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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Terenure Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Willoway Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>122 Terenure Road West, Terenure Road, Dublin 6w</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 August 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000047</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0030043</td>
</tr>
</tbody>
</table>
About the designated centre

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

Harvey Terenure Nursing Home is located close to Terenure, and the KCR. It is serviced by a number of bus routes. The Home has a combination of single and shared accommodation and can accommodate 48 residents. Some bedrooms have their own en-suite facilities. The accommodation is spread over 2 floors, and there is a courtyard and garden to the rear of the property. 24 hour nursing care is provided for both male and female residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 31 |
How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 5 August 2020</td>
<td>10:00hrs to 17:00hrs</td>
<td>Sarah Carter</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector talked with a number of residents (around 12%) about their experience of living in the centre.

Residents said that they enjoyed a good quality of life and that staff knew them well and were kind and caring to them. Residents described how they spent their day and were seen to enjoy having walks in the garden, chatting with staff, one to one activity and engaging in a group exercise activity. Some residents said that they preferred to spend time in their rooms reading, listening to the radio or watching television.

On the day of inspection a televised funeral of a popular politician was being aired on the TV, and many residents were engaged in watching this, and commenting on it with staff.

Residents spoken with said that they had freedom to choose when they got up and went to bed and said that staff respected this. Residents described having choices about their care and treatment and felt they could refuse care and interventions and their choices were respected.

Residents spoken with had recovered from COVID-19. They understood the restrictions that were in place, but were saddened about the ongoing impact of these on their lives. They expressed gratitude and support for staff who had also been affected by the virus.

Staff were described as kind and interested in ensuring residents were well cared for and happy in the centre. Residents said that there was plenty of staff available and described them as responsive to their needs and call bells were responded to quickly.

Residents commented that they were happy with and understood the restricted visiting arrangements put in place by the centre. Visiting was scheduled and contact with in-person visiting by loved ones was taking place, while adhering to guidance.

Some residents described meals as varied and well presented. Others commented that they were not as satisfied with the food as they used to be.

Residents said they felt safe in the centre, had peace of mind and were well looked after by the staff. Residents knew how to raise a concern if they were unhappy about the service being provided. They said they would talk to the staff and felt confident that issues would be addressed.

The inspector observed residents sitting in the communal day room on the ground floor, and social distancing requirements were being adhered to, with empty seats in between residents. At times, and in certain locations in the centre social distancing
was not possible due to space limitations, for example on the main corridors. Residents were observed freely accessing the garden area throughout the day. The premises was observed to be clean and tidy, and staff were observed to be wearing appropriate PPE at all times.

Capacity and capability

This was a short-term announced inspection conducted over one day. The centre is registered by Willoway Nursing Home Limited. The personnel involved in the provider entity had changed at the start of the year. As a result, there was a new senior management team in place. The person in charge in the centre remained the same. The centre had a good history of regulatory compliance. On those occasions where issues were identified on previous inspections, the provider had previously shown they had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The purpose of this risk inspection was to monitor ongoing compliance in the centre due to the outbreak of COVID-19 in the centre. The registered provider representative had been informed about the inspection on the day before the inspection took place. This was done in order to ensure that the inspector was aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with the inspector.

There were 31 residents accommodated in the centre on the day of inspection. With this occupancy level the provider was able to ensure that social distancing requirements in bedrooms was maintained.

However the centre is registered to accommodate 48 residents in total in the following accommodation layout:

- one triple bedroom
- 15 twin bedrooms
- 15 single bedroom.

Four of the total number of bedrooms have their own en suite bathroom, all others had shared bathrooms nearby. All but three bedrooms had single occupancy on the day of inspection. Two bedroom were being kept vacant, to allow for isolation care in a specific area of the building in the case of residents becoming symptomatic of COVID-19 and diagnosed with the virus.

There is a large communal day space towards the rear of the ground floor. It is used extensively throughout the day by all residents. There was a side room off that area that was being used as a separate visitor’s area, and it had its own entrance and could be partitioned off the main room by sliding doors. There was a dining area
towards the front of the building on the ground floor.

