



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

## Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Camillus Healthcare Limited
Address of centre:	Dublin Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 September 2021
Centre ID:	OSV-0000434
Fieldwork ID:	MON-0032923

## About the designated centre

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

St. Theresa's Nursing home was established in 1980 and is located on the outskirts of the town of Thurles in close proximity to shops, restaurants and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Accommodation on the first floor comprises five single rooms and five twin bedrooms. Two single bedrooms on the first floor have full en suite facilities with toilet, shower and wash hand basin and all of the other bedrooms have wash hand basins in the room. Access to the first floor is by stairs and chair lift. Accommodation on the ground floor comprises 12 single and four twin rooms with two bathrooms and one toilet. Sanitary facilities comprise three assisted bathrooms on the ground floor, each of which have an assisted shower, a toilet and a wash hand basin and a separate toilet with hand basin. There is a dining room adjacent to the kitchen on the ground floor. Communal space consists of two sitting rooms and a separate room that can be used by visitors. There is also a nurses' office on the ground floor that is located in close proximity to the communal living rooms. The provider is a company called Camillus Healthcare Limited. The centre provides care and support for both female and male residents aged 18 years and over. Residents 50 years and over with dementia and or a physical disability can also be accommodated. Care is provided for residents over age of 50 years requiring convalescent, respite and palliative care. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and / or the acute hospital, staff in centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:

24

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 2 September 2021	09:30hrs to 18:45hrs	Brid McGoldrick	Lead
Thursday 2 September 2021	09:30hrs to 18:45hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Inspectors began this unannounced inspection in the morning and were met by a member of staff who ensured that hand hygiene and temperature and symptom checks for COVID-19 were carried out prior to entering the centre.

Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time since the onset of the pandemic. However, further improvement was required to ensure that the quality and safety of care delivered to residents achieved regulatory compliance.

Inspectors spoke with five residents living in the centre. All were very complimentary about the professionalism and dedication of staff.

The vaccination uptake in the centre was excellent and all staff and residents within the centre were fully vaccinated against COVID-19. However, the associated benefits of full vaccine uptake among residents had not led to changes in some public health measures, including visiting. Residents informed inspectors that they did not have indoor visits with friends and relatives due to the risk of COVID-19.

Resident activities were mostly individual and self directed. Some residents were colouring in, watching TV, listening to the radio, and reading, while one resident was crocheting in her room. One residents was assisted with a walk outside in the afternoon. Staff were observed chatting with the residents; however no other meaningful activities that promote physical health, mental health and wellbeing or opportunities for residents to socialise were observed on the day. Residents were left unsupervised for long periods of time with no meaningful engagement with members of staff. One resident told inspectors that he was sore from sitting in the same position for a long time.

Some residents spoken with found these restrictions had a negative impact on their quality of life; however, they understood the reason for them. Residents said they missed the activities, particularly music, and told inspectors they found the day very long. One resident said there was not much to do. Inspectors observed that although staff interactions with residents were mostly task orientated and brief, staff knew the residents well and treated them with kindness and respect at all times. Residents told inspectors that they were listened to and that staff were kind to them.

Mass had not been held within the centre since the onset of the pandemic. The person in charge told inspectors that she had queried the resumption of religious servious with the priest. In the interim, residents were facilitated to exercise their religious rights with the help of staff to access video links to religious services. Some residents said they would like to receive communion and confession.

The dining experience lacked ambiance and a large number of residents choose to

eat in their bedrooms. Despite this, residents who spoke with inspectors provided positive feedback on mealtimes and said the food was good, they received a choice and they generally could not fault the food. Residents spoken with confirmed that drinks and snacks were available between meals and at night time.

Through walking around the centre, inspectors observed that most residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

Staff were observed to follow infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene. While the centre generally provided a homely environment for residents, improvements were required in respect of the premises and infection prevention and control, which are interdependent. The décor in residents' rooms was showing signs of wear and tear. The food waste bucket positioned in the main entrance hall created an institutional feeling. Barriers to effective hand hygiene practice were also identified during the course of this inspection. For example, there was limited access to clinical hand-wash sinks for staff.

