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:	Good Counsel Nursing Home
Name of provider:	Good Counsel Nursing Home Limited
Address of centre:	Kilmallock Road, Limerick City, Limerick
Type of inspection:	Unannounced
Date of inspection:	08 March 2023
Centre ID:	OSV-0000416
Fieldwork ID:	MON-0039556

About the designated centre

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

Good Counsel Nursing Home is a single-storey purpose built centre that provides continuing, convalescent and respite care for up to 28 residents. It is situated on the outskirts of Limerick City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum.
It is a family-run centre and one of its stated aims is "to provide a 'homely' environment where residents feel safe, secure and comfortable in the facility during their stay. The staff will treat all residents with dignity, respect, privacy, freedom of choice and kindness". Residents' accommodation is provided in 20 single bedrooms and in four twin bedrooms a small number of which have en-suite facilities. There are two bedroom wings and a main corridor that comprises of day space. There is a large central dining room and two sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden with tables and chairs. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28

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 8 March 2023	08:15hrs to 17:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Good Counsel Nursing Home told the inspector that they received good quality care and support from staff that were 'friendly, helpful and caring'. Residents reported feeling safe in the centre and attributed this to developing a rapport with staff who were familiar with their needs, likes and preferences. Residents told the inspector that both the management and staff were approachable and were available to meet with them daily, should they have any concerns or requests.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting with the person in charge and provider representative, the inspector met with the majority of residents during a walk around the centre, and spoke with eight residents in detail about their lived experience of the centre.

There was a warm and welcoming atmosphere in Good Counsel Nursing Home which was apparent to the inspector on arrival to the centre. Some residents were observed sitting at the reception area chatting, while others were in the dining room having their breakfast and reading the daily newspaper. Staff were observed busily attending to residents requests for assistance with their morning care. Residents told the inspector that they could choose what time to get up from bed and could access showering facilities on a day and time of their choosing. Residents told the inspector that staff were prompt to answer their call bells and provide assistance with anything they needed. Staff supported residents to select their clothing and maintain their individual style and appearance. Residents told the inspector that they were familiar with the staff and this made them feel safe and comfortable in their care. The care provided to residents was observed to be unhurried.

The centre was visibly clean on the day of inspection, with the exception of some areas of the centre where gaps between the floor and skirting, and some areas of damaged floor coverings, resulted in a build-up of dirt and debris. Some pieces of equipment used by residents were not visibly clean, such as commodes. The provider had installed three additional clinical hand wash sinks that were observed to be in use by staff. Some staff were observed to not wear face masks appropriately.

The centre provided accommodation to 28 residents and was laid out on the ground floor to either side of the main entrance area. Resident accommodation comprised 20 single bedrooms, of which two had full en-suite with shower facilities and one bedroom had toilet facilities only. There were four shared bedrooms. All bedrooms were equipped with wash-hand basins. Screens to protect privacy were in place in shared rooms. Two shared bedrooms were small in size and consequently would not accommodate the use of residents' assistive equipment, such as mobility aids and hoists. One of the bedrooms was occupied by residents with the aforementioned support needs and there were no chairs for the residents in their bedroom. The inspector observed that one bathroom had two access doors. One leading to a

residents bedroom, and the other to a communal corridor. The door to the communal corridor was locked. This meant that only the residents accommodated in the adjoining bedroom had access to this bathroom.

The inspector observed that the provider had carried out some redecoration of corridors and bedrooms since the last inspection of the centre. Residents expressed their satisfaction with the works completed. However, the inspector observed that some areas of the centre remained in a poor state of repair. The paintwork on some bedroom walls, doors and skirting was visibly damaged.

Communal areas were decorated in a personalised manner, with suitable furnishings and a large flat screen television. There was also a patio courtyard available to residents, as well as a further communal space that was a quieter space for residents to read and watch television or receive visitors. Residents also had access to a dining room and a designated smoking room.

The inspector observed that bedroom doors had been fitted with door closure devices. However, some doors were held open with wooden wedges or chairs. The inspector observed that two fire doors on the corridor contained gaps along the top rail of the door and were missing essential smoke seals.

The laundry service was provided on-site and supported by an external service provider. Residents personal clothing was laundered on-site. The laundry area was visibly clean on inspection and the inspector observed the system in place to reduce the risk of cross infection in the laundry area. The provider had also installed hand wash facilities in the laundry. Residents reported their satisfaction with the laundry service.

The residents dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. Staff were observed to provide assistance and support to residents in a person-centred manner. The inspector observed that residents were facilitated to attend the dining room at a time of their choosing. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes.

