



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

## Issued by the Chief Inspector

Name of designated centre:	An Teaghlach Uilinn Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	Kilrainey, Moycullen, Galway
Type of inspection:	Unannounced
Date of inspection:	25 February 2021
Centre ID:	OSV-0000309
Fieldwork ID:	MON-0032145

## About the designated centre

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

An Teaghlach Uilinn Nursing Home is a purpose-built designated centre for older people. Residents are accommodated in single and twin bedrooms. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Moycullen village, Galway. Residents have access to a secure enclosed courtyard. The centre provides accommodation for a maximum of 77 male and female residents, over 18 years of age. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met.

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

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 25 February 2021	10:30hrs to 17:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Feedback was positive about the care received by residents. Residents told the inspector that they felt they were well cared for by staff who knew their individual needs, likes and dislikes. Resident's had high praise for staff and expressed deep gratitude for how staff had protected them during the significant COVID-19 outbreak that had occurred in the centre. Quotes from residents included " It's lovely here, i couldn't find a better nursing home".

Residents told the inspector that the weeks spent in isolation were very difficult and although staff were coming in and out to deliver care, drop off meals, clean the bedrooms, they missed social engagement. All residents spoken too told the inspector that they understood that all measure taken was for their protection. Residents described how they spent their day. The majority of residents had been in isolation for 14 days. Residents described the days as very long and boring. Residents openly spoke with the inspector about their negative experience of isolation. Residents described the walls closing in on them and reported feeling very panicked at times. The inspector found that outside of direct delivery of care one to one activity that had occurred for the residents in isolation was very minimal and limited.

On the day of inspection residents had started to return to the communal sitting and dining rooms. There was a positive atmosphere in the communal rooms. Residents that were sitting in communal sitting rooms observed social distancing. The inspector spent time sitting and observing resident and staff engagement. The inspector observed that all grades of staff engaged with residents in a friendly manner. The inspector observed a resident with advanced dementia repeatedly become upset. Staff attended to the resident skilfully and used personal information known about the resident as a form of distraction. The resident was later observed to be settled and at ease in the environment.

Residents were fully informed that there was an outbreak of COVID-19 in the centre. Education on the vaccination programme and the roll out of same within the centre had been completed. There was a system in place that ensured that a phone call was made to the residents family on a daily basis informing them of how the resident was. The centre had a COVID-19 isolation positive and negative unit. Residents that had been relocated to temporary new bedrooms had had their personal belongings brought with them. The inspector spoke with individual residents that had been relocated. Residents informed the inspector that the decision to move bedrooms had been discussed with them and that they felt part of the discussion.

Residents spoken with were aware that there was a new nursing management team in place in the centre. Residents were happy with the length of time it took to have their call bells answered. Residents were satisfied with the food served and the

choices given.

The following sections of the report outline the inspection findings in relation to the governance and management in the centre and how this supports the quality and safety of the service been delivered.

## Capacity and capability

Overall, the inspector found that residents received a good standard of care that met their assessed needs. The systems in place ensured that residents' wellbeing was promoted. There were effective governance and management arrangements in place which ensured that the service received by residents in the centre was safe. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs.

Knegare Nursing Home Holdings Ltd is the registered provider of An Teaghlach Uilinn Nursing Home. This was an unannounced risk inspection to monitor compliance with the regulations and to review the management of the COVID -19 outbreak that had been notified to the Chief Inspector on the 19/01/2021. Inspectors of social services had been in frequent contact with the management team on site requesting information specific to the outbreak. The nursing management team operating the day to day running of the centre had recently changed. The newly appointed PIC was supported by a nurse manager, registered nurses, care staff, activities staff, household, cleaning, laundry administration staff and a maintenance manager.

As previously stated the Chief inspector had been notified of a significant outbreak of COVID-19 within the centre. In total, 38 residents and six staff had had a positive diagnosis. Sadly, one resident had passed away. On the day of inspection there were no suspicious cases reported and the residents in the centre had made a recovery. At the time of the outbreak in the centre the management team had immediately increased the staffing on duty to ensure that the increased care needs of residents was met. In addition, significant additional resources had been allocated to the cleaning of the centre. The centre had been divided up into the COVID-19 positive and negative zones. The zones were staffed separately and staff did not cross cover.

