



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Powdermill Nursing Home & Care Centre
Name of provider:	JCP Powdermill Care Centre Limited
Address of centre:	Gunpowdermills, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	30 September 2020
Centre ID:	OSV-0004456
Fieldwork ID:	MON-0030544

About the designated centre

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

Powdermill Nursing Home and Care Centre is located close to the town of Ballincollig, which is approximately nine kilometres west of Cork city. It is a two storey premises with resident' accommodation on the ground and first floors. The upper floor can be accessed by both stairs and lift. Bedroom accommodation on the ground floor comprises 19 single bedrooms, one twin bedroom and three triple bedrooms. Bedroom accommodation on the first floor comprises four single bedrooms and two triple bedrooms. The centre offers 24 hour nursing care to both long term and respite residents that are predominantly over the age of 65 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 September 2020	09:45hrs to 18:15hrs	Caroline Connelly	Lead
Wednesday 30 September 2020	09:45hrs to 18:15hrs	Mary O'Mahony	Support

What residents told us and what inspectors observed

Inspectors met the majority of residents present during the inspection and spoke to approximately eight residents in more detail throughout the day. The overall feedback from residents was that this was a nice place to live and that staff were very kind and caring.

Inspectors arrived unannounced to the centre and saw that a number of residents were in the dining room having breakfast. They were being assisted by a staff member who was the dining room assistant. She was seen to chat with residents as they arrived down for breakfast at a time of their choosing and residents confirmed this to be a good service and they were glad to see a smiling face greeting them in the morning. Inspectors saw that the centre is located in a residential area in Ballincollig and in close proximity to all amenities including shops, post office and local church. The GAA playing fields and public park which were located across the road from the centre provided a good source of entertainment for residents who enjoyed watching matches and people out walking and jogging. Residents told inspectors that they loved the central location and some residents said they loved to watch the world go by and all the people coming and going. There is a garden to the front of the centre, which is landscaped to a high standard with ornamental features and shrubs. On one side of the premises there is a patio area with garden furniture and shrubs, which is readily accessible to residents. There is also a decking area located on the other side of the premises that also has garden furniture and seating. Residents were seen to use these areas at times during the inspection weather permitting. The residents told inspectors it was great to get out in the fresh air whenever they could. The smoking shelter was also located near the patio area and the inspectors observed residents using this area supervised by staff. One resident told inspectors they loved the sun and would spend all day outside when the weather facilitated them to do so. Inspectors reviewed records of residents meetings which showed that residents were encouraged to be outside.

Inspectors were informed and also saw that there had been ongoing improvements to the premises and the external grounds. The centre was clean and seen generally to be in a good state of repair and decoration. Since the previous inspection flooring had been replaced in parts of the centre. However, inspectors identified areas in some bedrooms where the flooring was worn and damaged and some furniture had exposed wood on a shelf and under the sink. The person in charge told the inspectors they had planned a continuing redecoration of the centre including, further new flooring in those areas. The inspectors expressed concern that these areas would be difficult to clean fully in light of current infection control guidance. Plenty of communal space was available between day rooms/dining rooms and a conservatory area. Inspectors saw these areas were not fully used to facilitate social distancing. The majority of the residents were seen to spend their day in the main day/dining room and the other areas were mainly under utilised. Inspectors saw that residents sat in close proximity to each other at the dining tables and some were seated around the room. This area was seen to be the hub of

all activity throughout the day. Inspectors observed that many residents spent a large part of their day sat at the dining tables where activities took place. Inspectors noted that alternative places or more comfortable seating were not seen to be offered to the residents and this was required to ensure further social distancing of residents.