The COVID-19 outbreak was declared on 1st April 2020 and was declared over by Public health personnel on 22nd June 2020. At the start of the outbreak the centre was fully occupied, there were no vacancies.

During the outbreak, 12 residents lost their lives to COVID-19, with a further three deaths suspected as being due to COVID-19. During the most acute phase of the outbreak, over 60% of staff had been infected or were self-isolating due to contact tracing arrangements.

During the outbreak, inspectors were in regular phone contact with the management team and were aware the provided requested and received significant assistance from the HSE during the outbreak. At the time of this inspection, managers and staff in the designated centre continued to avail of support and guidance from the Public Health team and the HSE community services.

The provider had put into place a detailed contingency plan in the event of another outbreak of COVID-19 in the designated centre. The provider had reviewed the COVID-19 outbreak and the lessons learnt from it informed their contingency plans and their risk assessments and controls.

To assess the assurance arrangements in place, the senior management team were requested to provide a number of documents on the morning of inspection. This included for example, the allocation of staff, resident’s notes, and the centres risk register, policies and records of meetings.

In the outbreak closure meeting held between the centre and the representative of the Public Health Team, co-horting of mobile residents was deemed very important in the management of future outbreaks, however it was observed that the layout and occupancy of the building posed a challenge to this strategy. As a result the Provider had identified a “clean” and “dirty” section of the building, where uninfected and infected residents could circulate safely without coming into contact with each other. Staff were to be assigned to these specific areas too. On the day of the day of the inspection there were 17 vacancies, meaning 35% of beds were vacant. The provider representative acknowledged the challenges of implementing current guidance in the buildings layout however acknowledged that in the long term a low occupancy rate would affect the centres viability. Due to the reduced occupancy admissions could be facilitated in designated rooms, and two further single bedrooms remained vacant which could facilitate isolation care of residents if they began to show symptoms. The lowered occupancy also allowed the provider to have a contingency for staff leave, as staff had capacity to take on more shifts if required.

The risk of staff being able to follow social distancing guidance was being managed by dividing staff between floors of the building. However staff shared a changing area and took meal breaks in a shared space, although at staggered times.

At the feedback meeting, the registered provider gave assurances that the limitations of the building layout were being considered by the Board of
Directors and they were considering the changes that would need to take place to manage the ongoing risk of a further COVID-19 outbreak.

The inspector acknowledged that this was and continued to be a very difficult time for all involved in the centre. They acknowledged that staff and management had the best interests of residents at the forefront of everything they did at the height of the outbreak and at the present time.

<table>
<thead>
<tr>
<th>Regulation 15: Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were sufficient staff on the roster to meet the needs of the current number of residents. There were registered nurses on duty at all times throughout the COVID-19 outbreak.</td>
</tr>
<tr>
<td>Staff were split into teams and allocated to specific locations in the building, to minimise being in contact with each other and additional residents.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 16: Training and staff development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff had access to appropriate levels of training and registered nurses were on duty at all times, to provide supervision to health care assistants.</td>
</tr>
<tr>
<td>There was high levels of training in infection control procedures amongst the staff. Some nursing staff had been trained to take COVID-19 swabs for testing.</td>
</tr>
<tr>
<td>Further specialist infection control training was scheduled for September.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 21: Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff records were reviewed, and evidenced that all required documents had been gathered as required by the regulation. Staff had received garda vetting disclosures prior to commencing employment in the centre.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
</tr>
</tbody>
</table>
Regulation 23: Governance and management

The provider had sufficient personnel resources in place to meet the needs of the current residents. The physical resources in the centre; the facilities, communal space and bedrooms were sufficient to manage the needs of the current numbers of residents and meet the requirements for social distancing.

The management structure was clear and roles and responsibilities were clearly laid out. While the provider representative and quality manager were based off-site, they were available regularly to meet in the centre, and met very regularly with the person-in-charge and other managers in the group.

