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>Heatherfield Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>J &amp; N Sheridan Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Bush Lane, Raynestown, Dunshaughlin, Meath</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>29 September 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000140</td>
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<td>Fieldwork ID:</td>
<td>MON-0021160</td>
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About the designated centre

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

Heaterfield Nursing home is situated just outside the town of Dunshaughlin in county Meath. The designated centre provide 24 hour nursing care for up to 30 residents over 18 years of age, male and female. Care is provided on both short-term and long-term residential basis, to all dependency levels and for a variety of needs including: care of the older person, dementia care, palliative care, respite and convalescent care. Accommodation is provided in 21 bedrooms spread over two floors. There are 14 single rooms, five twin rooms and two three-bedded rooms. Other facilities include three sitting rooms, one dining room, a sun room and access to secure courtyard and garden. The centre is decorated and furnished to a high standard throughout. The philosophy of the centre is to provide each resident with the highest quality professional standards of professional nursing care.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 27 |

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>
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<tbody>
<tr>
<td>Tuesday 29 September 2020</td>
<td>08:30hrs to 17:00hrs</td>
<td>Manuela Cristea</td>
<td>Lead</td>
</tr>
<tr>
<td>Tuesday 29 September 2020</td>
<td>08:30hrs to 17:00hrs</td>
<td>Fiona Cawley</td>
<td>Support</td>
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What residents told us and what inspectors observed

The inspectors observed staff interactions, spoke with numerous residents on the day and met with two visitors during this inspection. Some of the residents actively sought the inspectors’ presence and approached them to make sure their views were heard and documented. Another resident detailed their lived experience into a handwritten letter which was handed to the inspectors at the end of the inspection. The feedback from residents and relatives was unanimous and very positive. Residents told the inspectors the care in the designated centre was of the highest quality, that the staff were wonderful and caring and that they went beyond expectations to ensure residents enjoyed a good quality of life. The residents said that this was a happy place to live, where they felt safe and ‘at home’. Another resident informed the inspectors that coming to live in this nursing home was the best move they could have made, that the care staff were always cheerful and helpful and the food menu was carefully thought out and prepared. They further stated that ‘Heatherfield is the nearest thing to home’.

The inspectors acknowledged that residents and staff living and working in the centre has been through a challenging time and they had been successful to date in keeping the centre COVID-19 free. Nevertheless, some staff reported that the experience of working through a pandemic had been ‘exhausting mentally, and nerve-wracking’ due to the constant uncertainty and anxiety. They described their conscious efforts and decisions to limit their movement in the community in order to ensure they did not bring the virus into the home.

Some residents who spoke with the inspectors also referred to the pandemic as a ‘tough and frightening time’ for everyone and said that they were praying to see an end to the anxiety. The feedback from the relatives was consistent in how they were assured that their loved one was as safe as they could be, that staff were keeping them informed of any changes and that they fully trusted the provider.

The inspectors observed the lived environment and found that it was comfortable, clean and nicely decorated to ensure a homely and welcoming feel. There was a cosy atmosphere in the centre, and inspectors observed a real sense of wellbeing, inclusion and participation. Residents could exercise choice, which extended to choosing the colour of their bedrooms. Choice was seen to be offered to residents at meal time and residents gave positive feedback about their meals. Throughout the day, the inspectors observed positive engagement between residents, and staff and appropriate assistance was offered to residents.

Overall residents’ rights to choice and dignity were respected and supported in the centre and those residents who spoke with the inspectors were very happy living there. The current public health restrictions due to COVID-19, had had an impact on residents’ day to day lives in the centre especially in relation to communal activities and visiting. However inspectors found that residents retained their right to autonomy when making individual choices regarding how they wished to spend their
Residents told inspectors that although the pandemic had diminished their ability to go out or engage with the outside world, they were kept busy and stimulated in the designated centre and that staff were creative in finding out new activities for them to enjoy. They reported that during the fine summer weather they spent time outside, enjoying ice cream and meals outdoors, attending parties or doing gardening activities.

Residents were being supported to communicate with their families by phone, letters and video calls. They had access to information, media and internet. A private page had been set up for the families on social media, where they could see photos from residents’ outdoor events and indoor activities such as games and music.