Inspectors were informed that the heating was not working within one area of the centre. Inspectors were informed that the plumber had been contacted and was awaiting parts to carry out repairs. Findings in this regard are further discussed under the individual regulations 17 and 27.

Overall, inspectors found that residents' day-to-day needs were generally being met however, improvements were required in the centre to ensure residents were supported and encouraged to have a good quality of life which reflected their wishes and preferences. Improvements were required to ensure a more person-centred approach to care was provided for residents which provided opportunities for meaningful activities.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013. It was carried out on receipt of information regarding the governance and management, staffing, visiting arrangements and infection prevention and control measures within the centre and to follow up on the non-compliance from the

previous inspection in November 2020.

Significant concerns were identified during the course of this inspection. Regulations relating to governance and management, staffing, visits, premises, infection control and fire safety were found to require significant improvement. These matters were brought to the attention of the registered provider. An urgent action plan was issued following the inspection.

The centre was owned and operated by Camillus Healthcare Limited who was the registered provider. The company was made up of two directors; one director is the registered provider representative (RPR) and she is involved in strategic management of the centre. As person in charge she was also responsible for the day-to-day running of the centre and worked from Monday to Friday and was on call at the weekends. She was supported in her role by a clinical nurse manager (CNM), a staff team of nurses, health care staff, and housekeeping and catering staff. There were suitable recruitment practices in place and the provider ensured that all staff had a An Garda Síochána (police) vetting in place prior to commencing employment.

The centre had not had an outbreak of COVID-19 to date which is commendable. The centre's outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. The provider had also introduced a daily COVID-19 checklist. However findings on the day in relation to Regulation 27: Infection control did not provide assurances that the centre was equipped to manage an outbreak of COVID-19 should one occur.

There was a need to improve monitoring and oversight of the centre. There were insufficient local assurance mechanisms in place to ensure that the environment and equipment were effectively cleaned and decontaminated. Several items of equipment observed during the inspection were visibly unclean. Equipment cleaning checklists were not comprehensive.

While acknowledging that the provider was in the process of recruiting staff, there were insufficient staffing levels found on the day of the inspection given the resident dependencies and layout of accommodation over two floors. The provider advised that she had ceased admissions to the centre, with no new admissions to the centre from the 9 August 2021. However inspectors found that there was insufficient numbers of nursing, care and cleaning staff available to meet residents' care needs and to ensure the centre was clean. Inspectors were not assured that the centre had sufficient staffing resources to ensure the effective and safe delivery of care for residents in a manner that could cope with COVID-19 outbreak. There was one cleaner working in the centre on the day of inspection. However inspectors found that this did not ensure the nursing home was appropriately cleaned as evidenced under Regulation 27: Infection control. The provider demonstrated an awareness of many of the inherent weaknesses in the existing resources and had acted to address some of the deficiencies identified through ongoing recruitment.

Up-to-date infection prevention and control policies and procedures were in place and based on national Health Protection Surveillance Centre (HPSC) guidelines.

However, guidelines on visiting required review.

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role.

There was a procedure for making formal complaints. This procedure was consistent with relevant legislation and regulations, local and national policy and took account of best practice guidelines.

### Regulation 15: Staffing

The staffing numbers and skill-mix were not appropriate to meet the support requirements of 35 residents for which this centre is registered. While there were 24 residents in the day of inspection, the staffing levels were not adequate to provide a safe service. For example:

- There was in-sufficient staff to maintain the cleanliness of the centre to the required standard.
- There was only one (newly recruited) cleaner on duty.
- There was no staff working in the laundry on the day of inspection.
- One catering assistant was on duty after 3pm daily which resulted in limited meal options for residents for their evening meal.
- There was a limited activity programme for residents, there were no activity personnel on duty on the day of the inspections.

A review of night-time staffing levels was also required to ensure that residents could be safely evacuated in the event of a fire, having regard to the dependency of the residents and the layout of accommodation over two floors.

Judgment: Not compliant

### Regulation 16: Training and staff development

Mandatory training was up-to-date for all staff, in key areas such as fire safety, moving and handling, safeguarding and responding to responsive behaviours. Additional training for all staff in response to the COVID-19 pandemic had also taken place. This inspection identified that additional fire training was required, this is described under Regulation 28: fire precautions.

