengthened to ensure efficient and effective monitoring of the service. This corresponded to inspectors' findings; action was required to improve the management systems that monitored the service. This is discussed further under Regulation 23, Governance and Management.

In January 2022 an outbreak of COVID-19 occurred in Annabeg Nursing home. This was declared over on 24 February 2022. This was the second significant outbreak since the start of the pandemic. The centre's COVID-19 outbreak management plan situated at the nurse's station contained contact details for stakeholders who no longer worked in the centre. This required updating to ensure no delays in responding to a potential outbreak.

From a review of the rosters and observations taken throughout the day, inspectors found that the number and skill mix of staff was appropriate to meet the assessed

individual and collective care needs of residents and with regard for the size and layout of the centre. There were two day-nurses and one night-nurse on duty daily. Seven care staff worked until, 14:00hrs, six until 17:00hrs and five until 19:00hrs. Three carers worked over night. The person in charge and the assistant director of nursing provided on-call support seven days a week for staff working at night and over weekends. On the day of inspection, the person in charge outlined that recruitment was ongoing. The person in charge outlined that there would be a requirement to use agency staff to cover some shifts arising in the coming weeks, however, these agency workers had been block booked to ensure continuity of care for residents. On the day of inspection inspectors noted that a new maintenance person had been employed to work in the centre on a full time bases; this role had increased from a half time position to a full time role providing the centre with additional maintenance input. Inspectors were assured that there were robust recruitment processes in place and that all staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to commencing employment in the centre.

There was a mandatory training plan in place and the records showed that the vast majority of staff were up-to-date with training in fire safety, manual handling and safeguarding. Inspectors identified, however, that action was required to ensure staff were having regular appraisals and that training for infection prevention and control was as directed by the centre's infection prevention and control policy.

A sample of contracts for the provision of services were reviewed by inspectors. Action was required to ensure these were in line with the requirements of the regulations.

Regulation 14: Persons in charge

The registered provider had an appropriately qualified and experienced person in the role of person in charge of the designated centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection inspectors were assured that the registered provider had arrangements in place so that appropriate numbers of skilled staff were available to meet the assessed needs of 38 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The infection prevention and control training matrix was not maintained to align with the centres policy on mandatory training for infection prevention and control. The matrix stated every two years training was required and the centres' policy stated annual training was required. Consequently the provider did not have oversight of the areas of infection prevention and control training that were outstanding and in the absence of up to date training could not be assured that the staff had the required knowledge. The majority of staff were overdue infection prevention and control training.

A sample of staff appraisal records were provided to inspectors; these indicated that appraisals had not been conducted since 2016. This required action to ensure that staff were maintaining competencies and standards.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not robust and did not fully meet the requirements of Regulation 23. Inspectors reviewed the management systems and found that:

- Not all adverse incidents involving peer to peer interactions were recorded. This resulted in management being unable to monitor these events effectively. For example; all peer to peer verbal incidents.
- A small number of audit records completed were provided to inspectors; action was required to ensure that action plans were consistently developed and actioned to effect change and make improvement where needed.
- Overall inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). There were gaps in infection prevention and control governance, oversight and monitoring systems. For example, the monitoring of infection control training and records for maintenance of bedpan washers were not maintained to align with the centres infection control policy or best practice. Barriers to effective hand hygiene practice were identified during the course of this inspection. Audit tools used by the provider were not robust, they did not highlight the findings identified by inspectors on the day inspection.
- Surveillance of infections and colonisation was not used to inform antimicrobial stewardship measures.

Inspectors reviewed an annual review of the quality and safety of care delivered to

residents in the centre during 2021. This report did not reference that feedback from residents using the service had been collected and used to inform the report.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

From the sample of contracts provided to inspectors, it was identified that the addition of details regarding the occupancy of each residents' room was required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An updated copy of the centre's statement of purpose was provided to inspectors; this was found to contain pertinent details regarding the centre and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

During the inspection inspectors identified that a notifiable incident had occurred, however, the Chief Inspector had not received the appropriate notification. The person in charge undertook to complete the required NF06 notifications for submission.

Judgment: Substantially compliant

Quality and safety

Residents were receiving care and support that met their needs and residents reported that they felt well cared for in the centre. Action was required to ensure compliance with the Regulations in the following areas; Regulation 5, Assessment and Care Plans, Regulation 6, Healthcare, Regulation 9, residents' rights, Regulation 17, Premises and Regulation 27, Infection Control.

Overall it was found that all necessary assessments were in place for residents and that care plans contained person centred detail and set out residents' individual needs and how they were to be met. Care plans were revised at least every four months, or more frequently as required. Action was required to ensure that residents and their families, where indicated and appropriate, were involved in the review of care plans. Action was also needed to ensure that all care plans were developed and in place for residents as new needs were identified.

