



# 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:	23 September 2021
Centre ID:	OSV-0000416
Fieldwork ID:	MON-0034316

## 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:	26
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## 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
Thursday 23 September 2021	09:00hrs to 17:00hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Overall, residents spoke positively about the staff working in the centre and were very satisfied with the care and support they received. They told the inspector that they were cared for by staff they knew well and felt comfortable, safe and secure in the centre.

The inspector arrived to the centre unannounced and was met by the person in charge. The inspector was guided through the centres infection, prevention and control procedure that included symptom and temperature checks and hand hygiene. While waiting at the reception, the inspector observed that there was a calm and relaxed atmosphere while residents were getting up from bed and having breakfast. The inspector heard staff greeting residents as they entered their bedrooms and there was friendly, polite conversation between residents and staff. After an opening meeting, the inspector walked around the centre with the registered provider representative and met a number of residents in their bedrooms and communal areas.

Good Counsel Nursing Home is a single-story premises that is registered to provide care to 28 residents in both single and multi-occupancy bedrooms. It is a purpose-built, family run designated centre. On the day of inspection, there were 26 residents living in the centre. Bedroom accommodation comprised of 20 single bedrooms and four twin bedrooms. Three single bedrooms were identified as having en-suite facilities. However, during the inspection, it was observed that one of these bedrooms was not en-suite as it was accessible from both the bedroom and circulation corridor through two doors. It contained a specialised bath that was accessible to all residents to use.

The design and layout of the centre supported the needs of the residents to move freely and safely. There was central access to an enclosed garden that residents were observed enjoying during the inspection. The corridors were spacious and bright and there were handrails to support residents to mobilise freely. The building was warm and well ventilated. There was adequate natural and artificial light throughout the centre. While the centre was found to be generally clean, areas of the centre required repair and redecoration. Many of the doors had been worn and chipped over time and many of the bedroom floor coverings were damaged. Water damage had occurred where seals around sinks and toilets were worn and as a result, there was an odour in some bathrooms.

Most residents spent their day in the main communal dayroom and a small number of residents chose to remain in their bedrooms watching television. A second dayroom was available for residents to use and this room was also used to facilitate some visits. Furnishings in the main dayroom appeared comfortable, well maintained and the upholstery was easily cleaned. The inspector observed that some of the specialised seating for residents required deep cleaning and repair on arm rests where they had become torn. Residents' bedrooms were personalised with

ornaments, family photos, personal items of significance and some furniture from home. Residents had adequate storage available in their bedrooms for personal items but this required review in two twin bedrooms where additional storage had yet to be installed. There was one wardrobe available for two residents in one twin bedroom.

Activities were provided daily by the healthcare staff from 11am and four residents were observed enjoying activities such as puzzles at a table in the centre of the dayroom. The registered provider representative informed the inspector that an activities coordinator had been recruited and was due to commence employment soon. The activities schedule was on display in each residents bedroom but it was observed that this did not align with the activities on offer during the inspection. Staff indicated that they knew the residents well and were observed frequently engaging with residents who chose to remain in their bedrooms. The inspector observed periods during the inspection where residents were not supervised in the dayroom while staff attended to the needs of other residents and this also caused some interruption to the activities. Residents had access to religious services in the centre and could listen to Mass on the radio or on the TV. The person in charge was engaging with the local parish to recommence a regular schedule of mass for residents.

During the walk around the centre, the inspector viewed the laundry room that had a larger washing machine installed since the previous inspection. The inspector was informed that personal clothing was laundered on site and some linen was laundered by an external contractor. Housekeeping and healthcare staff were responsible for laundry duties. The segregation of clean and dirty areas of the laundry were not well defined and this increased the risk of cross contamination of clean laundry.

The inspector spoke with twelve residents during the inspection and a small number of visitors. Residents complimented the service they received and described the centre as a "homely" place to live. Some residents spoke of the friendships that had developed with one another and also spoke positively about the relationship they developed with the staff and management. Residents confirmed that their call bells were answered promptly and there was minimal wait times for assistance from staff.