Capacity and capability

This was a short-notice announced risk inspection carried out for the purpose of monitoring the centre's preparedness to manage a potential COVID-19 outbreak and to inform a decision to renew the centre's registration. Inspectors also followed up on the action plans from the previous inspection of 25 October 2019. There had been no unsolicited information received by the Chief Inspector of Social Services since the last inspection. The inspectors found that the registered provider had made significant progress and that all action plans from the last inspection had been completed. This inspection identified some further opportunities for improvement in respect to premises, policies and procedures, records, governance and management and the complaints procedure.

Overall, the inspectors were assured that this was a well-managed centre, led by a dedicated and established management team who worked cohesively with the staff to ensure residents experienced positive outcomes and received a high quality of care in the centre. The governance and style of management was clearly based on a team approach and it was clear to the inspectors that managers and staff worked well together and communicated effectively in order to provide a safe and effective service for the residents.

There had been no outbreak of COVID-19 in the designated centre since the beginning of the pandemic. The registered provider continued to liaise closely with the public health team, local community healthcare organisations and the regulator. In May 2020 inspectors had completed an assessment of the designated centre’s contingency plan for the management of a potential future outbreak of infectious disease. The assessment found the provider had achieved full compliance with the key regulations.

The centre was operated by J&N Sheridan Ltd who was the registered provider. There was a clearly defined management structure in place and the provider representative was in the centre on a regular basis. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the direction of care. She was supported in her role by two senior
nurses and a dedicated team of nursing and healthcare support as well as catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training.

Inspectors were informed that there were plans in place should the key personnel involved in the governance and management of the centre become unwell. The senior management team had been working closely with two named senior staff nurses to ensure they were familiar with the day-to-day running of the centre and ensured they had access to all essential and relevant contacts and suppliers in the event of emergency. While such arrangements were satisfactory, they were not formalised and had not been communicated to staff, residents and families and reflected in the centre's Statement of Purpose.

Staffing numbers remained in line with the statement of purpose submitted to the Chief Inspector for the application of registration renewal. There was a stable team of staff employed in the designated centre and the person in charge confirmed that they had never used agency staff. Staff told the inspectors that the designated centre was a good place to work and that they felt supported by the management. Staff meetings and shift handovers ensured information in relation to residents’ changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff confirmed that they had good access and support to attend training in order to keep their knowledge and competencies up to date.

There was evidence of ongoing communication with staff to ensure they were familiar with the latest relevant guidance (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.) This occurred on a formal basis at the monthly staff meetings and informally on a daily basis at the toolbox session which took place following the morning handover. The provider had also sought the support of a counsellor should residents, their representatives or staff require psychological support during these anxious times.

The inspectors reviewed audits completed by the person in charge and staff in areas such as infection control, medication management including psychotropic usage and pain management, falls prevention and care planning. There was evidence of actions taken as a result of these audits to improve the quality of care for the residents. The incidents of respiratory and urinary tract infections were very low, and they were actively monitored on a monthly basis.

The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre in 2019. Some further improvements were required as detailed under Regulation 23 to
ensure this review met the regulatory requirements.

There were no open complaints at the time of inspection, and overall the number of complaints was very low. There had been two verbal complaints received in 2020 which had been both addressed at the time. While the inspectors were assured that complaints were very well-managed, further improvements were required in ensuring the complaints procedure aligned to regulatory requirements. This is further elaborated under Regulation 34.

The arrangements for the review of accidents and incidents in the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Registration Regulation 4: Application for registration or renewal of registration**

The provider had applied to renew the registration of the centre and this inspection reviewed the information that had been submitted with the application.

The application for renewal of registration was submitted to the Chief Inspector in a timely manner and included the information set out in Schedule 1 of the registration regulations. However, this information was not complete or entirely accurate and further review of the designated centre’s floor plans, statement of purpose and the application to renew form was required.

**Judgment: Substantially compliant**

**Regulation 15: Staffing**

There were sufficient numbers of staff with the appropriate skill mix to meet the assessed needs of residents living in the centre. Staff retention was very good and there were no staffing vacancies at the time of inspection. This ensured that residents benefited from continuity of care and maintained long-established relationships with staff.

There was always a minimum of one registered nurse on duty to ensure that residents’ healthcare needs were appropriately responded to. There was evidence from staff files and from speaking with staff and the provider representative that staff were appropriately recruited, inducted and supervised.

