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:	Clontarf Private Nursing Home
Name of provider:	Clontarf Private Nursing Home Limited
Address of centre:	5 - 7 Clontarf Road, Clontarf, Dublin 3
Type of inspection:	Short Notice Announced
Date of inspection:	10 February 2021
Centre ID:	OSV-0000127
Fieldwork ID:	MON-0031735

About the designated centre

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

Clontarf Private Nursing Home is a few miles from the city centre and close to Clontarf village. The building is three separate redbrick townhouses, which have now been combined and renovated to include 40 long stay care beds. There is a car park to the front of the building and there are public transport stops close to the centre. The accommodation is provided in five single en-suite bedrooms, two single, nine double rooms, and five triple occupancy rooms. There are a range of sitting and dining rooms, and an enclosed garden to the rear of the premises. Care and support is offered on a long stay or short stay basis and is available to male and female residents over the age of 18 for the following needs: • Long Stay Residential Care • Dementia Focused Care • Medical Illness Care • End Of Life Care • Respite Care • Post Operative Convalescence Care • Post Illness Convalescence Care • Transitional Care

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

How we inspect

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
Wednesday 10 February 2021	10:55hrs to 19:30hrs	Michael Dunne	Lead
Wednesday 10 February 2021	10:55hrs to 19:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Residents spoken with during this inspection expressed high levels of satisfaction with the care and support they were receiving from the provider. Residents said that staff were kind and considerate and could not do enough for them.

Inspectors observed staff and resident interactions and found them to be respectful and person centred. For example when staff were seen communicating with residents, they addressed residents in a friendly and supportive manner. Residents who displayed communication difficulties were given time to express themselves without interruption. Staff were seen to announce their arrival when entering resident rooms and informed residents in a discreet manner the purpose of their visit. Residents told the inspector that they enjoyed the freedom to get up and go to bed when they wanted while others mentioned they enjoyed having their breakfast in their rooms. Throughout the day residents were seen mobilising in communal areas with some residents choosing to remain in their own rooms. There was a garden available for residents to use however residents said it was too cold to be going out.

Resident's bedrooms were tastefully decorated with many displaying personal artefacts such as pictures and personal mementoes. Resident rooms were clean and warm and contained fixtures and fittings that were suitable for the needs of the residents occupying these rooms. All resident mobility equipment seen on the day was clean and well maintained. A review of laundry facilities showed that there were systems in place for the safe management of laundry, residents mentioned that they had no issues with getting their own laundered items back in good time.

There was a warm and welcoming atmosphere throughout the home with residents enjoying their interactions with staff and with each other. The provider told inspectors that residents had bonded more closely with each other since the onset of the pandemic and that new resident friendships had developed during this time. The spring activity and events programme was underway with activities organised throughout the week. Residents who wanted to engage in individual activities were supported to do so while others were seen to be supported to engage in the group activities. Inspectors observed a number of residents being supported and encouraged to participate in activities according to their abilities.

Resident meetings were being held via zoom, areas for discussion included, activities and trips, food and menus, discussion on the designated centres annual review, fire alarm testing, COVID-19 and vaccinations. Residents who were unable to attend these meetings were given a copy of the minutes/notes of the meeting to keep them updated on the key events occurring in the centre. The resident's satisfaction survey for 2020 was carried out on a one to one basis with residents and it was the provider's intention to incorporate resident feedback into this review. A number of improvements to service provision had been identified as a result of this review with the provider keen to put these changes into practice going forward such as the

provision of religious services via the zoom platform. Residents had access to an independent advocate should they require it with their details advertised in the designated centre. The provider was keen to promote a restraint free environment with a restraints register maintained in the centre. Where restrictive practices were used such as the introduction and use of bedrails there was rationale in place for its use. There was a review process in place with inspectors observing that other less restrictive options had been trialled first.

Communal areas were decorated to a high standard with appropriate seating provided throughout. Inspectors observed these areas to be cleaned regularly throughout the day by household staff. There were sufficient communal facilities for residents and visitors to use. The provider created a visitor liaison officer role within the existing staff team to coordinate family visits when restrictions allowed. When visitor restrictions were in place the provider facilitated window and compassionate visits. This was further supplemented by daily what's app and zoom calls.

Capacity and capability

This was a well-managed centre with systems and processes in place to ensure that residents received support with their health and social care needs in an appropriate and consistent manner. Overall systems in place supported the safe and effective delivery of care to the residents.