Residents' health needs were under ongoing review by nursing staff, who responded to any identified changes in their condition. A general practitioner carried out regular reviews on site and links were in place with other medical and allied health teams as required. The person in charge informed inspectors that although there were arrangements for residents to access private occupational therapists, they were also re-establishing links with community occupational therapists in the area to ensure residents had timely access and review. Greater oversight was required regarding access to national screening programmes for all eligible residents in the centre.

Inspectors spoke with staff about what actions they should take if an allegation, suspicion or concern of abuse was reported to them, or if they observed or suspected abuse to have taken place. All staff had undertaken a training course about the protection of adults at risk of abuse and all clearly and correctly identified the steps they would take in relation to scenarios posed by the inspectors.

There was access to a varied programme of activities that took place in different areas of the centre and with different size groups. Although residents were seen to be moving around the centre as they chose, access to the outdoor patio and garden area was restricted at the time of the inspection. Management informed inspectors that this was an interim measure as they were awaiting the addition of a coded lock to the external fire escape gate to ensure that the area was secure so that all residents could access the outdoor space safely.

The premises had been updated in 2015 and was maintained to a high standard. It was warm, well ventilated and bright. Inspectors were not assured however that the layout of five of the six twin occupancy bedrooms provided adequate floor space and facilitated access to residents' personal storage space in private. Management undertook to review these arrangements for these rooms within the centre, and develop an action plan to address this so that all residents' right to adequate space and privacy could be supported.

There was a successful vaccination program on offer in the centre and vaccines were available to residents and staff. Admission and transfer documentation included a comprehensive infection prevention and control history or risk assessment. Safety engineered sharps were used by staff and good hand hygiene practice was observed throughout the day. There was robust monitoring systems to identify signs of COVID-19 infection for all residents, staff and visitors to the centre. While there was evidence of good infection control practice, there were gaps identified that were fundamental to good infection prevention and control practice that required action. This is outlined in Regulation 27, Infection Control.

Regulation 11: Visits

Visiting had opened up in line with Health Protection and Surveillance Centre guidance of April 2022 (COVID-19 guidance on visits to long term residential care facilities). Inspectors observed visitors attending the centre throughout the day of inspection and residents could receive visitors in their bedrooms, garden or visitors room that over looked the outdoor courtyard garden. Visitors completed the appropriate COVID-19 safety precautions with visitors upon entry to the centre.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the registered provider was compliant with regulation 17, Premises. There are six twin occupancy bedrooms, which account for approximately 25 percent of the total bedroom accommodation in the centre. Inspectors observed that in five of these six bedrooms, the layout and configuration required review so that all residents could utilise the floor space within the room as required by the regulations so that residents had for example sufficient personal space to attend to their activities with privacy, a chair by their bed for their or their visitors' use and access to personal storage space. On the day of the inspection inspectors observed that:

- In some of the twin occupancy bedrooms the space available to a resident behind their privacy screen was not adequate to afford the resident sufficient space and privacy to attend to personal activities such as dressing.
- In two of the twin occupancy bedrooms there were no chairs available for residents to use. Furthermore inspectors observed that there was insufficient room to have a chair by the residents' beds without blocking access to their bed or locker. This resulted in residents being unable to sit to get dressed in privacy or have unimpeded access to personal storage or to sit and have quiet time in their own space.

Judgment: Not compliant

Regulation 27: Infection control

Action was required to enhance governance arrangements to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Weekly cleaning schedules were not signed off by the supervisor. There was no cleaning schedule for cloth covered chairs. Seating in the dining room and some chairs in communal rooms were seen to be stained. This meant that they had not be cleaned effectively for safe use.
- Surveillance of infections and colonisation was not used to inform antimicrobial stewardship measures.
- One bedpan washer was not working and there were no records for the commissioning of another bedpan washer. This meant that the provider could not be assured that the machine worked effectively.
- Outbreak reviews following the two COVID-19 outbreaks were not available to inspectors to review. This meant that the information with regard to any lessons learnt or remedial action taken was not monitored to improve systems or reduce onward transmission of COVID-19.

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

- The house keeping room did not facilitate effective infection prevention and control measures. For example there was no hand hygiene sink in this room for staff use. The chemical shelving was wooden and stained. There was no soap available in the sluice rooms. Hand hygiene product dispensers were seen to be dusty or had product build-up on the dispenser or nozzles. There was no dedicated hand hygiene sink in one sluice room.
- In the clinical room a clinical waste bin was inappropriately stored and there was no hands free bin for non-clinical waste available to staff. A hand operated swing bin was used for disposal of non-clinical waste which posed a risk of cross contamination.
- A shower seat in one assisted bathroom was cracked. The flooring in the laundry room was damaged. There was a large piece of floor covering missing under the sink with exposed concrete evident. This meant they could not be effectively cleaned.
- One of five hoist slings seen had the residents name labelled on them. Hoist slings were seen to be stored over hoists or stored in close contact with each other on hooks behind doors in communal bathrooms. This practice posed a risk of cross infection.