Inspectors saw that there was a varied activity schedule that included balance classes, pamper days, music, games and sensory activities that were aimed at the needs of people with dementia. There was information available on residents' backgrounds, lifestyles and hobbies to guide staff when planning the activity schedule. Residents told inspectors they were aware of the day's programme to enable them to choose whether to attend or not. There were three staff members sharing the role of activity coordinator. Inspectors observed that residents had good levels of social engagement that appeared to provide them with enjoyment. They saw a lively music session with a visiting musician taking place on the afternoon of the inspection, an exercise and pamper sessions had taken place in the morning. Residents told inspectors that the activities were really important to them and they had really kept them going during the period of limited visitors and when they were not seeing family members. Some residents said they were grateful for mobile phones, Skype and technology which helped them to stay in contact with their families. Residents reported that their views were listened to and records of residents' meetings showed that issues or suggestions made by the residents were acted on.

Residents were complimentary about the food and said they were offered choice at all meals. Inspectors saw that the lunch and desert served during the inspection was both appetising and in good portions. Most residents had dinner in the dining room however, the inspectors saw that the tables were full and did not facilitate social distancing. A few residents choose to have their meals in their rooms and a few other residents sat in the conservatory area where new meal tables were provided following a requirement from the last inspection. This allowed residents more space and comfort when dining as the tables an individual easily accessible dining table. Inspectors saw staff offering resident's deserts and drinks and checking if they had what they required. One resident described how the chef was very accommodating and would make anything you wanted. She described that she was vegetarian and the chef went out of her way to make appetising and varied meals of her choosing, including a vegetarian version of a scotch egg which was her favourite. Other residents spoken with confirmed that food portions were plentiful and drinks and snacks were available between meals and at night time.

The inspectors saw resident's bedrooms and noted that many of the bedrooms were personalised with soft furnishings, ornaments and family photographs. Resident's bedroom accommodation was provided on both floors. The person in charge assured the inspectors that only mobile residents were accommodated in a number of bedrooms upstairs that had additional steps up to them. 25 out of the 29 bedrooms had en-suite facilities and toilets and bathrooms were in proximity of rooms that did not have en-suite facilities.

Inspectors observed that staff knew residents well and engaged with them in a

personal, meaningful way by asking about their wellbeing, plans for the day, activities and meals. Residents told inspectors that they had good relationships with staff and found them very helpful. All the residents who spoke with inspectors were very complimentary about the staff. Residents were pleased that visiting restrictions had eased. One resident said she was grateful to see her family when they could visit and was complimentary about the new visitor's area with the screen and also spoke about the garden visits. Inspectors saw indoor visiting taking place during the inspection which was managed well. Inspectors saw that residents were supported by staff to access telephones, IT communications and newspapers and enjoyed religious services in house and on the television.

Residents said they regularly spoke of COVID-19 and the effects of it with the staff and person in charge and were informed of precautions the residents and staff had to take. They said they were encouraged to complete a COVID-19 survey to help the staff understand the resident's experience and get feedback on what could be done better. However inspectors observed that improvements were required to ensure the centre was in compliance with the relevant national guidelines including the Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. This was required to inform best practice in order to ensure the best outcome for residents.

Capacity and capability

The centre is owned and operated by JCP Powdermill Care Centre Limited who is the registered provider. The company is made up of two directors who are involved in the day to day running of the centre. The company employs a full time operations manager and the person in charge is a full time position working Monday to Friday and is on call at the weekends. She is supported in her role by a senior nurse, a team of nursing, care staff, activities, housekeeping, catering and maintenance staff. The senior nurse takes charge in the absence of the person in charge and supervises and trains new nursing and care staff.

This unannounced inspection was triggered following receipt of unsolicited information raising concerns about care of a resident. This information was also received from the centre in the form of a notification. On the day of the inspection, inspectors did not find evidence to support the concerns raised but saw that the issues identified were investigated by the person in charge, appropriate action was taken and open discussion and communication was ongoing with the resident and family.

Inspectors acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. Regular swab tests had confirmed all staff to be negative for COVID-19 and a number of the required precautions were in place to prevent

infection. However, the inspectors identified that significant improvements were required in a number of infection control practices and in the centres preparedness for an out break of COVID-19. Following the inspection a self-referral was made to the HSE infection control team for a review of the centre following the inspection as recommended by the inspectors to ensure compliance with the national guidelines including the Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. The inspector wrote to the centre requesting that they did not admit any further residents until they had facilities to isolate a newly admitted resident in a single room for 14 days. The person in charge agreed to same.

