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>Strawhall Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Strawhall Nursing Home Partnership</td>
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<tr>
<td>Address of centre:</td>
<td>Strawhall, Fermoy, Cork</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>02 September 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000295</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0030031</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.

Strawhall Nursing Home is a two storey building located within walking distance of the town of Fermoy. The centre was established in 1988 and can accommodate 30 residents. The centre accommodates both female and male residents, over 18 years who cannot live independently. We cater for residents who require convalescent, respite, long term and palliative care.

The nursing home is situated in a rural area. It is surrounded by a large mature garden with an enclosed courtyard which provides a safe outdoor area with suitable furnishings. The bedroom accommodation is laid out in 22 single bedrooms, 10 which are en-suite with shower, toilet and wash basin. There are four twin bedrooms, one of which has en-suite facilities.

Admission to Strawhall Nursing Home is arranged by appointment following a pre-admission assessment. Your care plan will be developed with your participation within 48 hours of admission. This will be individualised to set out your personal care needs and will provide direction to staff members caring for you.

We operate an open visiting policy within Strawhall Nursing Home, however to protect our residents we ask that all visitors inform staff of their arrival and departure. An activities coordinator is employed daily to enable Strawhall Nursing Home to fulfil residents’ personal, social and psychological needs. The following services and activities are available: hairdresser, arts and crafts, bingo, mobile library, music etc. Mass is held twice monthly (at minimum) and residents with other denominations will be catered for.

The following therapy services are provided following assessment and as required: physiotherapy, speech and language therapy (SALT), dietitian, occupational therapy (OT), psychiatric services, chiropody, dental, optical and aromatherapy.

Strawhall Nursing Home endeavours to adopt a culture of complete care where the emphasis is on individuality, mutual respect, dignity, sensitivity and where a “feel good” factor is nourished.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 28 |
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>Wednesday 2 September 2020</td>
<td>10:30hrs to 18:30hrs</td>
<td>Mary O'Mahony</td>
<td>Lead</td>
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Residents in Strawhall Nursing Home told the inspector that they were happy with their accommodation, the care they received and their food. Residents said they were relieved that the centre had remained free of the COVID-19 virus. They had received advice on hand washing and understood that mask wearing was required during the COVID-19 pandemic. Residents told the inspector that they had missed their visitors and were glad that their visitors were allowed back on a supervised basis.

Documentation relating to residents' survey results and residents' meetings were reviewed. These supported residents comments of satisfaction with the management team, the staff and all aspects of care. A wide range of issues, including the COVID-19 risks and visitors restrictions, were discussed at the meetings and records showed that any concerns were addressed promptly.

Residents' likes and dislikes in relation to food were known to staff. Residents were happy with the choices available to them and the menu was displayed.

Residents informed the inspector that there was good medical care available and they said that they felt safe in the centre.

During the time when visitors were restricted they were encouraged to maintain communication with family members by video-call, 'Whats App' and mobile phone.

Bedrooms were seen to be personalised with photographs, books and small items of furniture from home.

Daily newspapers were available and residents were seen to read from these during the day. Residents said that the centre felt homely and they enjoyed the company of other residents in the sitting room. The garden patio area was accessible all day and residents were encouraged to sit outside. Residents spoke with the inspector about the hairdressing service which had resumed now, following the COVID-19 'lockdown'. The inspector found that residents were very nicely dressed in their personal choice of clothes.

Residents said that staff were supportive and kind. Residents spoke with the inspector about the daily events which kept them occupied and they spoke about previous celebrations. Letters and cards expressing good wishes were on display. These had been sent in from local children and the community during the COVID-19 restrictions.
This inspection of Strawhall Nursing Home was a risk-based inspection conducted over one day. Due to COVID-19 risks the provider had been notified 48 hours prior to the inspection. Strawhall Nursing Home had a good history of regulatory compliance and had remained COVID-19 free since the pandemic was declared.

This was found to be a good centre. The governance and management systems were well established which ensured that safe and good quality care was delivered to residents. Residents' care and safety needs were discussed in more detail in the Quality and Safety dimension of this report.