The contingency plan for the management of a potential COVID-19 outbreak included the arrangements to mitigate staff shortages in all departments. There were systems in place for staff to confirm that they did not have any signs or symptoms associated with COVID-19 infection and records showed that their
Temperature was checked at the start and end of each shift. Staff who spoke with inspectors were familiar with the protocol and confirmed that communication with management was very clear that in the event of feeling unwell they should not report to work and self-isolate until tested.

**Judgment:** Compliant

### Regulation 16: Training and staff development

In addition to relevant courses, all staff had completed mandatory training such as safeguarding vulnerable adults, fire safety training, moving and handling and dementia care. Numerous certificates of course completion were available for each staff member and were reviewed by inspectors. These included training in restrictive practices, falls prevention, end of life care, nutrition and infection control.

While the provider gave strong assurances on the day that all staff had completed and were up to date with the mandatory training, there was no clear system in place to ensure oversight and auditing of the training records. Inspectors discussed with the provider the requirements for a training matrix and oversight of staff training. Following the inspection the provider submitted assurances that a full review of training records had been completed.

All staff had attended and completed up-to-date training specific to COVID-19. This included online and practical sessions on handwashing, infection prevention and control and the correct use and disposal of personal protecting equipment (PPE). On conversations with the inspectors staff were found to be knowledgeable and confident in their ability to implement the correct infection prevention and control procedures.

Arrangements were in place to ensure staff had access to managerial and clinical supports over the 24 hour period.

Staff were appropriately supervised and there was evidence of an appraisals and induction process in place. This included the senior management team carrying out spot checks and unannounced visits to the centre during the night to monitor and ensure that residents continued to receive a high standard of care and support over the 24 hour period.

**Judgment:** Compliant

### Regulation 21: Records

All records requested during the inspection were made readily available to the inspectors. The majority of records were well-maintained in a neat and orderly
manner and stored securely. However some further improvements were identified in the following areas:

- While there was active surveillance of signs and symptoms for staff and residents, records showed that residents’ temperature was only recorded once a day, which was not in line with current guidance;
- Not all staff files had an up to date photo ID;
- An updated An Garda Siochana vetting was required for all staff who had been employed in the centre for longer than three years;
- While all staff had completed the required training, there was no training matrix in place to support oversight;
- The roster did not clearly identify the person in charge.

Judgment: Substantially compliant

**Regulation 23: Governance and management**

There had been continual improvements in the overall governance and management of the centre since the previous inspections. A number of effective systems had been put in place to ensure that the service provided was safe, appropriate and effectively monitored. Any improvements required from the previous inspections had been addressed and implemented.

The designated centre was appropriately resourced in terms of staffing, equipment and supplies.

The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements and assurance in the quality and safety aspects of care provided. The management team were proactive in responding to any identified issues from these audits.

A comprehensive annual review of the quality and safety of care delivered to the residents in the centre for the previous year had been completed. While it detailed all the achievements for the previous year it did not include a quality improvement plan for the year ahead and did not evidence consultation with residents and relatives.

Judgment: Substantially compliant

**Regulation 31: Notification of incidents**

All statutory notifications of incidents and quarterly monitoring notifications had been appropriately submitted to the Chief Inspector within the timescales specified by Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated
Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and relatives who spoke with the inspectors said they were happy and had no concerns or issues that they wanted addressed. This was also confirmed by the very low number of complaints in the centre. All complaints received were promptly addressed and resulted in corrective actions.

A complaints log was maintained in the centre, however this needed to be reviewed to ensure it clearly recorded the actions taken, the investigation, outcome and the level of satisfaction in line with local policy and regulation.

There was an up-to-date complaints policy in place and a complaints procedure was clearly displayed at the entry in the centre. These documents required review to ensure they clearly identified the designated complaints officer in the centre and the nominated person to oversee the complaints and the appeals process.

Arrangements were in place for residents to access advocacy services as required.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had developed a specific COVID-19 policy for the centre and they had updated relevant policies and procedures such as the infection prevention and control policy. These polices included guidance for staff in relation to hand-washing and the use of personal protective equipment (PPE).

Schedule 5 policies were in place, and all had been reviewed in the last three years. In addition to the policy on staff training and development, a small number of policies such as medication management or the policy on maintaining records required to be further reviewed to ensure they were sufficiently detailed and aligned to best available evidence.

Judgment: Substantially compliant

Quality and safety
The inspectors found that residents were supported and encouraged to have a good quality of life which was respectful of their preferences and choices. Residents’ needs were being met through good access to healthcare services and opportunities for social engagement. Evidence showed that since the last inspection, the registered provider had worked hard to strengthen the risk management systems in place and ensure good levels of compliance with the quality and safety regulations.