The management systems included gathering KPI data, conducting a broad range of audits, and maintaining up-to-date risk assessments. This ensured the service was effectively monitored and safe.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was up-to-date and included all elements as required by the regulations. No complaints had been received this year.

Judgment: Compliant

Regulation 4: Written policies and procedures

The full suite of policies as required by Schedule 5 were available in the centre and up-to-date.

The relevant policies had been updated to reflect the risk and management of COVID-19 in the centre.

Judgment: Compliant

Quality and safety

Overall, the findings showed that on the day of inspection, the provider was
delivering good quality care and support.

As previously stated there was significant outbreak of COVID-19 in the centre, and the outbreak had concluded on 24th June 2020. The national testing programme for staff was in place and being overseen by the person in charge and the senior management team.

The provider took a proactive approach to managing risk in the centre. There was a risk management policy and an emergency plan in place to guide staff. The risk register outlined all the measures that had been put in place to prevent further resident and staff infection, and manage the risks of commencing dining and visiting again.

Quality and safety meetings were held regularly where clinical and non-clinical data was reviewed by the person in charge and the clinical nurse manager. There was a suite of scheduled audits with regards to compliance with regulations and infection control. All relevant policies had been updated to reflect changed procedures as a result of COVID-19. The infection control policy was clear and detailed. Any infection control audits which were reviewed showed high levels of compliance.

The premises provided residents with a comfortable and homely environment. The garden area was accessible from the rear of the building, and was well maintained and fully accessible.

There were facilities available for residents to meet guests or relatives in a designated area of the centre, following the guidance which at the time of the inspection was two visitors per resident each week for a maximum of 30 minutes. When residents were at end of life, visits were facilitated in the resident’s room which was safely supported by staff. There was evidence of the communications sent to and shared with families and friends of residents during the outbreak.

Care plans were person centred and were reviewed regularly in line with regulation 5. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents. Care plans included the residents social and recreational interests, and reflected residents personal preference for activity engagement and recreation.

Regulation 11: Visits

There were adequate arrangements for residents to receive their visitors in private, in line with Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

All visits were pre-arranged with the person in charge. Visitors had their temperature checked and declared that they were symptom-free prior to entering the centre. There was a visitors’ record to monitor the movement of persons in and
out of the building to ensure the safety and security of the residents, and visits were restricted to a maximum period of 30 minutes.

Residents described a range of opportunities that had been created during the COVID-19 outbreak in order to facilitate their relatives to communicate with them. This included technologies such as video calling and having a window visit either in communal viewing areas or outside their own bedroom windows.

Judgment: Compliant

**Regulation 13: End of life**

There was an end of life policy in place which had been updated to take account of the current COVID-19 pandemic. A selection of end of life care plans were reviewed during this inspection and were respectful to resident’s final wishes. Care plans which detailed residents wishes regarding their social, cultural, religious and psychological needs were in place and written in a sensitive manner.

Advanced healthcare decisions such as to not attempt resuscitation, were also in place and were signed and dated by the appropriate personnel and were in most cases consistent with the residents care plan. Evidence was seen that these decisions were made in consultation between the Doctors and the residents themselves or their representatives.

There were arrangements detailed in the residents care plans which described where they wished to spend their final days. If this was at the centre the provider had made arrangements for anticipatory prescribing to facilitate this wish.

Records showed the staff team had provided support to residents who passed away during the pandemic and did so in a sympathetic and professional manner.

Judgment: Compliant

**Regulation 17: Premises**

The designated centre provides accommodation for 48 residents. While the premises were found provide sufficient space and communal areas to support social distancing for residents on the day of inspection there were only 31 residents being accommodated.

Residents were seen to be using the communal room on the ground floor, with access to the garden at the rear of the building. Other residents were using the communal room on the first floor. There was also a dining room and visitors room
available for residents to use.