However improvements were required to ensure that some systems already in place to manage fire safety were appropriate to the needs of the residents and the layout of the building. Additionally a review of storage facilities within the centre was also needed to ensure that equipment was stored appropriately and that residents could access all facilities within the designated centre.

This was a short notice announced inspection of the designated centre with the last inspection having been held in October 2019. On this occasion the case holding inspector was accompanied by the fire estates inspector who reviewed the designated centres policies and procedures in response to the risk of fire.

The building was reviewed in the presence of the facilities manager, who was a person participating in management. At the previous inspection in October 2019 concerns were raised regarding the effectiveness of fire doors in the centre. The registered provider subsequently arranged for a fire door assessment in the centre, which identified extensive deficiencies.

The inspectors were told 80% of this work was already completed. While good progress was made, deficiencies to fire doors were still outstanding. The facilities manager advised that these works were being progressed incrementally and would be completed as part of an overall programme of work for the centre. The inspectors were told a fire safety risk assessment would be arranged for the centre and dates for this were confirmed to inspectors subsequent to the inspection. The

findings on this inspection were that the fire safety risk assessment was required to provide the necessary assurances to the Chief Inspector.

The inspectors noted a proactive response to the risks identified during the inspection, with many addressed in the days following the inspection. It was explained to inspectors that learning from other designated centres in the organisation in relation to fire precautions was brought into the practices in this centre. Details of the findings in relation to fire precautions of this inspection are in the Quality and Safety section of this report.

The registered provider Clontarf Private Nursing Home Limited is part of the Silver Stream Healthcare group which is involved in the running of six other designated centres in the state. Inspectors found that there was a clear governance and management structure in place with clear lines of accountability and responsibility. The person in charge worked full time in the designated centre and was supported in their management role by two clinical nurse managers who worked as part of the nursing team and a clinical governance manager.

There were systems in place which ensured that the auditing of key care indicators such as wounds, falls, continence and medication were carried out on a regular basis with the monitoring of each area having an appropriate action plan in place which identified measures to improve the quality of care input.

Records seen confirmed that governance and compliance meetings were being held on a monthly basis and were subject to management oversight regarding the clinical data collected. A range of other oversight meetings including health and safety meetings afforded management the opportunity to review key areas such as the management of risk, environmental health issues, the maintenance of the building and a review of serious incidents.

The provider responded proactively to the outbreak of COVID19 in the centre and deployed resources and personnel to manage to the outbreak. There was evidence of good communication with the public health team and other agencies in an attempt to effectively manage the outbreak and lessen the impact on the residents. There was a contingency plan in place which contained current guidance and strategies to manage the COVID 19 outbreak. The provider also carried out a post outbreak review to ascertain if improvements could be made in their approaches and interventions.

There was regular overview given to the staffing requirements of the designated centre with the provider actively engaged in ensuring that the designated centre was operating in line with the staffing complement as outlined in the designated centres statement of purpose.

Staff records indicated that they received training which ensured they had the knowledge available to them to carry out their roles effectively. Staff received infection, prevention and control training to equip them with information and guidance to be able to care for residents in a safe and effective manner, by wearing the appropriate personal protective equipment (PPE) and by following hand hygiene

guidelines.

A review of complaints indicated that the provider was operating according to their complaints policy. Complaints received were reviewed and found to have been managed effectively. All complaint records viewed indicated if the complainant was satisfied and were logged on an internal IT system. The provider was keen to learn from complaints received and had process in place to review complaints in order to identify trends which could impact on the quality of care delivered to the residents.

The provider was working towards ensuring full compliance with the regulations and agreed to review their fire safety arrangements and storage facilities. The person in charge and provider assisted the inspection process through the provision of documentation and discussion throughout the day.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider submitted an application to remove a condition attached to its current registration. All documentation received was complete and sufficient for the condition to be removed.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate numbers of staff available with the required skill mix to meet the needs of the current residents having regard for the layout of the premises. The provider was recruiting for additional healthcare assistant staff, a nurse and an additional cleaner. Rosters indicated that where staff vacancies occurred they were promptly filled by replacement staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed indicated that mandatory training was up to date for permanent staff, additional mandatory training was organised for new staff to attend prior to commencing employment in the centre. All staff had attended training on infection prevention and control by accessing HSEland training online.

Staff had access to supplementary training which included training on Dementia and challenging behaviour, medication training and cardio pulmonary resuscitation

training.