The person in charge was clearly known to residents whom inspectors spoke with and residents were very complimentary of the care and support provided by her and all of the staff. Where areas for improvement were identified in the course of the inspection and previous inspections the management team demonstrated a conscientious approach to addressing these issues. Clinical governance meetings take place on a weekly basis attended by the operations manager the person in charge, senior nurse and activities. All aspects of the service were discussed, including clinical, managerial, staffing, training, fire, maintenance, kitchen and COVID-19. The minutes clearly outlined issues raised, action required and who was responsible for the action. These were all followed up at the next meeting. Managers update meetings also took place attended by senior staff. There was a system of audit in place that generally reviewed and monitored the quality and safety of care and residents' quality of life. There was a comprehensive record of all accidents and incidents that occurred in the centre and appropriate action was taken to review residents following a fall. There was evidence of full investigation and a full root cause analysis review of incidents, allegations and complaints that took place in the centre with appropriate reporting of findings to residents and families as appropriate. Incidents and allegations had been notified to HIQA as required by the regulations

There was evidence of good numbers and skill mix of staff on duty during the day. Staff worked a variety of shifts to provide care to the residents. There were a number of additional roles which included the dining room assistant role who assists residents with their breakfast every morning in the dining room. This ensures residents have a relaxed start to the day having breakfast at whatever times suits them on getting up. There was a twilight shift from 16.30 to 22.30 to provide choice in bed times. Overall staffing levels appeared to meet the needs of the residents. However the skill mix at night required review with only one nurse on duty, taking into account the size and layout of the building over two floors. Inspectors also identified concerns that this staffing arrangement would not ensure effective infection prevention measures in the event of an outbreak of COVID-19. This was addressed following the inspection.

Regulation 15: Staffing

Following the inspection two nursing staff were rostered to work at night and assurances were provided to the inspector that this staffing ratio would continue. This was in response to concerns raised by inspectors about one nurse rostered for night duty provide care for up to 40 residents. The updated staffing levels were found to be sufficient to provide and supervise care provided to residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through in house and HSE online training. A record was maintained of staff attendance at these mandatory training sessions

There was evidence that newly recruited staff had received an induction with evidence of sign off on key aspects of care and procedures in the centre. Appraisals were in place for staff and any required disciplinary actions were documented and actioned appropriately.

There was a comprehensive training matrix in place which outlined other ongoing training and was made available to inspectors. There were high levels of training provided. Safeguarding training, fire training and moving and handling training were in date for staff. Training to support people who had responsive behaviours was not in place for all staff. However, there was evidence that this training was delayed due to the COVID-19 pandemic and it was booked for the next month over three sessions to ensure social distancing and all staff attendance.

Judgment: Compliant

Regulation 21: Records

Records as requested during the inspection were made readily available to inspectors. Records were generally maintained in a neat and orderly manner and stored securely. A sample of four staff files viewed by the inspector were assessed against the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the person in charge assured inspectors that no staff member was recruited without satisfactory Garda vetting. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2020 for nursing staff were seen by the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and roles and responsibilities were clearly outlined. Whilst the inspectors saw some evidence of good management practices and monitoring of the service, at the time of the inspection, Management systems were not in place to address the risks associated with the following issues:

Infection Control:

- Inspectors were not assured that there was a robust plan in place to manage an outbreak of COVID -19 in the centre. Infection control practices in the centre were not fully in compliance with the Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. There were significant risks identified with infection control practices in the centre. These are discussed under Regulation 27: Infection Control

Risk Management

- There were a number of risks identified during the inspection. This is outlined under Regulation 26: Risk Management

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents, which were specified in the regulations for the sector, had been notified to the Chief Inspector in the required time frame. For example, where a resident had sustained a serious injury requiring hospitalisation or where a sudden death had occurred these were notified within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific comprehensive complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process, as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance and was included in the statement of purpose.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Residents with whom inspectors spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspectors found that immediate improvements were required in the management of infection control and in risk management.

The inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had access to local general practitioner (GP) services and to a range of allied health professionals which had continued throughout the pandemic with some reviews taking place online. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The resident assessment process was seen to involve the use of a variety of validated tools and care plans were found to be person centred and sufficiently detailed to direct care. A policy to inform management of restraint was available and reflected procedural guidelines in line with the national restraint policy. However, improvements were required in the number of restraints in the form of bedrails in use in the centre.

The centre monitors symptoms of residents and staff for COVID-19 and had in place protocols for testing of suspected case. Residents and or their families were informed of tests and the results and care plans to support the changing needs associated with COVID-19 were in place. Staff were being tested on a regular basis and all staff were cooperative in attendance for testing. To date there had been no staff or resident testing positive. A number of infection control practices were of a reasonable standard in that all staff wore appropriate PPE and hand sanitisers

were readily available. The centre was cleaned to a good standard with good numbers of household staff available and working daily. However, as previously outlined, improvements were required in a number of infection control practices, including the self-isolation of residents for 14 days following admission and on return to the centre from hospital. The contingency plan and preparedness for the management of an outbreak of COVID-19 required review and action.

Staff were found by the inspector to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests. The design of the premises was homely and an ongoing programme of regular proactive maintenance was in place in the centre however some improvements were required in relation to aspects of premises that posed as risks to residents and staff. There were systems in place to safeguard residents from abuse and training for new staff was ongoing. All staff had a valid Garda vetting disclosure in place prior to their commencement of work in the centre.

Inspectors found that residents were consulted about how the centre was run and were enabled to make choices about their day-to-day life in the centre. There were adequate arrangements in place for consultation with relatives and families. Two relative/resident meetings took place during 2019 and ongoing communication had taken place with families during the COVID-19 pandemic. The centre's monthly newsletter was seen by the inspectors and included information for residents and relatives. The September newsletter contained information on dementia and care for residents with dementia invited family members to come and talk to the person in charge if they want more information or to discuss their relatives care. Each newsletter contains a section from a staff member telling about their role, for example in the August edition it was the dining room assistant and in the September edition it was the chef. Residents told the inspector that they enjoyed reading about the staff and understood more about their role.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Staff were committed to ensuring residents and their families remained in contact by means of planned visiting in line with the national guidance. A schedule of arranged visits was in place. Visiting controls included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, cleaning of the room following every visit and appropriate supervision to allow for privacy and supervise compliance with the controls in place. A new visiting room was made available which was laid out to facilitate social distancing, with a screen to prevent direct contact. External visiting was also facilitated in the garden area. Visitors could book an appointment and a schedule of arranged visits was in place.

Judgment: Compliant

Regulation 17: Premises

The design of the centre was homely and the premises was generally well decorated and maintained. The centre was warm, bright, clean and ongoing improvements were seen in the premises and external grounds and a schedule of planned maintenance was in place. The layout was diverse and it was set out over two floors. The majority of rooms were single bedrooms but there were five triple rooms and one twin bedroom.

Although the centre was generally well maintained there were a number of issues identified with the premises that are actioned under Regulation:26 risk management and Regulation 27: Infection control.

Judgment: Compliant

Regulation 18: Food and nutrition

Improvements were seen in the provision of modified diets. The dining experience of residents in the conservatory area was also enhanced by the provision of more appropriate dining tables. Good communication was seen between the chef, staff and residents to ensure the correct diets were provided. Resident's were offered appropriate choice, variety and food at times and quantities that suited their needs.

Judgment: Compliant

Regulation 26: Risk management

During the inspection the inspectors identified the following risks, two of which that had not been identified as hazards in the centre at the time of the inspection:

- The provider had a plan in place to replacing the stairs at the front of the building which were seen to be narrow, steep and winding. This was previously identified as a risk and works were due to be completed by July 2020. However inspectors noted this work had not commenced at the time of the inspection.
- Wires from beds and mattresses were seen in a number of bedrooms hanging loosely at the end of residents beds and these hadn't been secured. This could present as a trip hazard.