There are 15 single bedrooms in the centre, 15 double bedrooms, and one triple bedroom. The triple bedroom, room 21 and a double room, room 22 do not offer 7.4 square meters per residents. The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016, Statutory Instrument No. 293/2016 will be enacted on 1st January 2022, at that time rooms 21 and 22 will not meet the requirements of the regulations in relation to the amount of space available per resident.

Four of the bedrooms have an en-suite with a toilet and sink, three also have a shower. A number of bedrooms share a bathroom, with access directly from the either one or two bedrooms each side of the bathroom. There is also access to some of these shared bathrooms from the main corridor. There are two additional shower rooms and one bathroom.

In the bedrooms seen by the inspector, many had been personalised, and residents reported they had sufficient space for their belongings.

The building is serviced by two separate lifts. Overall the building was well maintained and offered a homely environment for residents.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was available and an up to date risk register was used to identify and assess risks in the designated centre. This included risk rating, escalation risks and the mitigation of risks. A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements.

Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes. Records included a serious incident review in respect of the COVID-19 outbreak. It informed the centre’s preparedness for future outbreaks and the learning derived had been adopted and integrated into local policies in order to guide staff in their day to day work.

A local Outbreak Control Team (OCT) had been set up which included representatives from senior management team and all the relevant departments. The OCT team met on a regular basis and ensured that all the agreed measures were appropriately communicated to staff and implemented in practice.

The person in charge maintained regular contact with both public health and HSE
community services on an ongoing basis.

Judgment: Compliant

Regulation 27: Infection control

The premises was clean, tidy and well-equipped with antibacterial gel dispensers, information posters and markings to assist and remind personnel to abide by social distance practices.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. Inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately.

Overall, there were robust cleaning processes in place. Cleaning schedules and signing sheets were completed. Inspectors observed staff decontaminating equipment between use and adhering to infection control guidelines. There were processes in place for terminal cleaning. There were safe laundry and waste management arrangements in place.

There was one staff changing facility, it was observed to be clean and tidy, with skylight windows that could be opened for ventilation.

Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes on coming on and off shift.

Hand sanitizers were placed strategically to ensure staff had access to them. They were observed to be using them regularly in line with current best practice guidance. There were systems in place to ensure staff minimise movements around the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents’ needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and
updated as required.

In their daily interactions staff were observed to be person-centred and knew residents’ current health needs and their preferences as expressed in their care plans. Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out several times a day in line with the current guidance and residents’ vitals signs and baseline measurements were recorded on a minimum of twice a day.

Residents’ weights were closely monitored and appropriate interventions were in place to ensure residents’ nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of tissue viability nurse specialists and dietetic input.

New admissions were accommodated in two specified bedrooms, which functioned as an isolation area for 14 days and there were appropriate infection prevention and control signs on display around the centre to alert staff and visitors of high risk areas. Signs were in place on bedroom doors to ensure all staff were immediately aware if residents had suspected or confirmed COVID-19 infection. This formed part of the infection prevention and control precautions in place.

Judgment: Compliant

**Regulation 6: Health care**

Suitable arrangements were in place to ensure each resident’s health, well-being and welfare was maintained by a high standard of nursing, medical and health and social care.

Residents had access to medical officers and access to community medical and support services. There was evidence of access to health and social care professionals to assess, recommend supports and meet the care needs of residents. Recommendations made by specialists were reflected in the residents care plans. Residents had access to palliative care specialist services for end of life care.

Judgment: Compliant

**Regulation 9: Residents' rights**

All residents who spoke with the inspectors reported that they felt safe in the centre and that their rights respected. Inspectors spent time observing residents and staff engagement. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident.
Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were empowered to live a fulfilling life within the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

Organised recreational activities had re-commenced and residents were observed a small exercise group, while also respecting the social distance. In addition, for those residents with greater dependency needs there were one to one activities taking place in the communal day room on the first floor. Residents had access to safe and well-maintained rear garden.

Residents spoken with commended the staff for supporting them throughout the outbreak, and ensuring that they could maintain regular contact with their families.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>