Residents were engaged in activities throughout the day and could choose what activities they wished to attend. An activities board was displayed that details the planned activities for the day. Residents were observed enjoying time with staff and engaged in games during the morning. Residents were observed attending the hairdresser and expressed their satisfaction with the frequency of the service. Residents confirmed that they were provided with opportunities to meet with the management team to discuss their views on the quality of the service.

The following sections of this report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This one day unannounced risk inspection was carried out by an inspector of social services to:

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).
- review the provider's application to renew the registration of the centre.
- follow up on the actions taken by the provider to address issues of non-compliance found on the last inspection on 13 July 2022.

The findings of this inspection were that the provider had taken some action to ensure the premises was appropriately maintained to meet the needs of the residents while also supporting effective infection prevention and control measures in the centre. The inspector also found that the provision of a consistent schedule of activities for residents improved the residents' quality of life living in the centre. Notwithstanding those positive actions, this inspection found that there were aspects of the management systems that did not ensure that all aspects of the service were appropriately supervised and monitored. This was, in part, due to the dedication of the senior management team to support the direct delivery of care to residents on a daily basis. This had an impact on the time available to the management team to ensure effective oversight of the quality and safety of the service. The provider was required to take action to ensure adequate systems were in place to supervise staff, in addition to further action required to comply with infection prevention and control, the premises, fire precautions and residents individual assessments and care plans.

Good Counsel Nursing Home Limited company is the registered provider of this family owned and operated centre. The management structure in place to operate the designated centre, as set out in the Statement of Purpose, consisted of a representative of the provider and a person in charge, who are both directors of the company. The provider representative and person in charge both work full-time in the centre and are actively involved in the daily operation of the centre, including the direct provision of care to residents and supporting ancillary staff. While this arrangement prioritised the delivery of person-centred care and support to residents, the roles and responsibilities of the management team were not defined with regard to the monitoring of the service. The inspector found that this affected the management oversight of the service such as the supervision of staff and the identification of risks that may impact on the safety and welfare of residents.

The centre maintained its staffing resources in line with the statement of purpose and this was monitored in line with the resident's assessed dependency level and care needs. There was a registered nurse on duty at all times, supported by the person in charge and a small team of healthcare assistants. Since the last inspection, an additional housekeeping staff was rostered on a weekly basis and this additional resource was found to have a positive impact on the quality of

environmental hygiene in the centre.

There were management systems in place to monitor the quality and safety of aspects of the service. This included clinical and environmental audits of the clinical records, restrictive practices, call bell response times, maintenance of the premises and a new audit tool to support monitoring of infection prevention and control. The findings of these audits facilitated development of quality improvement actions. For example, an infection prevention and control audit had identified the requirement for clinical hand washing sinks in the centre. The provider had completed this action with the installation of three clinical hand was sinks. However, the systems in place to ensure that all quality improvement actions from all completed audits were implemented and sustained were not effective.

A review of the incident and accident records found that systems were in place for the learning from adverse incidents involving residents. For example, there was a low incidence of resident falls in the centre, The provider had systems in place to analyse falls in the centre and to identify areas where practice could be improved. This analysis resulted in a review of the staffing allocation and increased supervision of residents by staff. This action resulted in positive outcomes for the residents.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

The directory of residents was appropriately maintained and contained the information required by the regulations.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations.

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire evacuation procedures and their role and responsibility in recognising and responding to allegations of abuse. While there were arrangements in place to induct and orientate staff, there were ineffective systems in place to ensure staff were appropriately supervised.

The provider was progressing to update their complaints procedure in line with the updated regulations that came into effect on 01 March 2023. The provider was taking actions such as updating the residents information guide, providing information to residents on access to advocacy services and reviewing the staff training needs with regard to the updated regulations.

Regulation 15: Staffing

On the day of inspection, planned rosters were maintained and there was a registered nurse on duty at all times and supported by a small team of healthcare

assistants.