There were gaps in safe storage practices in the centre from an infection prevention and control perspective. For example:

- Clean linen and continence wear were observed to be out of the original packets and were stored in uncovered trollies on the corridor where residents and staff were walking. Stocks of disposable hand hygiene towels and a sensor mat were stored on the floor in a sluice room. These practices may lead to cross contamination.
- One sharps box was not signed when opened and two sharps boxes did not have the temporary closure mechanism engaged when they were not in use. The room where they were stored was not secure.
- The clinical waste bins were locked, however the area they were stored in

were open to unauthorised access.

There were gaps seen in some practices to ensure effective infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections. This was evidenced by;

- Refresher training was required with regard to the management of blood and body fluid spills. In conversations with inspectors, staff described differing processes in how they would deal with spills. For example they said they would spray a peroxide based solution on blood spills. The centres policy instructed staff to use a chlorine based solution to effectively decontaminate an area. There was no spill kit or chlorine based cleaning agent available for staff to use. One staff said they would dispose of the contents of spills in non-clinical waste.
- Four non nursing staff were unsure of the centre's policy on safe management of sharps. They said they would speak with a nurse, they did not know the basic first aid treatment to use.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The sample of resident care records reviewed lacked details regarding resident or family, involvement in the reviews of assessment and care plans for residents. Inspectors were informed that prior to COVID-19 regular formal meetings occurred with residents and families to discuss care plans, this had not yet recommenced in the centre according to the centre's management. Inspectors also identified the following gaps in residents' assessments and care plans:

- No safeguarding plans had been developed for two residents in the centre despite ongoing peer to peer altercations. Although staff verbally described to inspectors how they managed and safeguarded residents, formal care plans were required to ensure that all staff had clear guidance when providing care.
- Although bed rail and other restrictive practice usage was low in the centre, inspectors noted that in the assessment records there was no details regarding less restrictive alternatives being trialled first. Management undertook to take action to address these findings.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were not assured that all residents who were eligible to access national

screening programmes had been identified and linked in with the appropriate programmes. Action was required to ensure greater oversight regarding access to national screening programmes for all eligible residents in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken steps to ensure the full workforce had undertaken safeguarding training. This training included information on detection and prevention of abuse. Staff were knowledgeable regarding their role to report any suspicions, concerns or allegations of abuse immediately to ensure residents' safety. Residents reported to inspectors that they felt safe in the centre.

The registered provider did not act as a pension agent for any residents in the centre at the time of the inspection however small sums of monies and valuables were managed. The system was transparent and records of balances were in order.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had a set additional service charge of €100 per week per resident, this was outlined in residents' contracts of care. This additional fee charged was detailed as including items such as taxis to and from hospitals, dry cleaning, outings and activities such as arts and crafts. The registered provider could not provide details regarding the numbers of taxis to and from hospital appointments required each week however inspectors were informed that no outings had yet resumed. Inspectors were also informed that most of the residents in the centre had their laundry completed by the centre's staff and that no resident availed of external dry cleaning services. This impacted on residents as residents were routinely being charged for services which they did not routinely require or avail of as part of their weekly routine. There was no evidence of an opt out clause from these fees.

The configuration of five of the twin occupancy bedrooms did not allow residents to access their personal belongings in private. For example, wardrobes were located outside residents' private space. This required action to ensure that residents' right to privacy could be maintained.

Inspectors observed that the dining environment for residents was at times very loud and distracting due to the area being used as a thoroughfare from the new part of the centre to the original building. This required attention to ensure that residents were afforded a calm and enjoyable dining experience.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Annabeg Nursing Home OSV-0000005

Inspection ID: MON-0036941

Date of inspection: 30/05/2022

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 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> <ol style="list-style-type: none"> 1. All staff are currently updating IPC training and will have completed this by 31.08.2022 2. Staff appraisals will commence September 2022 and all staff will have completed appraisal by 31.12.2022 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The PIC was aware of all the peer-to-peer incidents, as senior management in the NH get daily hand over from staff and the PIC will re-introduce day/ night written report. Staff have been advised to ensure that all adverse incidents involving peer to peer interactions are recorded using ABC charts and or recorded as priority entries in daily progress notes to ensure that management can monitor these events. (26.07.2022) 2. The PIC will ensure that all audits are reviewed and will ensure that there is evidence of in-depth analysis, appropriate actions plan and will monitor same to ensure that identified actions are completed (31.08.2022) 3. Monthly IPC meetings commenced in July, with key personnel within the home attending, audit findings reviewed, and action plans agreed. 26.07.2022 4. The facilities manager and maintenance person will ensure that equipment is serviced, and records of the services are maintained 26.07.2022 5. The administrator is maintaining the training matrix and same will be reviewed 	

monthly with the PIC, any gaps in training will be identified and addressed. 26.07.2022