The inspector observed the residents dining experience at lunch time. The dining room was large and spacious and the dining experience was a pleasant and social occasion where staff were available to provide assistance in a respectful and discreet manner. Residents to whom the inspector spoke with were complimentary of the quality of their meals and confirmed that they were provided with a choice at meal time. The menu was displayed on a white board in the dining room but the menu on display was from two days prior to the inspection. The inspector was assured that this had minimal impact on the residents' choice as staff informed residents of the menu choices prior to their meals and residents confirmed this to the inspector. Some residents had specific nutritional requirements and confirmed to the inspector that this was provided for them. Teas, juices and snacks were readily available for residents.

The inspector acknowledged the challenging time residents and staff had been through as a result of the COVID-19 restrictions. Residents complimented the management and staff efforts to protect them from the virus. Residents expressed their worry about the virus and spoke of the vaccination program that had been a significant achievement for them. Residents were able to receive visitors in their bedrooms or in a day room used for visits if they wished. Residents confirmed that they were kept informed about changes to the visiting guidelines and this was evident in the minutes of the residents' committee meetings.

Residents were aware of the procedure to raise a complaint and confirmed that they could speak to a member of staff or management in confidence knowing the issue would be resolved. Residents whom the inspector spoke with said their feedback was regularly sought for quality improvements in the service.

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

## Capacity and capability

Overall, residents living in the centre received good quality healthcare and were supported to have a good quality of life with the support of a stable and responsive team of staff.

This was an unannounced risk inspection by an inspector of social services to monitor the centre's compliance with the regulations. There was a responsive, consistent and established governance and management structure that was accountable and responsible for the quality and safety of the service provided. However, the systems for monitoring the quality and safety of the service required review to ensure they were consistently informing ongoing quality and safety improvements in the centre. For example:

- The auditing system required review to ensure it was effective in identifying gaps in the service.
- Further oversight of the staffing requirements was required, specific to the housekeeping and equipment maintenance.

Good Counsel Nursing Home Limited is the registered provider of the centre, which is family owned and operated. The management team consisted of the person in charge who was supported by the registered provider representative. Both are company directors. The registered provider had addressed the non-compliances from the previous inspection with the exception of the actions taken to address the non-compliance found under Regulation 17: Premises. For example, the availability of storage for residents in two of the twin rooms had yet to be fully actioned and further action was required to address the layout of the laundry room to ensure

appropriate segregation of clean and dirty linen.

The team providing direct care to residents consisted of one nurse on duty at all times and a small team of healthcare assistants. The person in charge also supported the staffing allocation through providing direct care to residents and supporting the nursing and healthcare staff in their duties. The inspector found that the number and skill-mix of staff was appropriate to meet the healthcare needs of the residents. As mentioned earlier, a review of the staff specific to housekeeping was required.

Staff were supported and facilitated to attend training relevant to their role and all staff had completed mandatory training in fire safety, safeguarding of vulnerable adults and manual handling. All nursing staff had up-to-date cardio-pulmonary resuscitation training. Infection, prevention and control training had been provided to all staff with emphasis on standard and transmission based precautions, the use of personal protective equipment (PPE) and hand hygiene in line with national guidelines. However, further supervision of staff was required to ensure staff adhered to appropriate PPE usage and hand hygiene. Staff to whom the inspector spoke with referenced the centre's policies and procedures in providing additional guidance to support the safety, care and welfare of residents in the centre.

The policies and procedures, as required by the regulation, had been reviewed and updated in March 2021 and the non-compliance arising from the previous inspection in 2019 had been addressed.

Residents' contracts for the provision of services included the additional services and fee's payable on receipt of services and the details of the room to be occupied was outlined in the terms of residency.

Record keeping and file management systems were in place and all records requested by the inspector were made available. Staff records contained the information as required by the regulation including a valid An Garda Síochána (police) vetting disclosure on file and the person in charge confirmed that all staff employed in the centre have a valid disclosure on file prior to commencing employment.

Information governance systems were in place and records on incidents, accidents and near misses were maintained. There was evidence of action taken following an adverse event and learning from incidents. This information was used, along with records of complaints, to inform ongoing quality improvements in the centre. The inspector was satisfied that there was good oversight in the management of complaints.

The inspector was satisfied that complaints were recorded and managed in line with regulatory requirements and the centres own policy. Residents and visitors were aware of the complaints procedure and the personnel involved in the management of complaints. There was evidence of learning from complaints and this information was used to inform quality improvements.