While there was adequate staff available to meet the social and care needs of residents on the day of inspection, the daily staffing levels to were supported by the person in charge who provided direct nursing care to the residents and the impact of this staffing arrangement is described and actioned under Regulation 23, Governance and Management.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of residents. For example;

- The management team, with responsibility to supervise staff, failed to ensure that all staff were using personal protective equipment effectively and adhered to infection prevention and control procedures. A number of staff demonstrated poor practice in relation to the use of personal protective equipment (PPE), the appropriate storage of residents equipment and the management of toilet aids to reduce the risk of cross contamination.
- The management team did not ensure that fire safety procedures were consistently followed by staff. For example, the inspector observed a number of instances of fire doors being held open with chairs and wedges, contrary to the centres own fire procedures.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

The inspector reviewed a sample of four staff files. The files contained the necessary

information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had inadequate resources to ensure and maintain the effective delivery of care. The staffing resources, as detailed in the statement of purpose, allocated to the direct provision of care to residents were inadequate. The provision of direct care was dependent on, and supplemented by, the person in charge and provider representative. For example, the requirement for a second nurse during the day was filled by the person in charge between five and six days per week. This staffing strategy was not sustainable in the long term, and was consequently a risk to residents.

The organisational structure was not clearly defined. The roles and responsibilities of the person in charge were unclear. Their role included the provision of direct nursing care to the residents.

The impact of the person in charge supporting the daily provision of care to resident was observed in the management systems in place to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example,

- The systems of monitoring, evaluating and improving the quality and safety of the service were not effectively implemented. For example, improvement action plans were not consistently subject to time frames or progress review. While audits had identified poor practice with regard to storage of toileting aids in the sluice room and consequent risk of cross contamination, the actions proposed to address this issue were not monitored and the risk had persisted.
- There was insufficient supervision of staff practices such as infection prevention and control and fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents were provided with a contract of care on admission to the centre that detailed the terms on which the resident shall reside in the centre.

The contracts included the services to be provided, details of any fee's payable by the residents and services that were not covered by the Nursing Home Support Scheme and incurred an additional charge.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector of Social Services within the required time frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found improvements in the quality and safety of the service through the provider's actions to improve the physical environment, infection prevention and control practices, and the provision of activities for residents. The impact of such actions were evident in the positive feedback from residents with regard to the quality of care they received and that residents felt safe living in the centre. However, further action was required to ensure compliance with regard to residents assessment and care plans, restrictive practices, fire safety, infection control, and to ensure the physical environment of the premises met the individual and collective

needs of the residents.

The inspector reviewed a sample of resident's assessments and care plans and found that the residents' needs were being assessed using validated tools that informed the development of care plans. While the care and support needs of the residents were known by the staff, there were gaps in residents assessments and care plan records where information pertinent to guiding person-centred care was not evident.

Arrangements were in place for residents to access the expertise of allied health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy through a system of referral. Residents were provided with appropriate access to medical and healthcare services.

Residents nutritional care needs were appropriately assessed and monitored, such as the residents dietary requirements, the frequency of monitoring of residents weights, and the level of assistance each resident required during meal times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition, by dietitian, and speech and language services. However, the recommendations of health care professionals was not consistently incorporated into the residents care plan and therefore the effectiveness of interventions, such as dietitian prescribed interventions, could not be measured.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. In a sample of records reviewed, resident's preferences with regard to hospital transfer, their resuscitation status and end-of-life care needs and wishes were documented. Residents were actively involved in decision making with regard to their end-of-life care needs and were support by their general practitioner within this process. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices such as bedrails and staff monitored residents safety when bedrails were in use.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Daily safety checks were in place to ensure means of escape were unobstructed. Staff were knowledgeable with regard to safe and timely evacuation of residents in the event of a fire emergency. However, further action was required to comply with Regulation 28, fire precautions, with regard to the maintenance and repair of some fire doors to ensure that appropriate systems of fire and smoke

containment were in place. Action was also required with regard to reviewing fire precautions in the context of residents personal emergency evacuation plans (PEEP) to ensure they were accessible to staff and incorporated into fire evacuation drills.

The inspector found that some action had been taken following the previous inspection to support effective infection prevention and control measures. This included the installation of clinical hand wash sinks and the introduction of a colour-coded, single use, mop and cloth system. Staff were knowledgeable of the signs and symptoms of respiratory infections and appropriate controls were in place for any resident showing symptoms of respiratory infection. Conveniently located alcohol hand gel dispensers were available throughout the centre. The inspector found that the quality of environmental hygiene had improved. However, further action was required with regard to infection prevention and control in the centre. For example, there were aspects of the premises that could not be effectively cleaned as surfaces were damaged and torn resulting in an accumulation of dirt and debris. Further findings are described under Regulation 27, Infection control.

Action had been taken with regard to the maintenance of the premises since the previous inspection. Corridors and a number of bedrooms had been redecorated and new floor coverings had been installed in some areas. The inspector found that the layout and design of the premises met the individual and collective needs of residents with the exception of the configuration of two shared bedrooms which did not allow both residents to have a chair by their bedside. Further action was required with regard to the premises and this is described under Regulation 17, Premises.