Judgment: Compliant



## Regulation 23: Governance and management

Current resourcing and governance arrangements required review and improvement. The measures in place to mitigate the risks were not effective and this impacted on the quality and safety of the care provided to residents. For example:

- Risks were not being effectively identified and managed. For example, the risk register did not include the fire safety risk identified by inspectors on inspection as addressed under Regulation 28.
- The oversight of key areas such as infection prevention and control and the upkeep and maintenance of the centre were not robust and did not ensure that care and services were safe and appropriate.
- On the day of the inspection, the centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The statement of purpose required updating to accurately reflect:

- The complement of household, laundry and maintenance staff employed
- The floor plans outlined did not include the laundry or the two-storey block with staff facilities.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. Inspectors reviewed the complaints log which included details of the complaint, investigation and outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Staff were familiar with the complaints procedure.

The process could be improved if verbal complaints were documented and used to inform quality improvements.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and updated on a three-yearly basis in line with regulatory requirements.

Judgment: Compliant

#### Quality and safety

Overall, inspectors found that residents' care needs were being met. However residents were not supported and encouraged to have a good quality of life, with access to meaningful activities in line with their wishes and choices.

The provider had ensured there were sufficient supplies of PPE in the centre with all staff seen to be wearing the appropriate PPE on the day of the inspection. However, inspectors identified a number of issues which had the potential to impact on infection prevention and control measures. For example facilities for and access to hand-wash sinks in the areas inspected were not available to support good hand hygiene practice. Portable fans were observed throughout the centre, including the main entrance hall. Electric fans may pose a an infection risk by dispersing airborne infections, including COVID-19. Fans should only be used following a risk assessment and where there is a single occupant in a room. The use of the disinfection tunnel prior to entering the centre was potentially counterproductive and there are no public health guidelines or evidence supporting the efficacy of this equipment for human disinfection. These findings will be further discussed under the relevant regulations.

Eight of the nine twin rooms will not meet the requirements when SI:No. 293 came into effect in January 2022. The provider was aware of this and had plans to address the issue by converting these rooms into single occupancy rooms.

Inspectors did not find evidence that visiting was being facilitated in line with the latest public health guidelines. For example, records showed that only five residents had received visitors inside the centre in the previous week. The majority of records of indoor visits over the week were for compassionate and end-of-life visits. All residents spoken with confirmed that window or outside visits were permitted. Residents were unaware that indoor visits could be facilitated at this time. Two staff members also confirmed that window and outdoor visits continued to be the norm. This should be reviewed to proportionally balance restrictions to individual liberty and measures to protect residents from serious harm.

Care planning was paper based and the standard was good. Care plans described individualised and evidence-based interventions to meet the assessed needs of residents. Validated risk assessments were routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments informed the residents' care plans.

Each resident had access to a general practitioner (GP) of their choice. Referral arrangements were in place to obtain rehabilitative services from health and social care services including: physiotherapy, occupational therapy, palliative care, speech and language therapy and other services as required by the resident to help them achieve optimal physical function and independence.

Each resident was offered a daily menu with a choice of main meal that reflects their preferences and dietary requirements. However, the menu should be reviewed by a dietitian or appropriately qualified healthcare staff to ensure it is nutritionally balanced to meet residents' dietary needs and preferences.

A restraint-free environment was promoted at all times. Each resident had a full risk assessment prior to any episode of restraint unless there is an imminent risk to the resident's safety or the safety of others. The centre had a clear policy and procedure on the management and protection of personal property and finances including pension management. The provider was not acting as a pension agent for any residents on the day of the inspection.

Residents were facilitated in accessing advocacy services. However, inspectors found a more balanced approach was needed when managing risk-taking and promoting independence, taking the resident's preferences into account. This is discussed under Regulation 9: Resident's rights.

Fire-fighting equipment was in place throughout the centre and emergency exits were clearly displayed and free from obstruction. Daily checks of fire exits and escape routes to ensure they were unobstructed were being completed and records of these checks were available for review. Fire safety records and a directory of visitors are maintained in line with the regulations.

Inspectors noted that fire doors provided throughout the centre were in good condition and appeared to be well maintained.