There was good systems of communication between management and staff through



scheduled meetings and minutes of these meetings were reviewed. While the management team communicated with each other on a daily basis, there was no formal meetings or records held to capture this communication.

There was a detailed audit schedule in place and actions arising from these audits were appropriately actioned. However, further improvement and development of the audits was required as the audits had not identified some of the issues identified on this inspection such as the availability of hand hygiene sinks, and the infection prevention control risks associated with the sluicing and laundry facilities.

All residents and staff had been vaccinated against COVID-19. While the centre had a COVID-19 contingency plan in place, it required further review in terms of detailing the clean and contaminated zones in the centre and how access to laundry and housekeeping facilities would be maintained. A review of the staffing contingency arrangements was required to provide assurance that the staffing levels would be maintained to facilitate two nurse led teams in the event of an outbreak.

The annual review of the quality and safety of the service for 2020 had been prepared and shared with residents and staff. The review provided a clear analysis of the quality improvements achieved in 2020 and through analysis of incidents, complaints, resident feedback and audit results, a plan was prepared with objectives to further improve the service in 2021.

## Regulation 15: Staffing

The inspector observed that there was an appropriate number and skill-mix of staff on duty to meet the assessed healthcare needs of the residents. There was a minimum of one registered nurse on duty at all times who was supported by the person in charge.

A review of staffing allocation was required:

- There was one housekeeper on duty each day responsible for cleaning the centre. Some areas of the centre, such as bathrooms, required repeated attention throughout the day which was observed to be difficult for one housekeeper to maintain.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The training records evidenced that all staff had attended a range of mandatory and supplementary training such as fire safety, dementia awareness, manual handling,

safeguarding of vulnerable adults and infection, prevention and control.

There was an induction programme for staff and an annual review of performance.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was maintained in line with regulatory requirements.

Judgment: Compliant

### Regulation 21: Records

The required records were maintained and were made available for review. The inspector noted there was a good standard of record keeping and administration with overall records management systems contributing to the effective analysis of information.

Judgment: Compliant

### Regulation 23: Governance and management

Improvements were required in relation to the monitoring and oversight of the service provided:

- Audits were not effective in identifying gaps in the service and the inspector observed areas of non-compliance on the day of inspection that had been documented as compliant in recent audits.
- Fire safety checks had not identified deficits with some of the fire doors.
- Governance and management meetings were not recorded.

The system of risk identification and mitigation required improvement. Risks identified on the day on inspection had not been updated into the centres risk register. For example:

- The risk of cleaning chemicals left unattended on the top of the housekeeping trolley.
- The risk associated with excess storage of equipment in the linen room had not been identified.

The COVID-19 contingency plan required review to ensure that the centre was adequately prepared to manage an outbreak of COVID-19. This included:

- A review of the proposed isolation areas was required to ensure access to facilities such as the housekeeping store room was not hindered.
- A review of the centres staffing contingency was required to ensure sufficient staffing resources were available to facilitate two nurse led teams.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

All residents were issued with a contract of care at the time of their admission. Actions from the previous inspection had been completed and the contracts contained a schedule of fees payable by residents on receipt of services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose required review and updating to ensure it accurately reflected the layout of the centre. For example:

- Bedroom 3 did not have en-suite facilities as detailed in the statement of purpose and on the floor plans.
- The installation of a partition and door near bedroom 20 required updating on the centres floor plans.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of the incident record evidenced that statutory notifications were submitted to the Chief Inspector as required and the person in charge was aware of their responsibility in this regards.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had recorded in line with regulatory requirements and managed in accordance with the centre's policy.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The required policies and procedures were in place in line with the requirements of Schedule five of this regulation. Policies were up-to-date and had been reviewed in March 2021.

Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of safe and effective care to the residents.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents living in the centre received a good standard of care and support that took account of their individual needs and preferences, and promoted their independence. Improved oversight was required in the following aspects of the service to ensure residents were provided with a safe and quality service. This included:

- Premises
- Infection control
- Fire precautions.