The rights of residents were promoted in the centre. Residents were supported to express their feedback on the quality of the service. Staff engaged with residents to ensure the service residents received was based on their preferences and choice.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

Residents bedrooms provided adequate storage facilities for personal belongings. Bedrooms were decorated with items of significance to each individual resident. Each resident had access to their personal property and secure facilities were

provided for the safe-keeping of money and valuables.

Residents clothing was laundered on-site and linen was laundered by an external service provider. The laundry system in place minimised the risk of items of clothing becoming damaged or misplaced. Residents were satisfied with the service provided.

Judgment: Compliant

Regulation 13: End of life

An assessment of residents end of life care needs was completed on admission to the centre and was reviewed with the residents and, where appropriate, their relatives at intervals not exceeding four months as part of the care plan review process.

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plan in consultation with the residents General Practitioner (GP). The centre had access to specialist palliative care services to provide further support to residents.

Judgment: Compliant

Regulation 17: Premises

The inspector found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example;

- There were inadequate storage facilities in the centre as evidenced by multiple pieces of mobility equipment stores in a resident bedrooms and communal bathrooms.
- Further action was required with regard to redecoration of residents bedrooms and communal areas where paintwork was damaged on walls, doors and skirting.
- Some residents furniture such as wardrobes, storage under sinks and bedside tables were in a poor state of repair.
- The layout of two bedroom designated to accommodate two residents did not meet the needs of residents occupying the bedrooms. For example, while there was personal space for each resident, the layout of the room meant that the bedroom was not suitable for residents who required the use of a hoist for transfer. The layout of the rooms also limited the space available for each residents to have a chair in the bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified consistency diet.

Residents were monitored for weight loss and were provided with access to dietetic and speech and language services when required. There was evidence that the recommendations made by those professionals were implemented and reviewed which resulted in good outcomes for residents.

There were sufficient numbers of staff to provide residents with assistance at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA and some of the findings are repeated from the last inspection. This was evidenced by:

- Equipment used by residents was not cleaned to an acceptable standard. For example, some wheelchairs and commodes were visibly unclean.
- The sluice room was not maintained in a manner that reduced the risk of cross infection. For example, clean commode basins were stored on the draining board of a sink and underneath the sink. This created a risk of cross contamination.
- Damaged and impaired floor coverings impacted on effective cleaning as evidenced by the build up or dirt and debris along edges of the floor.
- Equipment used by residents, such as hoists, were inappropriately stored in communal bathrooms. This increased the risk of cross infection to residents.
- Residents personal items were inappropriately stored in en suite toilets, sluice rooms and communal toilets which increased the risk of cross infection to residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the registered provider to ensure there were adequate arrangements in place for the containment of fire. For example;

- Two sets of fire doors on corridors had unacceptable gaps at the top of the door and were missing essential smoke seals. This compromised the function of the fire doors to contain smoke in the event of a fire emergency and consequently increased the size of the compartment.
- Poor practices were observed where doors were being kept open by means other than appropriate hold open devices. For example, a number of bedrooms doors were wedged open with wooden wedges or chairs.

The personal emergency evacuation plans for residents did not contain sufficient information to ensure the safe and timely evacuation of residents from the centre, in line with their assessed needs. The information was also not readily accessible to staff in the event of a fire emergency.

From a review of fire drill reports, the inspector was not assured that adequate arrangements had been made for evacuating residents from the centre in a timely manner. For example, fire drill reports did not detail if a fire drill evacuation had been completed from the largest compartment, simulating minimum staffing levels. Therefore, the provider could not be assured with regard to the effectiveness of the fire evacuation procedure to protect residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that care plans had not been reviewed as required under Regulation 5. This was evidenced by;

- Some residents did not have their current medical care needs and recommendations of an healthcare professional integrated into their care plan. For example, a residents mobility care needs had increased and the residents care plan did not reflect the interventions in place to ensure the safe transfer of the resident.
- The interventions prescribed by healthcare professionals to support the residents were not detailed in the residents care plan and consequently the effectiveness of the interventions to support the resident could not be measured.
- A resident assessed as being a high risk with regard to their nutritional care needs did not have an appropriate care plan developed.
- Three care plans had not been reviewed at four monthly intervals and where necessary, revised, in consultation with the residents and, where appropriate,

their representative as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and GPs were visiting the centre as required.