The centre was managed by a suitably qualified person in charge, who was responsible for directing care, audit and supervising the care team. She was supported in the role by the assistant director of nursing, the health-care team, administration staff as well as catering staff. The registered provider representative (RPR) was present in the centre daily. The lines of accountability and authority were clear and all staff were aware of the line management structure. Staff were aware of their regulatory responsibility to report any alleged abuse.

There was evidence of good oversight by the RPR who was also the owner of the centre. Daily meetings were held with the person in charge to enable discussion on the prevention of COVID-19 infection, health and safety issues and visitor protocol. In addition, the person in charge organised meetings with staff from all roles to ensure that information on residents’ changing needs and infection control processes was communicated in an effective manner.

The inspector found that there was an adequate supply of personal protective equipment (PPE) which was available in the event of an outbreak of COVID-19 and to prevent cross infection at the present time.

Staff retention was high and a review of a sample of appraisal forms demonstrated that staff were happy in their respective roles. Audits and trending of key performance indicators (KPIs), such as falls, supported a safe and consistent service. The regulatory annual review of the quality and safety of care had been completed for 2019. This review was made available to the inspector. A number of actions from this review were seen to have been addressed.

Staff attended appropriate training courses for their various roles to support them to deliver care of a high standard. COVID-19 specific training had been undertaken in hand hygiene protocol, cleaning regimes and donning and doffing PPE. Supervision of these practices was implemented through monitoring procedures by nursing staff and appraisals of performance.

All records required by the regulations were available to the inspector. Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment required for care provision and for fire safety purposes. Records and documentation as required by Schedule 2, 3 and 4
of the regulations were securely stored, well maintained and easily retrievable. Policies on recruitment, training and vetting of staff were available in the centre.

Registration Regulation 4: Application for registration or renewal of registration

All information was submitted in a timely manner.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the required annual fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was experienced in the position and fulfilled the regulatory requirements for a person in charge. She was supported by the registered provider representative (RPR) an assistant director of nursing (ADON) and a knowledgeable team. The person in charge worked full time in the centre and along with the ADON she supervised the provision of care, staff practices and training.

Judgment: Compliant

Regulation 15: Staffing

The staff roster was maintained and was available to the inspector. The staffing level and skill mix of staff on the day of inspection were adequate to meet the needs of residents. There was 24-hour nursing care available in the centre.

Judgment: Compliant

Regulation 16: Training and staff development
Staff had access to appropriate and mandatory training. For example training in the prevention of elder abuse, training in manual handling and training in nutrition and fire safety management.

The staff induction programme was detailed and staff appraisals were undertaken on an annual basis. A sample of completed documents were reviewed by the inspector.

Staff files were complete and contained all the requirements of Schedule 2 of the regulations. All staff had the required Gardai (police) vetting clearance in place prior to commencing employment. Personal identification numbers (PINs) were in place for all nurses which had been provided by An Bord Altranais agus Cnaimhseachais na hEireann. Staff training certificates were maintained in the individual files as well as being recorded on a training matrix. Records demonstrated that all staff had completed their mandatory training on an annual or two-yearly basis in order to support the provision of safe care and services for the residents.

Judgment: Compliant

**Regulation 21: Records**

The records required under Schedule 2, 3 and 4 of the regulations were available for inspection. Records were safely stored and accessible. These included staff files, medicine error reports, contracts, complaints and residents' care plan records.

Judgment: Compliant

**Regulation 23: Governance and management**

Strawhall Nursing Home had a clearly defined management structure that identified the lines of authority and accountability, specified the various roles and detailed the responsibilities for each area of care provision.

During the COVID-19 pandemic the wider management team had made every effort to ensure that that the service provided was consistent, controlled and effectively monitored. Staff were supported by the GPs, the health services executive (HSE), infection control specialists and public health colleagues to remain COVID-19 free. Staff, residents and visitors had followed the policies and protocols set out by the HSE and the health protection surveillance centre (HPSC) and these guidelines were adapted into the local policy. Resources were made available for a plentiful supply of personal protective equipment (PPE) and hand sanitising gel.

The required COVID-19 infection control guidelines were implemented in relation to
the management of residents returning from hospital and the visiting protocol.

The centre's audit and supervision processes incorporated the oversight of infection prevention and control practices in order to ensure that staff were following the recommended guidance. On the day of inspection, the inspector observed that staff were adhering to infection prevention and control guidance in relation to, hand washing and by wearing appropriate PPE.