The layout of the premises supported the needs of the residents and provided adequate indoor private and communal space and unrestricted access to pleasant outdoor areas. Improvements had been made since the previous inspection. New furniture had been installed in some of the twin bedrooms but two twin rooms did not have adequate storage facilities in place for residents' personal belongings. Further improvements were required in the maintenance of the premises. The inspector found that internal renovations and redecoration were required to address areas of the building that had wear and tear in bedrooms and bathrooms. Storage

facilities presented a challenge in the centre resulting in the appropriate storage of equipment throughout the centre. Three of the four multi-occupancy bedrooms required reconfiguration to comply with S.I. No 293/2016 – Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) (Amendment) Regulations 2016, by 1 January 2022. Further findings in relation to the premises are discussed under Regulation 17: Premises.

Residents' lives had been significantly impacted by the COVID-19 pandemic and consequent restrictions. A limited number of staff had tested positive for COVID-19 during the pandemic and no residents had tested positive for COVID-19. The management team were committed to ensuring all reasonable measures were in place to prevent introducing the COVID-19 virus into the centre. This included:

- Temperature and symptom check prior to entering the centre.
- Alcohol hand sanatisers placed throughout the centre.
- Appropriate signage was in place to prompt residents, staff and visitors to preform hand hygiene.
- Personal protective equipment (PPE) was available for staff.

While the inspector observed many good practices on the day of inspection, further improvements were required to support the centre's ongoing infection, prevention and control strategy. For example, further training and supervision of staff with regard to standard precautions. The cleaning policy was reviewed by the inspector and the cleaning procedure observed was partially aligned with national guidelines. Household staff demonstrated the colour-coded cloth system in place and the segregation of clean and used cloths. However, the mop cleaning system in place required review to ensure it supported effective infection, prevention and control measures.

The inspector reviewed the centres maintenance and testing records in respect of fire safety and all documents were available for review and up-to-date. Daily checks of means of escape were documented and escapes were observed to be unobstructed. Certificates for the fire alarm and emergency lighting tests were reviewed. Each resident had a personal evacuation plan in place and simulated fire evacuation drills had taken place. Floor plans that detailed the evacuation through the nearest escape were prominently displayed throughout the centre. The inspector observed a number of fire risk area that require review to bring the centre into compliance with the regulation.

There was a risk management policy in place that addressed the requirements of the regulation. A risk register was maintained as part of the centres risk management strategy. The risk register was updated as risks were identified and controls in place to mitigate risk. However, the system of risk identification required improvement as some risk found on the day of inspection had not been updated into the register. Arrangements were in place to support and supervise residents who smoked and the appropriate risk assessment and care plan was in place. The inspector was assured that the registered provider had systems in place for the recording, management and learning from serious and non-serious incidents.

Systems were in place to protect residents in the centre. All staff were trained in safeguarding of vulnerable adults and responding to allegations of abuse. Staff demonstrated an understanding of their role in the protection of residents. Deposits and withdrawals from the centres safe with regards to residents' monies and valuables were recorded.

The inspector reviewed a sample of residents' records, which indicated that residents had a comprehensive nursing assessment of needs completed on admission that was reviewed every three months with validated assessment tools. Care plans were developed from these assessments and these were seen to be comprehensive and guided the care to be provided to residents. Some nursing care plans required further improvement to capture the good quality of care provided to residents. There was an ongoing initiative to reduce the use of restrictive practices and promote a restraint free environment. Residents that required the use of bedrails had a comprehensive risk assessment in place.

Residents had unrestricted access to general practitioners (GP) and health and social care professionals. Residents had a choice of general practitioner (GP) and were encouraged to retain their own GP following admission to the centre. Where residents require further allied health and specialist expertise, this was facilitated through a system of referral. For example, some residents were under the care of the dietetic services for ongoing monitoring of their weight and nutrition. Physiotherapy was available in the centre weekly following a period of the service being suspended due to the pandemic. There was evidence of recommendations from health and social care professionals being implemented.

Overall, residents were satisfied that they could exercise choice over how they spend their day and confirmed that staff treated them with respect and they were supported to do the things they enjoy. Residents had access to daily newspapers, television and radio. Residents could choose to spend time in the dayroom or alone if they wished. Residents were satisfied with the laundry service and personal clothing was laundered on site.

### Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. The centre was facilitating visiting in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Judgment: Compliant

### Regulation 12: Personal possessions

Some residents in twin bedrooms did not have adequate space to store their personal belongings and clothing. Personal items were observed on top of storage units awaiting installation.

Judgment: Substantially compliant

### Regulation 13: End of life

All residents had a detailed and person-centred care plan in place that captured their individual needs and wishes to be implemented when their end-of-life journey began.

Residents end of life care was supported by their general practitioner and specialist palliative care services if required.

Judgment: Compliant

### Regulation 17: Premises

Improved focus and assessment of the premises was required. The premises did not conform to the matters set out in Schedule 6 of the regulations because:

- The premises was not in a good state of repair. Floor coverings in a number of bedrooms were damaged and torn. This inhibited effective cleaning.
- Bedroom and bathroom walls, doors and skirting had chipped paint and staining and while these had been painted, they were visibly damaged.
- The seals had worn away on some toilet and sink bases resulting in damage to the floor from water ingress and subsequent odour.
- Some taps required replacement as they were chipped and seals were heavily soiled at the base.
- Storage cabinets below some sinks in resident's bedrooms had evidence of water damage.

There were challenges in the centre regarding storage facilities and as a result there was inappropriate storage of equipment. For example:

- Residents' mobility aids, wheelchair foot pedals and hoists were stored inappropriately in bathrooms and this created a risk of cross contamination.
- Household equipment was stored in the laundry and toiletries were found stored in the housekeeping room.

Equipment used to support residents required upgrading and cleaning. The inspector observed:

- Residents' specialised seating was not clean and arm rests were torn.
- Some shower chairs required replacement due to staining and rust.
- Wheel castors on several commodes had a build-up or debris while others were rusted.
- Bed frames and wheel castors were not routinely cleaned as evidenced by the build-up of debris.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were complimentary of food they received and the availability of snacks and refreshments. Residents were offered a choice at each meal time and meals were prepared specific to each residents individual requirement.

Residents' nutritional status was monitored and where specific dietary requirements were prescribed, this was seen to be implemented.

Staff were available to provide support and assistance in a respectful and discreet manner.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1).

Incidents, accidents and near misses were recorded in an incident register and there was evidence of follow up and learning from adverse events. The system of risk identification required improvement and this is actioned under Regulation 23: Governance and Management.

Judgment: Compliant

### Regulation 27: Infection control

Improvements were required to ensure care was provided in a clean and safe environment that minimises the risk of cross infection. Issues identified on the day of inspection included:

- The inspectors were not assured that the layout of the sluice room and the



laundry room provided sufficient separation necessary to avoid the risk of cross contamination.

- The sluicing sink and taps in the sluice room did not comply with current recommended specifications.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre.
- Practices observed on the day of inspection regarding the use of personal protective equipment and hand hygiene were not in line with best practice guidelines.
- Hand sanitising alcohol dispensers required review as some were observed to be refillable. Disposable single use alcohol hand rub cartridges or containers should be used.
- The inspectors were not assured that the cleaning process with regard to the mop system was in line with national guidelines.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspector observed the following fire risks:

- The linen room was multipurpose and used to store various items. Linen was covering electrical switch boards which presented a fire risk.
- The inspector released a number of fire doors and observed that some fire doors these did not close correctly. This compromised the function of the fire doors in preventing the spread smoke in the event of a fire.
- Pipes entering the attic space through the ceiling required review by a competent person to ensure these were appropriately fire stopped.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Some improvements were required to ensure that each resident's care plan accurately reflected the assessment of their needs and was person centred in its detail.

This was evidenced by:

- The management of residents with diabetes required improvement to ensure the care plan reflected the current practice with regard to the monitoring of blood sugar levels.

- Care plans were developed in consultation with residents and, where appropriate, their relatives. However, consultation did not consistently occur with residents when care plan were being reviewed and updated.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to access health and social care professional services throughout the pandemic through a blend of face to face and remote consultations. A system of referral was in place for residents that required access to additional expertise such as Occupational Therapy, Chiropody, Speech & Language Therapy, Dietitian and Tissue Viability services.