Inspectors observed effective communication between care and clinical staff and noted there were good arrangements in place for staff to receive ongoing supervision.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources available to ensure the safe delivery of care to residents, the building was well maintained and clean. There was a clearly defined management structure in place which identified the lines of authority and accountability. There were regular team meetings both at local and management level to facilitate effective team communication.

There was a resident's satisfaction survey completed for 2020 with resident and family views incorporated into the centre's annual plan of quality and safety.

There were a range of management systems in place to monitor and review clinical interventions regarding resident care with a governance and compliance meeting held each month. Health and Safety meetings were held on a quarterly basis.Owing to the findings of this inspection in relation to fire precautions, improvements are required in the response to the previously identified fire safety risks in the centre to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which set out the steps to follow should either a resident, family member or a stakeholder wish to register a complaint. The policy was advertised in a prominent area and contained information on key areas of the complaint process such as the investigation, feedback and the appeals process. The recording and analysis of complaints was of a high standard with the provider keen to improve services from this analysis.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this centre with staff and management working towards ensuring residents health and social care needs were met. There was a sustained focus on ensuring resident voices were heard and that their views were incorporated in the designated centres annual plan although evidence of resident input in some care plans reviews was not always recorded. Fire safety arrangements required review to ensure that current fire safety measures were effective in evacuating residents in the event of fire. The availability of adequate storage facilities in the centre also posed challenges for the provider to ensure that storage of equipment and supplies was done in a safe manner.

There were well established networks in place to facilitate residents access to both primary and specialist healthcare input. There was access to a visiting GP and allied healthcare services such as dieticians, speech and language therapist. Residents could also access occupational therapy,physiotherapy, incontinence assessments, chiropractic, audiology and dental support. Specialist input from palliative care services and from psychiatry of old age were also available to provide timely support to residents when needed. Routine practices to ensure the cleanliness of medical equipment were effective.

The centre encountered a significant COVID 19 outbreak from April to July 2020 which affected residents and staff. Sadly seven residents passed away during this period with a number of others testing positive for COVID 19. Staff too were impacted with a number also testing positive for COVID 19 which required them to cease work and self-isolate at home. There was evidence seen of regular communication and discussions with public health during this time. The provider had a robust contingency plan in place which addressed the key areas regarding the effective management of COVID 19 in the centre. A follow up review has also been completed by the provider to see if any areas of intervention could be improved upon.

Care plans were generally well written and were easy to follow in terms of care interventions for example there was a clear description the identified need, the aim of the interventions and a description of the range of inputs to meet the identified need. Care plans were all based on recognised nursing tools. Well written care plans provided better outcomes for residents as it was easier to evaluate interventions as to their effectiveness in meeting the identified need. All care plans seen on inspection contained a review however some reviews stated that the care plan was sufficient in meeting the identified need although some of these evaluations did not always include the resident views or contain sufficient detail to validate why the current interventions were sufficient.

The provider was keen to uphold the rights of the residents living in the centre and there were numerous examples where the views of residents were sought either through one to one discussion with staff, at resident meetings or through an annual satisfaction survey designed to access residents views on the quality of services

provided. Throughout the COVID-19 pandemic the maintenance of family contact was well managed with window visits and compassionate visits facilitated where possible, adherence to infection, prevention and control measures ensured that these visits went ahead in a safe manner. Residents confirmed that the provider communicated with them on a regular basis regarding the COVID-19 outbreak in the centre and discussed the limitations and restrictions that were required to keep residents and staff safe. Residents said that they felt safe in the centre as a result of good communication from the provider. Where restrictive practices were introduced there was a clear rationale for their introduction. Bed rail use was risk assessed, monitored and subject to regular review to ensure that its use was still required.

From a fire safety perspective, inspectors noted many good practices in the designated centre and found both staff and the person in charge to be knowledgeable of both the procedures to follow and of the residents assessed evacuation needs. However, it was evident that improvements are required with the premises to adequately protect staff and residents from the risk of fire.

Improvements were required to ensure adequate containment of fire. Deficiencies noted to fire doors and penetrations through ceilings meant that inspectors were not assured that the fire safety containment arrangements in place adequately protected the residents from the risk of fire in the centre.

Records relating to fire precautions were clear, up-to-date, well maintained and inspectors noted fire safety systems were being serviced at the appropriate intervals. Records for the fire detection and alarm system and emergency lighting system identified improvements required to both and documentation from the third party service contractors confirmed recommendations would be actioned over the first two quarters of 2021. Due to the layout of the centre, the inspectors were of the view that the fire detection and alarm system would benefit from additional repeater panels, which may reduce response times to a fire incident in the centre.