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<tr>
<th>Regulation 24: Contract for the provision of services</th>
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<tr>
<td>The contracts were clear and included an outline of all the fees payable by the resident. The room number to be occupied by each resident was included in the contacts which were signed by residents or their representatives, where necessary.</td>
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<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 3: Statement of purpose</th>
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<tr>
<td>The statement of purpose set out the aims and ethos of the centre. It also set out how the care needs of residents were to be met as well as the provision of daily activities. The statement contained a commitment to respect residents’ rights and autonomy.</td>
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<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 31: Notification of incidents</th>
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<tr>
<td>All the incidents and events which were specified under the regulations were notified to the Chief Inspector. These included serious falls requiring hospitalisation and any sudden deaths.</td>
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<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 34: Complaints procedure</th>
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<td>Complaints were recorded and addressed. The satisfaction or not of each</td>
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complainant was set out. The appeals process was clear. The complaints process was displayed in the entrance hall.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

The policies and procedures for the centre had been updated within the three yearly time frame required by the regulations. These set out the guidelines and protocols to guide staff practices on all areas such as, care, staffing, infection control and medicine management. Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection control, visiting and cleaning protocols.

Judgment: Compliant

**Quality and safety**

Overall, the quality and safety of care provided to residents was seen to be of a high standard which supported a good quality of life for residents. Residents who spoke with the inspector confirmed high levels of satisfaction with care and services and expressed their relief at the easing of visitor restrictions as they had missed seeing their families.

Residents' health care needs were promoted through ongoing medical review and assessment using a range of recognised clinical assessment tools. These assessments included, cognitive status, skin integrity, risk of malnutrition and falls. Residents' care plans were developed in partnership with residents or their representatives. A sample of care plans reviewed by the inspector were person-centred and based on a holistic model of care. The inspector found that generally care plans were implemented and reviewed on a four-monthly basis to reflect residents' changing needs. Further details on care planning were outlined under Regulation 5 in this report.

The activity staff worked over the seven days and coordinated a good range of activity sessions. These were listed daily on the information board. Residents told the inspector that they particularly liked the bingo sessions, music and quizzes. Residents' meetings were held and surveys were conducted throughout the COVID-19 pandemic. Residents' well-being was assessed on a daily basis and staff were supportive in assisting residents to contact relatives whenever they wanted to. Staff were heard to assure residents about visitors which were due to call on the evening of the inspection. Mass was now accessible by video-link to the local church and
residents had adapted well to the new arrangements. Residents in the centre were seen to have access to newspapers, individual mobile phones, SKYPE, radio and television. Skype, 'Whats App' and video calling were utilised during the COVID-19 lockdown. Residents spoke with the inspector about how this had been supportive of their family relationships and feelings of involvement. One of the activity personnel delivered a weekly SONAS (activating potential for communication through the senses) programme, which was an activity designed to activate communication for those residents living with dementia.

On this inspection the inspector found that the registered provider had taken measures to enhance the level of fire safety in terms of staff practices, fire safety equipment service and fire safety training. Fire safety was further discussed under Regulation 28 in this report. Risk management was supported by a designated health and safety officer who maintained an up to date and extensive risk register. This was seen to be updated annually. Further information of the COVID-19 contingency plans were highlighted under Regulation 26 in this report.

In summary: residents' well being and safety were protected by regular and effective health and safety management as well as an ethos which respected residents' rights:

- regular fire drills
- minimum use of bed-rails
- good medication administration practices
- mandatory training such as the protection of residents and infection control in the COVID-19 era
- access to qualified external advocacy
- access to activities, to the outdoor areas and family visits within the guidelines
- choice in mealtimes and bedtimes
- a choice of four communal rooms and a spacious dining room

Regulation 11: Visits

New protocols were set up for visiting and these were found to be in line with the current national guidelines. This involved the use of a conservatory for visitors which was accessed from outside so that visitors did not travel through the centre. This was in use during the inspection and visitors were seen to respect social distancing guidance.

Judgment: Compliant

Regulation 12: Personal possessions
Wardrobes were spacious and residents said that they had enough space for their clothes. Personal items such as photographs and ornaments were seen in individual rooms.