- One extension lead required repositioning, as it was hanging down loosely behind a wall mounted television posing a risk.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control practices, protocols and procedures in place required immediate review to ensure that they are implemented in line with the following documents: the National Standards for Residential Care Settings for Older Persons 2016, the National Standards for Infection Prevention and Control in Community Services 2018. They should also reflect relevant national guidelines including the Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. This was required to inform best practice in order to ensure the best outcome for residents.

- Newly admitted residents and residents returning following a hospital stay were not maintained in self-isolation for 14 days and were mixing with other residents and staff in the communal areas. Fourteen days isolation was recommended in the aforementioned guidelines to prevent cross infection and protect existing residents from any risk of COVID-19 infection. Therefore, following the inspection the centre was required not to accept any admissions unless a single isolation room was available.
- There was no designated isolation room or area allocated for isolation if the resident who shared a three bedded or twin bedroom required isolation.
- The majority of residents spent the day in the dayroom/dining room where chairs were seen to be very close together and dining tables were fully occupied during mealtimes. This did not facilitate social distancing requirements, particularly where a resident was still coughing following a chest infection.
- The COVID-19 contingency plan in place required urgent review and updating in light of the above findings. The person in charge said during the inspection that they were planning to update it. Further testing and implementation of a comprehensive contingency plan was required to ensure full preparedness for an outbreak of COVID-19.
- Some equipment was damaged, for example, one chair was seen to have torn surfaces. Some floor surfaces were damaged and under sink furniture and shelving in one room had exposed surfaces. This made effective cleaning difficult for infection control purposes.
- The layout of the laundry did not facilitate the segregation of clean and dirty laundry in a manner that supported effective infection control practice.
- Urinals were not appropriately sterilised after use.
- Staff facilities required review as it would be difficult to accommodate social

distancing during break times or changing facilities in the event of an outbreak.

- Some instances of inappropriate mask use was observed during the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management was good. Improvements had been made since the previous inspection. Medicine management was now audited frequently and staff had undertaken training. The pharmacist was supportive in these audits. Out of date medicines and medicines which were no longer in use were returned to pharmacy. Controlled drugs were carefully managed in accordance with professional guidance for nurses. All staff signed when medicines had been administered and medicines which had been discontinued were signed as such by the general practitioner (GP)

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were generally well maintained. Residents' plans of care were seen to be individualised and were supported by best evidence-based clinical assessments such as the Malnutrition Universal Screening Tool (MUST) and assessments of fall risks. The care plans were updated on a four-monthly basis.

Inspectors found that there was relevant information available within the care plans which was found to reflect the needs of a number of residents spoken with.

Residents weights and vital signs (temperature and blood pressure) were monitored monthly and they were seen to be referred to the GP when necessary. Residents had their temperatures recorded twice daily at the present time, due to the risk of developing COVID-19.

Each residents had a COVID-19 care plan in place to address their individual needs and risk assessments were undertaken for those residents who smoked.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that a range of health care professionals had provided input into residents' care plans following referral or change of need. For example, the GP had attended a resident who had a cough and had prescribed an antibiotic and the dietitian had provided advice on supplementing a resident's diet. Residents who required hospitalisation had transfer and discharge documents on file. Referrals to consultants such as psychiatry were documented. The GP had supported residents and their families to discuss and record end of life care plans when specific wishes were requested. Psychological support was provided to support residents during the COVID-19 visitor restrictions and visits were seen to be facilitated where there were compassionate and end-of-life considerations.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents using bedrails as a form of restraint at the time of the inspection. There was evidence that when restraint was used there was an assessment done to ensure it was used for the minimal time and as a least restrictive method. The person in charge said she was reviewing the use of restraint to further reduce its use and aim towards a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke with inspectors reported they felt safe and at home in the centre and that staff were very kind. Inspectors observed that staff interactions with residents were positive and person-centred throughout the inspection. Records of staff training indicated that all staff had received training in the prevention, detection and response to abuse. Staff who spoke with inspectors were knowledgeable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management. Allegations of abuse had been clearly documented, investigated and appropriate action was seen to have been taken. These were reported to the Chief Inspector as required by the regulations.