However, fire drill records reviewed did not provide assurance that staff were adequately prepared for the evacuation of the premises, particularly at night-time, given residents' needs and the two-storey layout. Furthermore all drills had been performed within and from one compartment or/ zone.

## Regulation 11: Visits

Indoor visits for critical and compassionate circumstances ( such as end of life) were observed on the day of inspection. However, routine visiting arrangements were not

in line with the HPSC guidance on normalising visiting in long-term residential care facilities issued on 19 July 2021. Residents and a small number of staff members informed inspectors that window visits and outside visits continued to be routinely facilitated.

Judgment: Not compliant

### Regulation 17: Premises

A number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example:

- The heating was not working in one area of the centre.
- Some surfaces and furniture were worn and poorly maintained and as such did not facilitate effective cleaning.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment. For example, clean laundry was stored in a communal bathroom.

Judgment: Not compliant

### Regulation 27: Infection control

Infection prevention and control practice in the centre was not in line with the national standards and other national guidance. For example:

- Facilities for and access to hand-wash sinks in the areas inspected were less than optimal. There was a limited number of hand wash sinks in the centre and many dual purpose resident/ staff clinical hand wash sinks. The stainless steel sinks in the treatment room and dirty utility rooms did not comply with current recommended specifications for clinical hand-wash sinks. Outlets of some hand-wash sinks in the centre appeared unclean.
- An electric hand dryer was available in a toilet used by residents. Disposable paper towels for hand drying are preferable to the use of electric dryers to minimise the spread of infection.
- Personal bottles of hand sanitisers were being refilled topped up from wall mounted dispensers. Single use bottles should not be topped up to avoid the risk of contamination.
- Inspectors were informed that used wash-water was emptied down residents' sinks, and basins were rinsed in the residents' sinks which poses a risk of cross-contamination.
- Several items of resident equipment observed during the inspection were visibly unclean including the cleaning trolley and equipment, commodes,

shower chairs, wheelchairs and a resident's call-bell.

- Tubs of alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Alcohol wipes are only effective when used to disinfect already clean non-porous hard surfaces
- A footwear disinfection tray and a disinfection tunnel were observed at the main entrance and the side of the centre. National guidelines do not recommend the use of footbaths or disinfection tunnels to control the spread of COVID-19.
- The portable fans in use were not on a daily cleaning schedule and the blades of some fans were dusty. The use of portable fans in communal areas during a pandemic had not been risk assessed
- External clinical waste storage bins were not locked and were accessible to the public.

Judgment: Not compliant

### Regulation 28: Fire precautions

The centre had a fire safety policy and associated procedures to guide and inform staff in a fire alert or fire situation. Fire training and fire drills had been completed in March, May and June 202. The fire alarm panel had been upgraded in 2019. However, improvements were required to comply with the requirements of the regulations. The floor plans on file do not include an external staircase to the rear on the first floor. Staff knew what to do if the alarm was activated and what the procedures to follow if they needed to evacuate residents in the event of a fire when asked.

However, inspectors were not assured that adequate means of escape was provided throughout the centre.

For example:

- On inspection rubbish contained in refuse bins at the side of the building had been stored in one large area along an external fire exit route. This was a fire risk as it made it difficult for residents and staff to use the route as a means of escape in the event of evacuation.
- The escape route was missing directional signage, this made it unclear during the inspection where residents were supposed to go once they had exited the building to the front area and where the final fire assembly point was located.
- Confirmation from a competent person was required on the adequacy of emergency lighting provided should a night time evacuation be required.
- There was also a lack of emergency lighting provided along the external escape route which would be a fire risk in the event of a night time evacuation.

A large quantity of previously used cloths and blankets had been stored in the laundry room for a long period time which created a fire risk. The fire alarm panel is located in an area beside a sitting room. The location of the fire alarm panel requires review to ensure it is appropriately located, to ensure staff can quickly access it, to, prevent delays in identifying the location of the fire, and for the fire service personnel upon arrival at the centre. A risk assessment should be completed to determine if an additional repeater panel should be provided on the upper floor. Advice from a competent fire safety professional should be sought in this regard.