Despite the long period of restrictions and enforced cocooning brought on by the HPSC guidance in response to the COVID-19 pandemic, the inspectors found that residents had not been adversely impacted in terms of healthcare support. There was a very low incidence of falls or malnutrition. There were no wounds or pressure sores and a very low number of restrictive practices. These quality indicators were validated by inspectors’ observations of residents on the day. Residents appeared relaxed and were well-dressed, and groomed and those residents who spoke with the inspectors said that they had an overall sense of wellbeing, health and happiness. Similarly, the visitors who spoke with the inspectors confirmed that their loved one was thriving in the centre and were assured of the high standard of care that staff provided on a daily basis.

Inspectors reviewed a sample of residents’ care plans and found that they were person-centered and sufficiently detailed to guide care. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. There had been no new admissions to the centre since the beginning of the pandemic, and the provider had a clear protocol in place in the event of new admission or residents’ requiring to transfer to hospital.

Residents’ participation in daily activities, or their refusal was recorded by the care staff. Residents’ likes and dislikes, hobbies and past interests were established and it was evident that staff knew the residents well.

The premises and grounds were maintained to a very high standard with suitable heating, lighting and ventilation. The centre was clean and suitably decorated, with many furnishings, fixtures and fittings to ensure a comfortable and homely residence. While the inspectors were assured of the general standard of cleanliness in the designated centre, a full review of the use of cushions, table cloths and textile coverings, was required to ensure the premises supported all the safety measures necessary to control the spread of infection. This is further developed under regulation 17.

The provider had put robust systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. There were good fire management systems in place, and the general environment, residents’ equipment and ancillary facilities were impeccably clean. Residents were safeguarded against abuse or harm by the systems in place in the centre.

Medication management policies were in place and up to date. Improvements were found in the storage, dispensing, prescribing and administration of medications and
inspectors found that medication practices in the centre were safe.

Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness should an outbreak of COVID-19 occur in the centre. The management team had established links with the public health team and Health Service Executive (HSE) lead for their area. There was a clear and comprehensive COVID-19 emergency plan and policy in place which the inspectors reviewed. The management team had a clear list of the relevant persons to contact in any emergency situation.

### Regulation 11: Visits

There was a visitors’ policy in the centre which had been recently updated. The centre normally operated an open visiting policy. However, due to the COVID-19 pandemic, restrictions had been put in place in line with the HPSC guidance. Residents and their representatives were kept fully informed of the changes in the guidance. Inspectors found that appropriate arrangements had been put into place to maintain staff, resident and visitors’ safety.

Visits occurred by appointment and were facilitated in a communal area at the front of the building. This area had its own independent entrance from the outside. The room was fully equipped with PPE, masks, alcohol gel and a designated visitors’ chair which was purposely placed to ensure social distancing and appropriate disinfection.

There were clear processes in place to ensure the room would be thoroughly cleaned between each visit. Staff were clear of their responsibilities to ensure that visitors followed appropriate infection prevention and control procedures. Visitors were asked to use alcohol gel on entering the centre along with a temperature check and a brief questionnaire on health status.

At the time of inspection, there were no residents receiving end-of-life care. While restrictions were in place for the general public, the visitors’ policy clearly stated that visiting on compassionate grounds at the end of life would be facilitated.

**Judgment:** Compliant

### Regulation 17: Premises

The premises and the internal and external gardens were suitable for the centres’ stated purpose and met the residents’ individual and collective needs. The overall environment was clean, well-maintained and homely.

The accommodation consisted of 14 single rooms, five twin rooms and two three-
bedded rooms over two floors. There were 15 residents accommodated on each floor and they had access to two communal bathrooms on the ground floor and three upstairs. A visitor’s toilet was also available on the ground floor close to a communal area.

The environment was nicely decorated, with high quality fixtures and finishes to create a homely feel. There was a nicely decorated dining room and two large sitting rooms which were bright and airy. Inspectors observed interesting items throughout these lounge areas, such as books, paintings and a large fireplace for residents to use. This helped to create a homely relaxed atmosphere for the residents. In addition, there was another small sitting room, which at the time of inspection was being used for visiting.