Residents had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on

offer. Residents has the opportunity to to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. Residents told inspector they had a choice about how they spend their day.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Good Counsel Nursing Home OSV-0000416

Inspection ID: MON-0039556

Date of inspection: 08/03/2023

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - A staff meeting has been held to discuss the most recent Infection Prevention & Control Guidelines and the current recommendations for the use of PPE. (14/04/2023) - These national guidelines and recommendations have also been issued to all staff members by email. (07/04/2023) - Staff use of PPE will be audited and additional training provided if deemed necessary. This audit will be carried out in conjunction with the most recent Infection Prevention & Control Guidelines and the current recommendations for the use of PPE. (Ongoing) - Staff will be appropriately supervised by management in relation to PPE use. - Storage of residents equipment's and the management of toilet aids is currently under review to reduce the risk of cross contamination. (05/05/2023) - All fire doors are being kept closed and fire door hold open retainers will be provided to any residents whom may wish to keep their bedroom door open. (Ongoing and 05/05/2023: hold open retainers)	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - An additional CNM (Clinical Nurse Manager) has been appointed to provide assistance to the Person in Charge with ongoing Clinical Supervision and Auditing. - The organizational structure of the clinical management team will now consist of the Person in Charge supported by two Clinical Nurse Managers to oversee the quality and	

safety of care to residents and clinical supervision of staff.
- The roles and responsibilities of each member of the clinical management team will be clearly allocated and identified.
- This increased management resources with defined roles and responsibilities will insure our systems can be effectively evaluated.
- Our Statement of Purpose has been reviewed to allocate additional staffing to the direct provision of care to residents. (14/04/2023)
- The additional CNM will assist the PIC in monitoring, evaluating and improving the quality and safety of the service provided, implementing action plans with agreed time frames and progress reviews as required (Ongoing)
- Our audit system is currently being reviewed and any corrective actions will be clearly identified to be completed within a specific time frame.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- Storage facilities and practices are currently being reviewed to allocate appropriate storage of items such as mobility aids. All items of equipment will be identified and labelled as:
a) For use of an individual resident and stored in their own room
b) For communal use and stored appropriately in defined areas of the Centre.
c) We are also currently reviewing all equipment on site with a view to removing items that are no longer required thereby creating more storage space. (05/05/2023)
- Our programme of painting and maintenance has been reviewed to identify areas of damaged paintworks with a completion date of 30/06/2023.
- Any items such as bed side table / wardrobes that need replacing / repair will be actioned by the 16/06/2023
- The layout of two bedrooms that accommodated two residents in each room is currently under review to identify a more appropriate layout (26/05/2023) and our Statement of Purpose has been reviewed acknowledging that the residents of a low to medium dependency will be allocated these rooms. Residents will have the opportunity to view the rooms prior to admission.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
- Audits of the cleaning of wheelchairs and commode chairs are currently being carried out until management are satisfied, they are and continue to be appropriately cleaned. A

member of management is also carrying out daily spot checks on all wheelchairs / commode chairs.
- Storage shelving will be installed in the sluice room by the 05/05/2023.This will allow clean items to be stored appropriately with no risk of cross contamination.
- Staff will be trained in the appropriate storage of all items in the sluice room and daily spot checks will be carried out by a member of the management team.
- Any damaged floor coverings will be replaced / repaired (30/06/2023).
- Storage of residents equipment's and the management of toilet aids is currently under review to insure appropriate storage and reduce the risk of cross contamination. (05/05/2023)

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- The compartment fire doors will be serviced and remedial works carried out as deemed necessary (31/05/2023).
- All fire doors are being kept closed and fire door hold open retainers will be provided to any residents whom may wish to keep their bedroom door open (05/05/2023).
- All residents Personal Emergency Evacuation Plans (PEEPS) will be reviewed to insure they contain sufficient information guiding the safe and timely evacuation of residents from the centre in line with their assessed needs. The PEEP plans will be stored adjacent to the fire panel for ease of access in the event of an emergency. (12/05/2023)
- Fire Drills will be carried out on all compartments simulating differing staff levels (day / night shifts etc) 09/06/2023
09/06/2023

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:
- All care plans are being reviewed to insure they accurately reflect residents current medical care needs including mobility, nutrition and timely (maximum) four monthly reviews (12/05/2023)
- The additional CNM is responsible for auditing said care plans and implementing a time bound actions plan for any oversights identified. (Ongoing)

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	07/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	07/04/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined	Substantially Compliant	Yellow	07/04/2023

	management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	07/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	09/06/2023

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/06/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	12/05/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre	Substantially Compliant	Yellow	12/05/2023

	concerned.			
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	12/05/2023