**Judgment: Compliant**

**Regulation 13: End of life**

Staff were seen to have attending training on caring for people at end of life. This training was being rolled out to all staff. Residents' wishes for care at this time were documented.

**Judgment: Compliant**

**Regulation 17: Premises**

The premises was brightly painted and the decor was comfortable and suitable for residents. Each corridor was colour-coded to aid orientation around the building for those who lived there. New pictures had been purchased and it was apparent to the inspector that there was a system of continuous upkeep in operation. New wardrobes had been purchased and other furniture was being replaced with newer items where required. Maintenance personnel attended daily and were prompt with repairs.

There was adequate and spacious communal accommodation available. Residents had access to a lift which was regularly serviced. The conservatory areas were seen to be utilised by a number of residents who liked to take time out from activity or TV viewing. Visitors were seen to use one of these conservatory rooms for socially-distanced visits with their relatives. This room was accessible through an external door.

Residents in the upper floor level were mobile, and personal evacuation plans showed that they would be able to evacuate safely in the case of a fire emergency.

**Judgment: Substantially compliant**

**Regulation 18: Food and nutrition**

Food was plentiful and was seen to be nicely served. The chef was experienced. All
kitchen staff had attended appropriate food safety training. Social distance was respected at meal times. Modified and specific diets were available. The dietitian and the speech and language therapist (SALT) were seen to have attended residents and their input was documented. The malnutrition universal screening tool (MUST) was used to establish any risk of malnutrition in residents. Residents' weights were recorded on a monthly basis and any significant discrepancy was reported and addressed.

Judgment: Compliant

**Regulation 25: Temporary absence or discharge of residents**

Transfer documentation was seen for those residents who had required hospital care. The document seen was detailed and included the status of the resident’s skin condition prior to admission. Discharge documentation from the hospital was also on file.

Judgment: Compliant

**Regulation 26: Risk management**

The risk register had been established and was updated when necessary. A staff member was assigned to the management of health and safety in the centre. A health and safety committee was established and the minutes of these meetings were maintained. The health and safety statement was in place and an emergency plan was in place for major events such as fire, storm or flood.

A comprehensive COVID-19 contingency plan had been developed by the committee which included infection control processes, cleaning protocols and individual risk assessments for residents.

An audit had been completed in relation to health and safety management in the home. Actions which were identified had been completed.

A maintenance book was used to identify any hazard and these issues were addressed diligently.

Judgment: Compliant

**Regulation 27: Infection control**
The person in charge stated that daily contact with the HSE and public health was very supportive at the height of the COVID-19 pandemic.

Staff training had also been augmented in the relevant infection control procedures.

Policies on infection control had been augmented since the COVID-19 pandemic crisis and were found to be in line with the current guidelines.

Up to date guidelines were accessible to staff and these were seen to be followed in practice.

Staff were all wearing masks and hand washing appropriately on the day of inspection.

Colour-coded cloths were in use for cleaning.

Residents were isolated on admission from home or a hospital for a period of two weeks, as set out in the national guidelines.

Nevertheless, the inspector found that there were some areas of flooring where gaps had developed, particularly around some showers trays and toilets. This required repair as effective cleaning for infection prevention and control was not possible where there were gaps in the flooring. The RPR stated that repairs would be carried out to these areas.

Judgment: Substantially compliant

**Regulation 28: Fire precautions**

Daily, weekly and monthly fire safety checks were carried out and recorded.

The fire safety system was well maintained.

Fire exit signs were all in working order and fire exits were easily identified.

Suitably qualified fire safety personnel attended the centre to lead and advise on evacuation drills and techniques.

These drills were recorded.

Staff spoken were aware of what to do in the event of a fire and the protocol was displayed in the hallways of the centre.

The RPR explained that the fire safety system was serviced on a quarterly basis. Staff carried out monthly checks of the emergency lighting. These records were seen by the inspector.

Nevertheless, the required quarterly fire alarm and emergency lighting service had not been carried out by a suitably qualified person. This was addressed following the inspection.
Judgment: Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

Medicines were generally well managed and subject to audit.

The local pharmacy was attentive to the centre. Controlled drugs were managed in accordance with an Bord Altranais guidelines for nurses.

Allergies were recorded and GPs had prescribed when a resident's medicine was to be crushed.