There was good signage in place to ensure social distancing could be maintained in line with HPSC guidance. The corridors were narrow in the centre, so residents and staff were instructed and reminded to keep the 2metre distance while moving around the centre. Residents’ bedrooms were personalised but maintained free of clutter to ensure appropriate cleaning practices.

The safe internal garden was easily accessible from the main sitting room. This internal garden was fitted with appropriate seatings and tables and inspectors saw an array of blooming flowers that residents had planted. At the front of the building there was another large area, where residents could enjoy the fresh air or meet their loved ones. This space was also tastefully decorated and fitted with many brightly coloured benches, tables, parasols, beautiful flowers and a water fountain feature.

Although the inspectors were satisfied that premises were well-maintained to a very high standard, further opportunities for improvement were identified as follows:

- A full review of the use of cushions and textile coverings for a variety of seating arrangements in the centre such as sofas, chairs, armchairs was required;
- Additional signage in the laundry to ensure the unidirectional work-flow was evident to all people entering the facility;
- The storage of the linen skip in a communal bathroom required review;
- A fire exit sign on the ground floor needed to be relocated in a more prominent position to ensure it was visible from all the points on the corridor;
- The use of landing carpet on an internal staircase required review.

Judgment: Compliant

Regulation 26: Risk management

An up-to-date risk management policy and procedure was in place to inform the management of risk in the centre. There was a comprehensive risk register.
maintained that was reviewed and updated regularly. This included both the clinical risks and the environmental risks, which were both live documents that were regularly updated whenever a new risk or hazard was identified. This information was used by the management team to provide an ongoing safe service for residents.

Records showed that equipment including assistive hoists, profiling beds, residents’ wheelchairs and the lift were regularly serviced. There was an up to date safety statement and an emergency plan in place.

There were good systems in place to prevent Legionella with a formal risk assessment completed and a sample of water tested.

Judgment: Compliant

**Regulation 27: Infection control**

The premises and all ancillary facilities and residents’ equipment were very clean on observation and examination. There were daily cleaning schedules in place, with high touch point cleaning carried out frequently throughout the day and enhanced deep cleaning schedules.

The management team had ensured adequate supplies of cleaning products were available. The centre had sufficient supplies of alcohol gel, decontamination wipes and stocks of PPE. Hand sanitiser was available throughout the building and appropriately located in key areas.

There were good arrangements to ensure compliance with infection prevention and control guidelines. Staff were seen to wear masks at all times and had their breaks staggered to ensure they could follow social distancing arrangements in the staff room. In the communal areas residents’ chairs had been placed at a distance from each other, while in the dining room, capacity at the tables had been reduced to ensure only two residents at each table.

The clinical waste procedures were in line with best practice and staff were knowledgeable of the special precautions in place for infected laundry, including the use of alginate (dissolvable) bags and washing at higher temperature. There was a sluice facility available on each floor, which was found to be clean and appropriately equipped with suitable PPE available at the point of use.

Residents’ commodes were spotlessly clean and it was evident that the provider had gone to great lengths to maximise residents’ comfort while also promoting their dignity and safety. For example, for some of the residents who requested to have their commodes in their bedrooms, the provider had created tailor-made coverings that were amenable to cleaning and were sufficiently discrete to not draw attention and blend in the room environment. Nebulising machines and aerosol masks were clean and well-maintained.
The provider had contingency plans in place in the event of an outbreak of COVID-19 in the designated centre. Staff were aware of the atypical presentation features of COVID-19 and they were actively monitoring residents closely for any signs of illness or deterioration. While inspectors were assured of the active surveillance and monitoring practices, records showed that residents’ temperature was only logged once a day, which was not in line with current guidance. This is being judged under Regulation 21.

Temperature checks were in place for staff twice daily. All staff members had been swab-tested as part of the national serial testing programme for healthcare workers and results were negative. Staff proudly described to the inspectors of how rigorously they were adhering to the public health guidelines in their private life to ensure they kept their residents safe and the centre COVID-19 free.

The registered provider had access to infection prevention and control expertise if and when required. The person in charge was the nominated COVID-19 lead in the centre and was supported by the registered provider representative, who had specialist expertise in infectious disease. Four staff members had been trained in taking COVID-19 swabs.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

The provider had made good progress in this area to ensure regulatory compliance. All nurses had completed training in medication management and cardiopulmonary resuscitation (CPR).

The inspectors reviewed medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines and found that such practices were safe and evidence-based. The temperature of the fridge was checked daily, however the storage of the sharps boxes on the floor required further review.

Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular input available from community pharmacy.

The inspector observed good practices in how the medicine was administered to the residents. The nurse took time in ensuring the resident understood what they were taking and waited patiently until the resident finished taking their medicine before leaving the room. Medicine was only signed for after the administration, which was in line with best practice. In between each resident the nurse decontaminated her hands using alcohol hand rub and good hand hygiene technique.
### Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of four residents’ files and found evidence that residents had a comprehensive assessment of their needs completed prior to admission to the centre. Following admission, a range of validated assessment tools were used to assess cognitive decline, falls risk, skin integrity, safe manual handling and level of dependency. Detailed care plans were informed and developed by these assessments, with the majority introduced within 48 hrs of admission, in line with the centre’s policy for admissions.

Care plans were person-centred reflecting the individual needs and personal preferences of the residents. They provided good and sufficient guidance for staff on what support and care each resident required. Staff demonstrated appropriate knowledge of residents’ individual needs and preferences including appropriate people moving and handling techniques.

There was a very low incidence of falls in the centre and the inspector observed that residents were supervised in the communal areas with staff providing meaningful engagement. Residents confirmed that their needs were attended to. The daily nursing notes contained relevant details of monitoring resident’s daily progress.

There was evidence of regular review and update of care plans at least every four months and consultation with the resident’s representative was largely recorded.

### Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well-met. There was evidence of good standards of healthcare and good access to medical staff with regular medical reviews documented. Each resident had timely access to medical assessment and treatment, with general practitioner (GP) service provided by two local GPs, who visited the centre as needed.

All residents had access to allied health professionals as required. Evidence of residents accessing services such as dietitian, speech and language therapists and chiropody was present in residents’ records. Records included recommendations and advice. Physiotherapy and occupational therapy were available via community services, and where residents experienced delayed access services were also available via private arrangements. The centre had established links with the local hospital’s community liaison team, geriatrician and palliative care services. Psychiatry of Old Age was also available and provided support to a number of
residents in the centre.

Judgment: Compliant

**Regulation 8: Protection**

The registered provider had systems in place to ensure residents were protected from abuse, including supervision when residents were in communal areas. All staff in the centre had completed safeguarding training in vulnerable adults and were aware of their responsibilities for reporting any allegations or suspicions of abuse. Staff who spoke with the inspectors were knowledgeable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management.

Residents who spoke with inspectors reported they felt safe and that staff were very kind and respectful. Inspectors observed that staff interaction with residents were positive and person-centred throughout the inspection.

The provider did not act as a pension-agent for any of the residents accommodated in the centre. There were no volunteers working in the centre and a sample of records reviewed showed that staff had completed An Garda Siochana vetting prior to commencing work in the centre.

Residents had access to independent advocacy services when required.

Judgment: Compliant

**Regulation 9: Residents' rights**

There was a person-centred ethos of care in the centre and inspectors were satisfied that residents were supported to lead full and active lives in line with their abilities and preferences for care and daily routines. The centre ensured that residents’ rights were protected and promoted.

There was good evidence of consultation with residents. Any issues identified at the residents’ quarterly meetings were promptly addressed by the registered provider. Minutes of these meetings showed that residents were informed and kept up to date about the latest public health guidance. On the day of the inspection residents were knowledgeable about how to keep themselves safe including good hand hygiene and social distancing. Residents continued to participate in activities in accordance with their interests and capacities, and there were appropriate facilities available to support this. Staff were observed supporting residents while in communal areas to ensure they were observing social distancing measures.
There was a rich and varied programme of group activities available, as well as one to one activities such as hand massage and doll therapy. An activity board displayed the programme of activities for the day and there were dedicated staff to organise and provide residents’ daily activities.

Inspectors observed that staff-resident interactions throughout the day were very person-centred, and that all care staff used every opportunity of engagement with residents to create meaningful moments.

Throughout the day residents were observed engaged in games, quizzes, watching movies, doing chair-based fitness exercises, singing, praying or reading. All residents were up and about on the day of the inspection. Residents were observed participating in activities or relaxing in the communal area, or walking on the corridors and in the garden. Some residents chose to go back to their room after lunch and spent this time reading, doing crosswords, or browsing the internet. They told inspectors that they could chose when they wished to go to bed or get up in the morning and that their choices were respected by the staff.