The management team had ensured that all staff who worked in the centre had completed training in relation to the prevention and management of COVID-19, in line with HPSC and HSE guidelines. Regular staff updates in relation to COVID-19 and regular reviews of hand hygiene practice within the centre occurred. An observation audit on staff practices of hand hygiene technique had been completed. Staff were able to access online training resources provided by the HSE and other organisations. A senior nurse was completing an infection prevention and control specialist course. As a result of the COVID-19 pandemic the centre had also

provided training to registered nurses on the pronouncement of death.

An auditing schedule was in place. The management team had good oversight of risk specific to the COVID-19 outbreak within the centre. For each risk identified it was clearly documented what the hazard was, the level of risk, the controls in place and the person responsible. This document was kept live and updated when needed.

Residents were satisfied with the level of communication from the management team. Residents told the inspector that they would not hesitate to make a complaint. Complaints logged in the centre were minimal. A review of the system is required to ensure that all complaints are recorded and that the satisfaction level of the complainant is recorded as is required by the regulations.

### Regulation 15: Staffing

On the day of inspection, staffing in the centre was adequate for the needs of the residents and the size and layout of the centre. There are a minimum of two registered nurses on 24 hours a day. On the day of inspection there was a total of six staff unavailable to work due to a COVID-19 positive result. Despite this challenge the management team had been able to ensure that there were sufficient numbers of staff to care for resident needs.

On confirmation of the COVID-19 outbreak in the centre the management had reviewed the staffing in place. The COVID-19 positive and negative units were staffed separately to minimise the spread of the virus. The management ensured that staff did not move between units.

The allocation of the cleaning hours had been significantly increased to ensure the cleanliness of the building.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the training completed in the centre was completed in February 2021. A detailed training matrix was available for review. Records evidenced gaps in mandatory training in safeguarding vulnerable adults from abuse, fire safety and people moving and handling.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The governance and management of the centre was going through a transition of change at the time of inspection. There was a newly appointed PIC since January 2021 and a newly appointed nurse manager. The person in charge was not available on the day of inspection.

Despite the changes and the challenges facing the team with the COVID-19 outbreak the inspector found the centre was delivering a high standard of care to the residents. The nurse manager that interacted with the inspector throughout the day was organised and familiar with the systems in place that monitor the care. The information requested was made available in a timely manner and presented in an easily understood format. Care audits had been completed.

Judgment: Compliant

## Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. Notifications as required throughout the recent outbreak of COVID-19 had been submitted.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints process in place that had not been updated to reflect the new management arrangements in the centre. The complaints process was hanging at a high level on the wall opposite the main reception. A tall storage unit had been placed in front of the complaint process and so was not easily accessible to all residents.

There was a system in place to facilitate the recording of complaints. The inspector reviewed the complaints log. Further review of the system is required to ensure that all complaints are appropriately documented, that follow up occurs and that complaints are closed out.

Judgment: Substantially compliant



## Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. Residents' medical and health care needs were met. Overall, the inspector found that the direct care and support residents received was of a good quality and ensured that they were safe. Development and enhancement of individual activities for residents that are confined to their bedrooms as a result of isolation or their choice is required to ensure that meaningful activity occurs.

Prior to the outbreak in the centre all residents had had twice daily COVID-19 well being symptom checks. Staff were aware of the signs and symptoms of COVID-19. Throughout the outbreak the management had liaised with the public health and the community outbreak control teams. Infection prevention and control practices in the centre were observed to be safe. Staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment.

The inspector reviewed seven resident files. Care plans were found to be individualised and person-centered. The electronic documentation system in place was clearly laid out and the information was easily retrieved. COVID-19 care plans guided the care. Examination of a treatment plan in relation to a resident who was admitted with a deep wound was comprehensive and detailed. As a result of the treatment plan the wound had fully healed. The inspector reviewed the care plans of residents that had died in the centre. The care plans were person-centered and guided care. End of life wishes and the resuscitation status of residents were clearly documented. The daily notes gave a comprehensive summary of the residents deteriorating condition. There was evidence of assessment of presenting symptoms, appropriate intervention management and reassessment of all interventions. For example, residents that had difficulty with breathing received appropriate medication to relieve the distress. Visits were offered on compassionate grounds. There was evidence that loved ones were kept updated on the resident's condition throughout the dying journey.