The opening dates were written on eye drops, This was required as eye drops were generally due to be replaced within one month of opening.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Care plans were person-centred, detailed and relevant. There was information within the care plans which guided staff on the protocol to be followed, for example, for a resident with dementia care needs.

Care plans were reviewed on a four-monthly basis and when required. Care plans had been discussed with residents, or relatives if appropriate, and this was documented in the sample of care plans reviewed on inspection.

Documentation on care planning was paper based and easily accessible to residents. Written medical directions were also documented. The inspector saw that a range of allied health care professionals had made entries in the care plans where relevant.

However, the inspector found that one care plan was not sufficiently detailed to guide care in the area of wound care management. The wound had developed in another health care setting:

The inspector found that:

- A photograph of the wound had not been taken to establish a baseline
- The resident was not always complying with the requirement to lie off the wound for long periods of time
- Discharge documentation in the resident's care plan required clarification.

Judgment: Substantially compliant
Regulation 6: Health care

Residents had access to attentive medical care. The general practitioners (GPs) and the pharmacist supported the staff to deliver person-centred care. Dental, chiropody, psychiatric, infection control expertise and hospital care was also accessed for residents.

Residents confirmed that they had adequate health care support and felt that their wishes were respected in this aspect of care.

A number of residents were assessed as of medium to low dependency needs and these residents were seen to mobilise inside and outside the centre independently.

The dietitian, SALT, the physiotherapist and the occupational therapist were available by private referral. The activity staff member led weekly exercise classes as part of the service offered to residents.

Residents and staff had their temperature recorded twice daily at present to ensure that all precautions were in place to prevent a COVID-19 outbreak. Staff were aware of the non-typical signs and symptoms of COVID-19 in the older population.

Nevertheless, as discussed under Regulation 5: Individual assessment and care planning, additional medical and allied health care attention was required for the management of a severe pressure sore which had developed in another sector:

- Blood tests were due, as the resident had a low iron count in the hospital which could impair healing
- A medical professional had not seen the wound since re-admission
- Further expert wound care input was required to ensure that the best-evidence wound dressing was in use

However, the person in charge stated that measurements of the wound indicated that healing was taking place since re-admission to the nursing home and advice had been sought from a wound care nurse. Clarification had now been sought on the discharge letter.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents with dementia had a comprehensive pre-admission assessment carried out to ensure that their needs could be met in this small homely setting. The inspector found that residents living with dementia, who had been found suitable for admission, were settled in the centre. They were seen to be supported in a patient
manner if they became restless as a result of the behaviour and psychological symptoms of dementia (BPSD). Staff had been trained in this aspect of care.

Judgment: Compliant

Regulation 8: Protection

Staff in the centre had attended mandatory training in recognising and reporting allegations of abuse. A designated person had been trained to deliver specific training to ensure that allegations of abuse were appropriately reported and addressed.

Records relating to residents' finances were well maintained and were available on file. Invoices and receipts were maintained and residents or their relatives were made aware of the fee structure and any expense in relation to medical items and so on. The centre was acting as pension agent for five residents. Individual accounts were set up for these residents.

The RPR gave an assurance that all staff had the required Garda (police) Vetting (GV) clearance in place.

Staff were committed to implementing the national policy ‘Towards a restraint free environment in Nursing Homes' and the use of bed rails was minimal. There was a policy on restraint use in the centre. Bed rail use was subject to hourly checks at night and risk assessments and consent for use had been completed.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were protected in the centre. Throughout the COVID-19 pandemic residents' well-being was supported by empathetic staff interaction, family contact by phone and video calls, as well as the activity programme which had been sustained during the pandemic. The activity staff delivered a daily programme of meaningful and age appropriate activities. Documentation was seen which supported this. An example of the activity records described a range of activities as follows:

- Mass was available through video-link and rosary was organised by residents.
- Newspapers were seen to be read and the news was discussed with residents.
- The hand washing procedure had been demonstrated and residents participated in this.
Social distancing, visiting protocols and mask-wearing rational was discussed with residents.

Outdoor walks were supported and residents engaged in gardening activities such as growing tomatoes, as well as having tea on the patio.

Relaxation exercise sessions, SONAS, music and arts and crafts were continuing.