Inspectors found that a thorough review of the means of escape is required to ensure they are adequate for the residents living in the designated centre and suitable for evacuation aids used. The configuration of the building meant that most escape routes from the building were either stepped or ramped. Although identified as a ground floor level, due to the split level nature of the building, all exits at this level were via stepped routes. At the lowest level, exits to the front required evacuation either up steps or a ramp.

The inspectors were told that the registered provider was considering further sub-division of a larger compartment at the upper level to provide two smaller compartments. The inspectors agreed that this would improve the level of safety for residents at this floor, reduce evacuation times and further protect staff and residents from the effects of fire. Although it was not documented, the person in charge explained to inspectors that admissions to first floor are managed and high dependent residents would not be admitted to the first floor. If a resident's dependency levels increases over time, they would engage with the residents to find more suitable accommodation in the home. At the time of inspection, a resident's dependency had increased and the person in charge was actively seeking a more

suitable location for that resident in line with their assessed evacuation needs.

Drill records were reviewed by inspectors. It was evident that frequent evacuation drills were taking place. The records were not clear in relation to the time taken to evacuate a compartment, this was subsequently clarified to inspectors.

The premises were clean, well maintained and odour free. A number of communal rooms were available for resident use with two of out of the four communal rooms available seen to be used during the day of the inspection. Resident accommodation comprised of a number of single and twin rooms where the provider had reduced the occupation of all treble rooms down to twin rooms since the previous inspection visit in October 2019. This greatly enhanced resident's ability to enjoy their personal space in terms of storage and retrieval of their personal belongings but also promoted their rights in terms of privacy and dignity. There were shower, toilet and bathroom facilities located near to resident rooms. Inspectors found that storage in sluice rooms, showers and in a linen room required reviews as a number of these facilities were being used to store mobility and commode chairs.

Regulation 13: End of life

Where residents were on an end of life pathway the person in charge ensured that there was an appropriate care plan in place. Care plans clearly set out the residents last wishes and where residents were unable to do this then the views of their close relatives were accessed. Resident records indicated that there was anticipatory prescribing in place which ensured that palliative medicine was available for resident use at the appropriate time. Records also confirmed that CPR (Cardio Pulmonary Resuscitation) and DNAR (Do Not Attempt Resuscitation) documentation were in place and were signed and reviewed by appropriate personnel on a three monthly basis.

Judgment: Compliant

Regulation 17: Premises

The centre was well maintained, clean and decorated to a high standard. There were four communal rooms for residents to use with two of those being used on the day of the inspection. There was sufficient seating and space available for residents to be able to maintain social distance.

All of the five bedrooms which previously accommodated three residents had now been reduced to accommodating two residents and this also this allowed residents to socially distance in these newly configured rooms. All bedrooms seen were personalised and residents confirmed that they were warm and comfortable.

A number of bedrooms designated to accommodate two residents did not have sufficient space to cater for both residents having their mobility equipment stored in their personal space at the same time. The provider was made aware of this and assured inspectors that all residents sharing these rooms would have their mobility and dependency levels assessed before being offered a placement.

Inspectors noted that storage was still an issue in the centre with the design and layout of the premises providing challenges for the provider. Inspectors noted that there was additional storage located to the rear of the centre however both sluice rooms contained items that required storage elsewhere. Inspectors found zimmer frames in sluice rooms and commode chairs in shower facilities.

Judgment: Substantially compliant

Regulation 27: Infection control

During the COVID-19 outbreak in April 2020 records showed that there were formalised arrangements in place to manage the risk associated with the spread of infection in the centre. There was evidence of ongoing and constructive communication with the public health team through as seen in the outbreak control team meetings records. Advice given by the public health team was followed and implemented by the person in charge.

There were robust laundry and cleaning protocols in place with cleaning equipment seen to be in a good state of repair and well maintained. There were a number of infection prevention and control audits in place to ensure that current measures were monitored as to their effectiveness such as deep clean audits of resident rooms, hand hygiene and environmental audits.

Inspectors noted there was inappropriate storage of mobility equipment and continence pads stored in sluice rooms and this will be explored further under regulation 17 premises.