The person in charge advised that they had completed a risk assessment and that residents with medium and low dependency needs were accommodated on the first floor. On the day of inspection, two residents assessed as high dependency and one resident whose condition had deteriorated since the completion of their assessment were accommodated on the first floor. No additional controls had been put in place to ensure that residents could be safely evacuated from this area in the event of a fire. A review of night-time staffing levels was required to ensure safe evacuation, this is actioned under Regulation 15 Staffing.

From a review of the fire drill reports, the inspectors were not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available.

While regular evacuation drills were being carried out, all fire drills reviewed included the same scenario where evacuation took place through the same escape route, without exploring other potential evacuation scenarios. Fire drills should be practiced using multiple scenarios and all means of escape to ensure all routes have been tested by staff and are adequate for the adopted evacuation procedures and equipment in use.

Following the inspection, the provider was requested to carry out a fire drill for a full compartment evacuation with night-time staffing resources and with all evacuation aids as required to give assurances that there was adequate resources to safely evacuate residents from the largest compartment. Assurance is required that staff training will be provided in vertical evacuation using all staircases on the first floor and using the evacuation aids available.

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

Fire floor plans on display required review to ensure they identify the nearest location of fire fighting equipment. Fire procedures also required review to include more detail, including the eircode of the centre. Fire floor plans were submitted following the inspection; however, the full extent of fire compartment boundaries were not clear.

The provider has been requested to submit up-to-date floor plans and a fire risk assessment by a competent person.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care. Assessments were completed using a range of validated tools.

Judgment: Compliant

## Regulation 6: Health care

Inspectors found that residents' overall healthcare needs were met, and that they had access to appropriate medical and allied healthcare services.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights in relation to freedom of movement outside of the centre were impacted by the ongoing restrictions imposed to prevent the introduction of COVID-19 into the centre:

- Residents' meetings had been suspended since the onset of the pandemic.
- Residents were not facilitated to observe religious practice in accordance with their wishes.
- Fully vaccinated residents who attended external medical appointments were required to restrict their movements for 14 days on return to the centre. This is not in line with updated HPSC guidance.
- Residents did not have opportunities for recreation, travel and leisure outside of the designated centre due to ongoing restrictions.
- Residents with intellectual disabilities were not routinely assessed for their eligibility and need for personal support services to enable independent living.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for St. Theresa's Nursing Home OSV-0000434

Inspection ID: MON-0032923

Date of inspection: 02/09/2021

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            We have recruited additional housekeeping staff with a schedule of two housekeepers on duty, and increased the total hours allocated to housekeeping position in the event of an absence. The quality of the housekeeping has been reviewed and will be audited by the PIC/CNM2.</p> <p>The pre-registered nurse commenced employment as planned and is now registered with NMBI.</p> <p>The CNM2 has been allocated supernumerary hours to enhance supervision, auditing and training.</p> <p>A second CNM2 commenced the role 23.09.21.</p> <p>Any unforeseen circumstance in respect of the absence of the staff members allocated to laundry will be risk assessed. The laundry is provided from 9-1 Monday to Saturday with additional hours allocated if needed.</p> <p>A review and survey of the meal options has taken place with the residents. An additional audit of the meal options has been sent for review by a dietician and we have been informed this will be available 22.10.21. Any recommendations will be implemented.</p> <p>There is one programme co-ordinator allocated with additional hours for activity assistants and each resident's social care plan has been reviewed. The CNM2 will meet with each resident and complete a satisfaction survey of the programme and look to meet any additions in the programme or suggestions made by the residents.</p> <p>Night-time staffing levels have been reviewed to ensure that residents will be safely evacuated in the event of a fire and two residents have been consulted and have relocated to the ground floor with their agreement.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The risk register has been reviewed and updated in respect of IPC and Fire Safety. The risk register is being used as a live document to address any potential risks.</p> <p>A fire safety consultant will be retained and is to carry out a fire risk assessment. The fire safety consultant will oversee the fire safety management within the home.</p> <p>The recruitment of additional nursing staff and the appointment of an additional CNM2 will provide a more robust management structure to oversee areas such as IPC, upkeep and maintenance of the home and the continued safe and appropriate service.</p> <p>In the absence of the PIC the CNM2 will be a supernumerary.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been reviewed to include the complement of household, laundry staff and arrangements for maintenance.</p> <p>The statement of purpose has been reviewed to include the updated floor plans.</p>	
Regulation 11: Visits	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>We remain committed to the importance of visiting. The visiting care plans are updated to reflect the current guidelines.</p> <p>A staff meeting has been held to establish that all staff members are aware of the guidelines and the copy of these are available. Signage has been placed in the home to</p>	