Card playing had been revived during the pandemic

Bingo was facilitated in smaller groups as this was very popular: residents had requested sessions to be increased.

The person in charge described kind community interactions during the COVID-19 pandemic.

Records of residents' meetings and residents' surveys were seen and issues arising were discussed and addressed.

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>
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<tbody>
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<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people</td>
<td>Compliant</td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
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<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
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<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
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<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
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<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
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<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
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<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
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<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
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<td>Regulation 13: End of life</td>
<td>Compliant</td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
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<td>Regulation 29: Medicines and pharmaceutical services</td>
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<td>Regulation 5: Individual assessment and care plan</td>
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<td>Regulation 6: Health care</td>
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<td>Regulation 7: Managing behaviour that is challenging</td>
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<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<td>Regulation 9: Residents' rights</td>
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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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 17: Premises:
A Statement of Works has been developed by Management. This Statement of Works details the planned and continuous work that is completed to maintain the premises and grounds. Constraints such as finance, securing appropriate contractors and the current pandemic restrictions will be weighed against the urgency of the work to be completed to determine priority. The following premises upgrades have been identified and will be completed in accordance with the Statement of Works; painting, floor repair and replacement, repair and replacement of fixture and fittings e.g. bed side locker, wardrobe. A priority listed within the statement, is the refurbishment of Shower Room 6, to be completed within 3 months. The above will be completed in a timely manner, however the current COVID 19 Pandemic is a significant constraint as Government guidelines and restrictions on visitors to Nursing Homes may change at various times. Risk analysis will be completed prior to any external contractors and personnel being granted access to the premises and Government guidelines will be followed.

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 27: Infection control:
Strawhall Nursing Home are satisfied with their compliance with Infection Prevention and Control practices and techniques and appreciate the acknowledgement within this HIQA report. As for the concerns with the premises, as highlighted within this section, these will be rectified as per the response to Regulation 17. A Statement of Works has been developed by Management. Within the statement, refurbishment of the Shower Room 6 will be undertaken within 3 months. Flooring will be reviewed, repaired and replaced.
where necessary, following review from a specialist contractor. The maintenance
department, in the mean time, within the month, will ensure all other cracks and gaps in
flooring will be repaired to allow for thorough and appropriate cleaning to ensure
Infection Prevention and Control practices are maintained to a high standard.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire detection and alarm system are serviced quarterly. The emergency lights were being maintained by monthly inspection. On the 09/09/2020 an Engineer (competent person) from Prestige Detection Systems Limited attended and completed full service, inspection and a three-hour duration test of the emergency lighting system. Prestige Detection Systems Ltd will return quarterly to complete regular servicing and certification of the Emergency Lights in Strawhall Nursing Home.</td>
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<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • A photograph of the wound (dated and labelled) was maintained in the Dressing folder. We endeavour to take a photo of the wound on each dressings change. • As per care plan, the following interventions were in place to relieve and distribute pressure on the wound area when the resident sits out for a short period and when becomes non-compliant with the need to lie off the wound. - Air pressure-relieving chair cushion in place - The resident sits on an appropriate and comfortable chair - Repositioned on the chair regularly and documented - The resident takes a healthy balanced diet - The wound and surrounding skin are closely monitored. • Clarification on the discharge documents regarding the wound is currently ongoing.</td>
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<thead>
<tr>
<th>Regulation 6: Health care</th>
<th>Substantially Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 6: Health care: • The resident’s wound was seen and reviewed by the General practitioner, and Heamatinics blood test was carried out. • We continue to communicate with the wound nurse specialist in the management of the wound. The measurements of the wound have decreased, appears healthy and healing well.</td>
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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>
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</thead>
<tbody>
<tr>
<td>Regulation 17(1)</td>
<td>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2020</td>
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<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td></td>
<td>Substantially</td>
<td>Yellow</td>
<td>09/09/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Date</td>
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<td>28(1)(c)(iii)</td>
<td>Provider shall make adequate arrangements for testing fire equipment.</td>
<td>Compliant</td>
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<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</td>
<td>Substantially Compliant</td>
<td>30/11/2020</td>
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<tr>
<td>Regulation 6(1)</td>
<td>The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</td>
<td>Substantially Compliant</td>
<td>17/09/2020</td>
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