Judgment: Compliant

Regulation 28: Fire precautions

At the time of inspection, improvements were required to ensure that residents were protected from the risk of fire. The response by the provider to this inspection demonstrated an intention to rectify noted deficiencies.

Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider was not taking adequate precautions against the risk of fire:

- The gas shut off point in the kitchen was not easily accessible or readily apparent. It was located at low level behind a kitchen unit
- The fire doors to the kitchen serving hatch were held open with shooting bolts. The hinge was also damaged which meant the door could not close. It was explained to the inspector that the door was only open while staff were present, however the inspector found the kitchen to be unattended and this door was open.
- There were hoist batteries on charge on the bedroom corridor, which were not risk assessed.
- A door adjacent to the reception which opened out across the path of escape in the stairs enclosure was not risk assessed.

Inspectors were not assured that adequate means of escape was provided throughout the centre:

- Inspectors were not assured that the stairs enclosure at first floor, adjacent to the office of the person in charge, was a suitable means of escape. The configuration of the stairs and it's enclosure was tight and was identified as suitable for use by mobile residents only. However if immobile residents from the adjacent compartment are evacuated into this area, inspectors were concerned that they would not have an adequate route of escape vertically down the stairs. The inspector was also concerned that the tight nature of the stairs presented a risk to mobile residents also, as the space between the door's swing and the top step was limited.
- There was an external stairs to the rear, providing an alternative escape route from the upper levels. The stairs was of sound construction, but inspectors noted a number of unprotected openings along the height of the stairs. This requires review by the competent fire safety professional to determine it's suitability as a means of escape.
- External ramps and steps to the front from the lower ground floor require review to ensure they are safe.
  Additional emergency lighting was required to the rear external escape routes.
- Improvements are required with the storage arrangements in the centre. The inspectors noted areas where combustible items were either stored in non-fire rated enclosures on escape routes, or stored directly in the escape route.
- Inspectors noted the lift in the older part of the building opened directly into a bedroom corridor at each level. This requires review to ensure that the lift is adequately enclosed to ensure the spread of smoke and fire is restricted from spreading from floor to floor.
- There were external doors opening directly from two bedrooms at the lower ground floor. Assurance is required to determine if these doors were designed as dedicated exits.

Adequate arrangements were not in place for maintaining all fire equipment and means of escape:

- While a fire door assessment had been completed, there was a delay in completing the recommendations of this assessment.

Improvements were required in the arrangements for evacuating residents in the event of a fire:

- Inspectors were not assured that all escape routes were suitable for the assessed needs of residents in all areas of the centre.

Adequate arrangements had not been made for detecting fires:

- the stairs enclosure adjacent to the office of the person in charge was not fitted with a smoke detector.

Inspectors were not assured that adequate arrangements were in place for containing fires:

- inspectors were not assured of the likely fire performance of all door sets and glazed screens (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). While progress was made since the previous inspection, further work is required to ensure fire doors are effective.
- assurances were required that fire compartment boundaries provided appropriate fire resistance.
- the inspectors noted potential breaches to the fire resistance of the ceilings due to observed recessed light fittings and non-fire rated attic access hatches
- inspectors were not assured that the enclosure to the stairs, adjacent to the office of the person in charge provided sufficient fire resistance.
- inspectors were not assured that the boiler room was adequately separated from the adjacent kitchen.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed:

- inspectors noted additional exit signage was required from some areas of the centre to ensure escape routes were readily apparent
- drawings displayed included pertinent information, including the primary and secondary escape route. They did not show the extent of compartment boundaries to inform the identified evacuation strategy of horizontal evacuation.
- appropriate zoning floor plans were not displayed next to the fire alarm panel.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector found that the registered provider had arranged suitable nursing,

medical and other health and social care services to ensure the needs of the residents were met. A range of nursing assessment tools were in place and assisted staff to monitor residents needs.

While resident care plans were monitored and reviewed not all care plans indicated that the resident was involved in their care plan review, while other care plan reviews did not give sufficient information to show that they had been evaluated and reviewed effectively.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors reviewed the healthcare arrangements available in the centre and found evidence that resident's health and wellbeing were maintained to a high standard. There were clear referral arrangements in place to access a range of primary and specialist and allied healthcare professionals to support resident healthcare needs. This support was maintained through the pandemic with some referrals having to move online to maintain a consistent service.