The management team confirmed they no longer acted as a pension agent for any resident and that the centre did not hold money on behalf of residents for safekeeping. Inspectors saw that each resident had their own personal lockable storage in their bedroom for money and valuables.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents and/or the representatives were consulted with and participated in the organisation of the centre. Staff were allocated to assist residents to go outside for walks in the grounds which was observed by inspectors. Residents who required a COVID-19 test were informed of the process and of their results; care representatives and families were also kept updated about changes to individual residents' needs.

Residents' right to choice, and control over their daily life, was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Overall, residents' rights, privacy and dignity were respected, during personal care, when delivered in their own bedroom or in bathrooms.

A programme of varied activities was in place for residents and inspectors saw a number of lively and quieter activities taking place. Residents with whom inspectors spoke confirmed that the activities were very important to them. Inspectors were told that residents' spiritual needs were met through regular prayers in the centre. Residents had access to TV, radio, computer and internet access and many residents got an individual daily newspaper delivered to them in the morning.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	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 Powdermill Nursing Home & Care Centre OSV-0004456

Inspection ID: MON-0030544

Date of inspection: 30/09/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Specific actions have been addressed in the respective regulations identified. However given the overarching theme of risk management the Provider has now introduced a daily risk management walk around the building; risk is now included as a standing item in the clinical governance and senior management meetings. All staff will be reminded daily at handover to ensure they duly report or take immediate action to mitigate any risks they identify during their working day.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> • We had planned to put in a new stairs in July of 2020 and these plans were sent to DCOP on 3rd October 2019. Due to the current pandemic the stairs has been put on hold and work will commence as soon as it is safe to do so. • We were unable to identify the trip hazard on the stairs but a new carpet was fitted to the stairs on 19th of November. • The minor maintenance items identified during inspection have been corrected. • The extension lead in question has been repositioned. • The Provider has now introduced a daily risk management walk around the building. 	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • A single room has become available downstairs, and this has been designated as an isolation room for new admissions/residents returning from hospital. This room is available since the 9th of Nov 2020. As and from the inspection on 30th Sept no new resident was admitted to the centre pending the availability of the isolation room. • A new dining facility has been set up in our day room. Residents from the Millrace and Cooperage (23 residents) are facilitated to have their meals here. The remaining 17 residents from The Barges will continue to have their meals in the existing dining room. • The contingency plan has been revised and a copy was sent to the lead inspector after inspection. • The chair with torn surfaces has been removed from the nursing home. Flooring in the identified room has been replaced and flooring in other areas is being replaced on a phased basis as part of our annual maintenance plan. The under sink unit and shelving identified have been replaced. • We have assessed the laundry room and we have implemented recommendations from the HSE infection control team who visited the nursing home at our request. We have re-organised the laundry room to allow for clear segregation of clean and dirty laundry with washing machines on one side of the laundry room and dryers on the other side. New pathways for dirty laundry coming from both areas is in place. We are satisfied that these changes will ensure best practice with infection control measures at all times. • Systems are now in place to ensure that all bed pans are placed in the bed pan washer immediately after use. • A new staff shower/changing area has been constructed for staff in the Green (Millrace/ Cooperage) area. Dining facilities for staff in the Blue (Barges) area is now available on the decking. • Staff were informed of the revised infection control measures and received further training on proper handwashing, proper wearing of masks and social distancing. • Residents are being assisted with social distancing and the creation of the new dining area has made a significant improvement in this regard. 	

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 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	09/12/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/11/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	09/12/2020

	healthcare associated infections published by the Authority are implemented by staff.			
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