<p>notify residents of the guidelines on visiting. By way of clarification to family's correspondence has been made to clarify the current guidelines.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The heating pump that was ordered has been installed 3.9.21 There is a system in place to monitor the temperature of the rooms and any action that is needed will be addressed.</p> <p>A review of areas in need of maintenance have been identified and a schedule of works has been compiled together with completion dates.</p> <p>A store area and storeroom has been located for additional equipment and linen 23.9.21</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  We have identified clinical sinks for use and all staff have been advised of their location 3.9.21 Staff have been advised to use these specific sinks until HPN sinks are in place.</p> <p>Alcohol wipes have been removed and replaced with detergent wipes when needed. Staff have been made aware of this.</p> <p>The clinical bins are being checked by the NIC to ensure they remain locked. A daily checklist is in place.</p> <p>IPC is included in daily and management meetings.</p> <p>Terminal cleaning schedules and records have been reviewed and updated to include all equipment.</p> <p>The PIC/CNM2 will review and monitor cleaning and records to ensure the standards are upheld.</p> <p>A full schedule of terminal cleaning has been completed 23.9.21</p> <p>An electric hand dryer has been replaced with a paper towel dispenser 22.9.21</p>	

Personal hand sanitizers will not be refilled from dispensers 2.9.21

A review of dispensing of used water has been completed and staff are aware 2.9.21

The footwear disinfection tray was not in use and has been removed 13.9.21

The three portable fans have been removed and in the event of a resident requesting one a risk assessment will be completed and documented 3.9.21

Staff members are aware of correct disposal of used water and rinsing of basins 3.9.21

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A fire risk assessment will be completed 7.10.21 Required actions will be dealt with on receipt of the report.

A fire safety consultant will be retained to oversee fire safety within the home 21.10.21

Fire compartments are on the floor plans, the Eircode has been added and the combination of the existing floor plans will also reflect the updated information 1.10.21  
A review of the updated fire plans will be completed by the fire safety consultant.

We will undertake fire drills from different compartments with different scenarios using minimum staffing levels to ensure the most efficient evacuation times using evacuation equipment.

Additional evacuation equipment will be ordered 14.10.21

The fire safety policies and procedures will be reviewed and updated. Staff will receive training on these updated policies and procedures.

A review of the emergency lighting will be completed by the fire safety consultant completing the fire risk assessment 07.10.21

Any additional emergency lighting required will be installed on the evacuation route as per the fire risk assessment completed on 07.10.21

Extra signage on the escape routes has been put in place and we will involve residents more in the evacuation drills and walk abouts of exit routes 09.09.21

Extra blankets and linens have been removed 14.09.21

New member completed fire training prior to commencement has now participated in a fire drill 14.09.21

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents' meetings have recommenced 23.09.21

On site mass has resumed in the nursing home 17.09.21

Compliance with the HPSC guidance is in place for all residents.

Residents wishes for recreation, travel and leisure outside the nursing home are facilitated.

We remain committed to the social aspect of every resident in accordance with their wishes 02.09.21

We remain committed to the importance of visits for residents and families 02.09.21.

Social care plans and the need for advocacy services has been reviewed.

The assessed need for special support services has been addressed and documented. 22.09.21 This will be kept under review.

## 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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Not Compliant	Orange	02/09/2021
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Not Compliant	Orange	02/09/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Not Compliant	Red	10/09/2021

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
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	Red	08/09/2021
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.	Not Compliant	Red	08/09/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Red	08/09/2021
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Red	08/09/2021



	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	10/09/2021
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 suitable bedding and furnishings.	Substantially Compliant	Yellow	07/10/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/11/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre	Not Compliant	Orange	14/09/2021

	to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	08/09/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe	Not Compliant	Orange	14/09/2021

	placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	23/09/2021
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	29/10/2021
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	16/09/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	29/10/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is	Not Compliant	Orange	03/09/2021

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	23/09/2021
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Substantially Compliant	Yellow	22/09/2021