6. Improved signage for effective use of hand hygiene practices is in place at all sanitizing stations. 26.07.2022

7. Hand hygiene sinks will be fitted in the household storage & sluice 31.08.2022

8. The antimicrobial stewardship has been updated to include improved surveillance of infections and known colonisation. 26.07.2022

9. The annual review for 2022 will include feedback from residents using the service. 31.03.2023

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 The contract of care has been updated to reflect the occupancy of each room. 1.06.2022

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 1. The PIC will ensure that all verbal peer-to-peer adverse incidents are notified. 7.06.2022

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 1. The residents currently occupying the twin rooms, have their bed, locker, and chair within their personal space. The twin rooms are being reviewed & will be reconfigured to ensure that the wardrobes will be included in their personal space 31.09.2022

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. The antimicrobial stewardship has been updated to include improved surveillance of infections and known colonisation. 26.07.2022 2. Weekly cleaning schedules will be signed by senior household team. The hand sanitizer units are included in the daily cleaning schedules. 1.06.2022 The chairs were included in the daily cleaning schedules, and this will continue, moving forward the chairs will be cleaned by an specialist external cleaning company quarterly. 3. The bedpan washer was serviced 1.06.2022 4. The second bedpan washer will be replaced 31.08.2022 5. In the event of any further C19 outbreaks the new PIC will ensure that an outbreak review is completed, which will inform learning and quality improvements as required. 1.06.2022 6. Hand hygiene sinks will be fitted in the household storage & sluice 31.08.2022 7. The chemical shelving will be replaced – 11.09.2022 8. The clinical room bins have been replaced. 1.06.2022 9. Shower seat will be replaced 29.07.2022 10. Flooring in the laundry room will be replaced – 11.09.2022 11. All slings are labelled with residents' names, and they will be stored in residents' bedrooms and where easy access is required during the day the hooks in the bathrooms will be replaced to ensure that the slings are not stored in close contact. 29.07.2022 12. Staff have been advised to leave continence wear in the original packaging. The PIC & ADON will monitor this practice. 1.06.2022 13. Staff have been advised re safe sharps management & posters have been put in place to act as visual reminders. 1.06.2022 14. Refresher training in the management of blood & body spills will be provided to all staff & non-nursing staff will be updated on the sharps management policy. 31.08.2022 15. The RPR will ensure that unauthorized access to clinical waste is prevented, with the new security measures to be put in place. 31.08.2022 	
Regulation 5: Individual assessment and care plan	Substantially 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 ensure that resident or family involvement in care plan reviewed are documented. 1.06.2022 2. Safeguarding are plans were developed to support and guide staff for the two residents involved in peer-to-peer altercations. 1.06.2022 3. The PIC will ensure that where less restrictive alternatives to bedrails are trialed this is documented. 1.06.2022 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>1. The PIC has created a register of residents who may be eligible to access to the national screening program. The 3 residents who were eligible had been referred, 2 had availed of the screening, the 3rd was unable to avail of the service due to underlying medical condition. 1.06.2022</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>1. The registered provider is undertaking a review of the additional service charges. This review will be complete by 22nd September 2022.</p> <p>2. The twin rooms are currently being reviewed & will be reconfigured to ensure that 7.4m2 area of personal space provided also contains the wardrobe. 31.09.2022</p> <p>3. As stated in the report, the dining area had already been identified as requiring updating & restructuring to ensure that residents are afforded a calm and enjoyable dining experience. This restructuring plan will be complete by 31.12.2022.</p> <p>4. Staff have been advised that during mealtimes they should not transport linen trolleys and hoists will only be used during mealtimes where necessary to transfer a resident. 1.06.2022</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2022
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.	Not Compliant	Orange	30/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/03/2023

	review referred to in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 24(1)	The registered provider shall agree in writing 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.	Substantially Compliant	Yellow	01/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/08/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give	Substantially Compliant	Yellow	07/06/2022

	the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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	01/06/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	01/06/2022
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 the rights of other residents.	Not Compliant	Orange	22/09/2022
Regulation 9(3)(b)	A registered	Substantially	Yellow	31/12/2022

	provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Compliant		
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