Residents had access to an on-site physiotherapist on a weekly basis. Records reviewed evidenced that residents were reviewed by their GP as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector reviewed residents' records and found that residents that exhibited responsive behaviors (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), received care that supported their physical, psychological and social care needs.

Residents that required the use of bedrails had consented to their use and the appropriate risk assessment and supporting documentation was in place. The person in charge provided assurance that the least form of restriction was trialed prior to implementing the use of bedrails.

Judgment: Compliant

### Regulation 8: Protection

Staff had received training and demonstrated their knowledge, role and responsibility in the protection and safeguarding of vulnerable adults. Residents confirmed to the inspector that they felt safe and secure in the centre and could talk to staff about any concerns they may have.

The centre had a safe for storage of residents' valuables and monies. Suitable arrangements were in place to protect residents and the provider had implemented a system of records and receipts for residents who paid for services. This was signed by two members of staff and, where possible, the resident.

The inspector was satisfied that the actions required from the previous inspection had been completed

Judgment: Compliant

## Regulation 9: Residents' rights

Through conversations with residents and staff, there was evidence that residents' choice and rights were upheld. Residents were encouraged to exercise choice in how they spend their day.

Residents were consulted about changes in the centre and were kept informed of changing visiting guidelines and restrictions relevant to the COVID-19 pandemic. Residents' feedback was continuously sought and the person in charge was observed engaging with each resident throughout the day.

Residents were encouraged to maintain links with their local community and had access to daily newspapers, radio, television and phone calls.

Activities were scheduled daily and provided by healthcare staff in the interim period while awaiting a new activities coordinator to commence employment.

Residents and relatives whom the inspector spoke with were complimentary of the service being provided.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	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-0034316

Date of inspection: 23/09/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A review of our housekeeping processes, procedures, supervision and auditing is currently underway, to ensure compliance with best practice at all times. All necessary staffing resources will be provided to this area. We will also source a new audit system to identify any issues in a timely manner.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            A more robust auditing system will be sourced and implemented to identify any gaps in the service, this will include but not be limited to:</p> <ul style="list-style-type: none"> <li>- Environmental Cleaning</li> <li>- Fire Safety Checks</li> <li>- Appropriate Storage of Cleaning Chemicals in the lockable compartment on the cleaning trolley</li> <li>- Use of PPE</li> <li>- Hand Hygiene</li> </ul> <p>All Governance and Management meetings are now being recorded.</p> <p>Our Covid-19 Contingency Plan is currently under review to ensure the Centre has adequate preparations to manage an outbreak.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  The statement of purpose has been reviewed to ensure it accurately reflects the Centre.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  New storage units have been installed to ensure residents in twin rooms have adequate space for their belongings.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A flooring contractor has been appointed to install replacement floors where required.</p> <p>All damaged paintwork will be remedied.</p> <p>A plumbing contractor has been appointed to carry out remedial works to seals, taps, sinks etc</p> <p>Damaged storage cabinets will be replaced.</p> <p>A review of all storage practices has been carried out and will continue to be monitored, audited and supervised by management.</p> <p>A review of our housekeeping processes, procedures, supervision and auditing is currently underway, to ensure compliance with best practice at all times</p> <p>Any equipment requiring to be replaced or upgraded will be actioned immediately.</p>	



Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Floor markings and signage will be installed in the sluice room and laundry to ensure the 'flow' is clearly identified to avoid the risk of cross contamination.</p> <p>The sluicing sinks will be upgraded to comply with current recommendations.</p> <p>We are currently identifying areas where additional hand wash sinks can be installed.</p> <p>Hand sanitizing alcohol dispensers will be upgraded.</p> <p>As mentioned above the cleaning processes and procedures are under review.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Our linen rooms have been decluttered and the shelving in the area in question will be removed to ensure nothing is stored inappropriately.</p> <p>A fire safety audit will be carried out by a competent person to identify any issues and ensure the building is in compliance.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Some residents with diabetes had their blood sugar levels recorded more frequently than outlined in their care plan. All care plans and assessments are currently being reviewed by the Person in Charge to ensure they reflect current practice and consultation with residents and / or their care representatives is consistently documented.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	29/10/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	26/11/2021

Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	10/12/2021
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	26/11/2021
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	10/12/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	10/12/2021

	suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/10/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	26/11/2021