Internal audits were maintained to review clinical interventions and to assess risk. A review of tablet crushers and blood glucose monitoring trays indicated that they were being cleaned on a regular basis while medication trolleys were stored safely and secured to a wall when not in use.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider aimed to promote a restraint free environment in line with national policy. A register of bedrails currently in use was maintained with detailed rationale in place to explain their use. Alternative methods such as low entry beds were seen to be trialled in the first instance before the introduction of bedrails as these interventions were deemed to be less restrictive. Staff in the designated centre were in receipt of training in behaviours that challenge and dementia training which equipped them with the skills to support residents with communication difficulties.

Judgment: Compliant

Regulation 9: Residents' rights

All residents spoken with during the inspection said they were happy with the support they were receiving from staff. Residents said that staff could not do enough for them. Observations carried out during the day indicated that staff knew the residents health and social care needs very well and were seen to liaise with residents in a respectful manner taking into account their communication needs.Where residents were observed to required staff support this was provided without due delay and in the appropriate manner.

There was evidence that resident's views were accessed by various methods such as satisfaction surveys, at resident meetings and on a one to one basis. The provider was keen to access resident views on the quality of the service provided and had plans to incorporate resident views into the centre's annual plan of quality and safety. Arrangements for accessing independent advocacy were advertised in the centre.

There was a spring events and activity programme in operation with residents attending activity sessions adhering to advice on social distancing.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clontarf Private Nursing Home OSV-0000127

Inspection ID: MON-0031735

Date of inspection: 10/02/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Fire safety risks are monitored on an ongoing basis within the designated centre. The provider strives to implement the findings of all fire safety risk assessments promptly. Where it is found that the findings of a fire risk assessment require structural alterations, the provider will assess what internal risk reduction measures can be implemented in the short term to achieve an acceptable level of risk until the findings of the fire risk assessment are fully implemented. The provider has an ongoing maintenance programme in place regarding the maintenance and improvement of compartmentation in the designated centre.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A number of bedrooms designated to accommodate two residents will be reconfigured to ensure there is sufficient space to cate for both residents having their mobility equipment stored in their personal space at the same time. Each resident prior to admission will have a detailed pre admission assessment. This assessment will be reviewed against the room available to ensure that the offered room meets their identified care needs. This review will be completed by the PIC and the Clinical Governance and Operations Manager and the Resident Liaison Nurse Manager. The Storage areas of the home have been reviewed and all inappropriate items found in the sluice room are now stored elsewhere in the home and grounds.	

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A slam shut unit will be moved from the difficult to access area and fitted to enable easy automatic isolation of gas supply on activation of the fire detection and alarm system.

Repairs have been completed on the kitchen hatch, the provider is considering the possibility of the introduction of magnetic door holders linked to the fire alarm system to offer additional protection.

All electrical socket outputs are protected with residual current devices (RCDs) we will be introducing the additional measure of a timer to reduce the risk off an electrical fire at the hoist charging points

Risk Assessment completed and controls now in place at reception area turning point.

A fire risk assessment (FRA) has been completed to assess what additional provision can be provided regarding means of escape on the 1st floor, this review has a scope to look at resident profile, additional compartmentation, building alteration and evacuation aides. Additional compartmentation is being fitted being fitted.

The FRA has been completed to assess what additional provision can be provided regarding means of escape, this review has a scope to look at resident profile, additional compartmentation, building alteration and evacuation aides. Additional protection to glazing was not deemed to be required.

The FRA has been completed to assess what additional provision can be provided regarding means of escape. A handrail is in place at the steps and timed drills have been completed and submitted on this area.
In addition, the provision of escape lighting within and outside the designated centre will be installed in line with IS3217(2013)&A12017

A fire risk assessment has been completed to assess what additional provision can be provided regarding storage facilities within the designated centre. We have been recommended the provision of Fire rated cabinets or built in units and will complete one of these options within the indicated time frame once costed and further assessed in terms of meeting the requirements.

An FRA has been completed to assess what additional provision can be provided regarding the level of protection available in areas of the centre serviced by the lift. We have been in contact with the Lift Contractor to confirm or provide an alternative protection system and will action this as part of the same scope of works within the indicated time frame.

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:
A full review has been completed to ensure all residents have been involved and have had input into their care plans. The PIC and the RPR team will review the care plans monthly to ensure compliance. The PIC has reviewed all care plans to ensure that they have been evaluated and reviewed effectively and will continue to audit every month to ensure compliance.

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	22/04/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	22/04/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	31/12/2021

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2021
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	31/12/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	31/12/2021

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/12/2021
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		22/04/2021