Residents had access to telephones, television, radio, internet and newspapers. There were arrangements in place to support residents' to maintain contact with their relatives with regular video calls.

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>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Substantially compliant</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>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Substantially 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 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 29: Medicines and pharmaceutical services</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 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
**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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Regulation 4: Application for registration</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>or renewal of registration</td>
<td></td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:

Registration Compliance with regulation 4 will be achieved via the following actions.

The senior management team has mentored two senior nurses to ensure continuity and best practice standards at Heatherfield Nursing Home. This is particularly relevant in terms of contingency planning re; COVID – 19 management. Should the person in charge or/and provider representative become ill and unavailable for a period to fulfil their roles both these nurses are very familiar with the day to day running of Heatherfield Nursing Home.

The name of each other person participating in the management of the designated centre are now on the organisational structure diagrams in the statement of purpose. These changes have been communicated to staff, resident’s and families. The Statement of Purpose has been resubmitted to HIQA Registration Office.

Both nurses have commenced level 6 modules in supervisory management and gerontology to upskill them in this regard. The relevant documentation to reflect this strengthening of governance and management will now be submitted to HIQA registration office to formalise this new situation.

The floor plans were revised and statement of purpose reflects same accurately. Staff photographs which were omitted are now in situ.

<table>
<thead>
<tr>
<th>Regulation 21: Records</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records: Regulation 21 - Records</td>
<td></td>
</tr>
</tbody>
</table>
Compliance with records regulation 21 will be achieved by:
Residents temperatures are checked twice daily.
Staff files have updated photo ID.
An Garda Siochana vetting renewals are in progress for staff who have been employed for a longer period at Heatherfield Nursing Home.
Records / Matrix regarding training courses is in process and has a completion date of 31st January 2020. All such training is fully up to date with additional courses undertaken, and the provider had completed audits in this regard.
Rosters now clearly identify the Person in Charge.

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 23: Governance and management:</td>
<td></td>
</tr>
<tr>
<td>Regulation 23 – Governance and Management</td>
<td></td>
</tr>
<tr>
<td>Compliance with Governance and Management will be achieved by the following actions:</td>
<td></td>
</tr>
<tr>
<td>The provider representative will ensure that the annual review is prepared in consultation with residents and their families. Residents and families have agreed to complete questionnaires in this regard. This methodology will be utilised in view of COVID – 19 restrictions.</td>
<td></td>
</tr>
<tr>
<td>The quality improvement plan work will be undertaken during the months of November and December 2020.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 34: Complaints procedure</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</td>
<td></td>
</tr>
<tr>
<td>Regulation 34 - Complaints</td>
<td></td>
</tr>
<tr>
<td>Compliance with Complaints procedures will be achieved by the following actions:</td>
<td></td>
</tr>
<tr>
<td>The provider representative has amended the complaints policy to meet all requirements regarding the appeals process. A person has been nominated to undertake appeals and take this role as per regulatory requirements and the complains policy and procedures and statement of purpose reflect these changes. The complaints officer is also clearer in said documents.</td>
<td></td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Regulation 04 – Written Policies

Compliance with written policies will be achieved by the following actions:
The Complaints policy was amended as were the training policy and matrix. These policies and procedures will be adopted and implemented as per matters set out in schedule 5. The sharpsbox location has been reviewed in the medication management policy. Infection control policies are under constant review due to the risk mitigation factors associated with COVID-19. Regulation 04 actions have been completed.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/11/2020</td>
</tr>
<tr>
<td>Regulation 4 (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td>In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/11/2020</td>
</tr>
<tr>
<td>Regulation 4 (2) (b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will participate in the management of the designated centre.

<p>| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 15/12/2020 |
| Regulation 23(e) | The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families. | Not Compliant | Yellow | 31/12/2020 |
| Regulation 34(3)(a) | The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre | Substantially Compliant | Yellow | 30/10/2020 |</p>
<table>
<thead>
<tr>
<th>Regulation</th>
<th>Description</th>
<th>Compliance</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>34(3)(b)</td>
<td>The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).</td>
<td>Substantially Compliant</td>
<td>30/10/2020</td>
</tr>
<tr>
<td>04(1)</td>
<td>The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.</td>
<td>Substantially Compliant</td>
<td>20/11/2020</td>
</tr>
<tr>
<td>04(3)</td>
<td>The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.</td>
<td>Substantially Compliant</td>
<td>30/10/2020</td>
</tr>
</tbody>
</table>