## Regulation 26: Risk management

The centre had a COVID-19 policy. The risk register specific to the risks associated with the outbreak had been updated. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

## Regulation 27: Infection control

At the time of inspection the centre was recovering from a significant outbreak of COVID-19 in the centre. Infection control practice within the centre was informed by the Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units. The updated version was kept in the COVID-19 folder.

The centre is purpose built and the inspector observed that the centre was clean. There was a color coded cloth and flat mop system in place. Cloths were changed between rooms. Staff spoken too were knowledgeable on the system in place. For example; the need for increased cleaning on frequently touched surfaces like door handles. Resident bedrooms were cleaned daily. Infection prevention and control measures in place included:

- Alcohol hand sanitizers were available throughout the building.
- Staff temperatures were monitored twice a day.
- Staff uniforms were provided on site.
- Appropriate signage was in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate.
- There was sufficient supplies of cleaning products.
- Wash hand basins were sufficiently stocked with hygiene products
- There was sufficient supplies of PPE
- Equipment for use by residents was serviced and was observed to be clean.
- Individual slings for all residents. In addition, disposable slings were also purchased.

All staff had completed infection prevention and control training. The inspector spent time observing staff practices regarding the use of Personal Protective Equipment (PPE) and found good practice.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed and care plans were developed to reflect the assessed needs. All residents had a COVID-19 care plan in place. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences.

Judgment: Compliant

## Regulation 6: Health care

Residents in the centre had a choice of General Practitioner. During this outbreak, resident 's general practitioners (GP) were available to review residents on site when required.

The inspector found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure the best outcome for residents as per their medical status.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector reviewed activities for residents within the centre during the period of isolation. While there were allocated resources to the provision of activities, the reality for residents was that the days had been very long and uneventful. The inspector found that there was poor insight and understanding on the importance of social interaction and engagement for residents. Interactions recorded as activities were encounters and did not evidence meaningful interaction. The inspector reviewed records. There were examples of residents that had no activity recorded outside of the delivery of direct care for ten days. A review of the activities was required to ensure that it was meeting the needs of the current residents.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0032145

Date of inspection: 25/02/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Training Matrix has been reviewed by the PiC.</p> <p>A training plan has been implemented, with dates for some mandatory training booked on site. Staff have been advised of the refresher training they can complete on Social Care TV and these trainings have been commenced.</p> <p>The PiC will maintain oversight on the training schedule for the year and training will be audited monthly to ensure all training needs are being met.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Complaints Policy has been reviewed post inspection and all necessary changes made to ensure the new management structure is clearly identified and the escalation pathway is evident.</p> <p>The PiC and Clinical Nurse Manager (CNM) now maintain all complaint records to ensure appropriate oversight. Complaints are reviewed and audited monthly to ensure appropriate procedure has been followed and the necessary documentation is in place. Complaints are reported monthly to the Board of Management with detailed account of the procedure followed, follow up action required and satisfactory outcome achieved for all parties.</p> <p>The temporary PPE Station which was in place during the outbreak has been removed to ensure access to and visibility of the complaint's procedure.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The Management Team have undertaken a complete review of the activity provision in the centre. A new activity planner has been completed in liaison with the residents whereby activities have been based around their preferences, choices and hobbies.</p> <p>The activity timetable has been extended to 6 days per week and will include evening and outdoor activities.</p> <p>Due to Covid-19 restrictions and the current Level 5 lockdown it has been both difficult and not permitted to allow external providers conduct activities on site. The management team are currently exploring other options such as zoom concerts and outdoor musical events which would enhance activities in the Nursing Home.</p> <p>All staff have been reminded of the need for meaningful social engagement and positive interactions with residents.</p> <p>The PiC and CNM will continue to monitor, observe and supervise activities in the Nursing Home. Meetings will continue monthly with the Activity Staff to ensure activities are planned in advance and their suitability reviewed. Activity provision will be audited monthly by the PiC and discussed quarterly at the residents committee meeting to ensure resident satisfaction.</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	30/04/2021
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	13/03/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure	Substantially Compliant	Yellow	13/03/2021



	that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	29/03/2021