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>Cahereen Residential Care Centre</th>
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<tr>
<td>Name of provider:</td>
<td>Cahereen Residential Care Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Codrum, Macroom, Cork</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>13 August 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000208</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0030030</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.

Cahereen Care Centre is a purpose built 27-bedded care facility with 18 bedrooms which was taken over as a nursing home and further developed by the current owners in 2003. The bedroom accommodation is laid out in nine single en-suite bedrooms, three double en-suite bedrooms, and six other double bedrooms, with adjacent shower and toilet facilities. All bedrooms are situated on the ground floor. In addition to the bedroom accommodation there is a large day lounge, conservatory, and a large dining room for residents’ use. There is a suitable, spacious enclosed back garden and front garden area with adequate outdoor seating. The management and governance of Cahereen Care Centre is directed by a team of dedicated and committed members of staff who continually strive to raise standards of care. There is a nurse in the centre on a 24-hour basis. Cahereen Care Centre caters for individuals requiring long or short term nursing or personal care, male and female, predominately over the age of 65 (although this can be altered if we feel we have the capacity to provide appropriate care for a younger individual). Special care is taken in ensuring activities are age appropriate to meet all residents' needs. We provide holistic care to the older population, those requiring respite care, end of life care and care for those with physical/intellectual disabilities. Staff numbers are based on the dependency levels of our residents so we can adapt to provide care for low dependency, medium dependence, high dependency and maximum dependency residents. Admissions to Cahereen Care Centre are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary staff, knowledge and competency to meet your care needs. By agreeing to take up residency within Cahereen Care Centre, you will be asked to sign a contract of care which ensures that you have a legally binding assurance of high quality care standards and that we have an acknowledgement of your commitment to our terms and conditions. When you are admitted there will be some paperwork to be completed which includes a full nursing assessment and care plan. These will be developed with your participation within 48 hours of admission. The care plan will be individualised to set out your personal medical and social care needs and will provide direction to staff members caring for you. A review of your care plan will be prompted following your feedback, any changes in your personal needs/circumstances and will be updated at four-monthly intervals. Residents meetings will be held on a regular basis and surveys carried out to ensure that you are entirely happy with the care you are receiving in Cahereen Care Centre. We operate an open visiting policy within Cahereen Care Centre, however to protect our residents we ask that all visitors sign in and out on entering and leaving.
The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 26 |
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:

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<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Thursday 13 August 2020</td>
<td>10:30hrs to 17:30hrs</td>
<td>Mary O’Mahony</td>
<td>Lead</td>
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What residents told us and what inspectors observed

Residents were very happy in this warm, comfortable centre. They said that the person in charge was easy to approach and was responsive to any concerns raised. Staff were said to be very kind and respectful. Physical distancing was seen in the dining room where residents were adequately spaced for meals, with a maximum number of two people at each table. Residents were seen walking with staff along the corridors, in the garden and outside on the grounds for exercise. The enthusiastic activity coordinator spoke with the inspector about the small group, and individual activities that were currently held within the COVID-19 guidelines from the HSE and the Health Protection Surveillance Centre (HPSC). For example, residents were seen to be well spaced out for the afternoon bingo game which clearly was very popular. The musicians who came to the centre on a weekly basis now provided music on the external patio area. Residents said that they welcomed the extra social engagement which they experienced from these interactions. Residents were seen to engage happily with staff. Residents said that their clothes were washed and returned carefully to their wardrobes. Birthday parties and celebrations were almost daily events. Parties were enjoyed and photographs around the centre indicated that residents had a wonderful sense of enjoyment and well-being on these occasions. On the day of inspection a tea party was underway in the afternoon, apparently this happened most days. There was a great range of treats and cakes available to residents. The chef and the kitchen staff were seen to interact with residents at each meal time. Residents praised the variety and selection of food. The menu was found to be extensive and personally prepared by the chef.

Capacity and capability

This was a short-term (two days) announced risk-based inspection conducted over one day. The centre had a good history of compliance with the regulations. The provider had applied to renew the registration of the centre and this inspection was part of the process.

This was found to be a good centre. There were effective governance and management systems in the centre which ensured that safe and high 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 registered provider representative (RPR) was available to the management team on a weekly basis or when required. The centre was managed by an appropriately qualified person in charge who was responsible for directing the care and leading the care team. She was supported in the role by an assistant director of
nursing, nurses and a health-care team, as well as catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure. They told the inspector that they were facilitated to communicate regularly with management personnel and were aware of their reporting obligations in relation to safeguarding of residents.

There was evidence of good oversight by the registered provider representative. Regular management meetings were held with the nurse in charge to enable discussion on residents' care, complaints and health and safety issues. The person in charge also held regular meetings within the centre with staff from all roles. Staff said that these staff meetings and care handover meetings ensured that information on residents’ changing needs was communicated effectively.

The service was appropriately resourced. An adequate supply of personal protective equipment (PPE) was available in the event of an outbreak of COVID-19 and to prevent cross infection at the present time. Staffing levels were in line with that described in the statement of purpose. Staff reported that it was a supportive workplace and staff retention was high. A quality management system which included reviews and audits was in place to ensure that the service provided was safe and effective. The recording and investigation of incidents and complaints included an assessment of learning and a revision of practice, where necessary. The inspector saw that 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 recommendations and actions from this review were seen to have been addressed.

Staff received training appropriate to their various roles, which was required to update their knowledge and support them to provide best evidence-based care to residents. COVID-19 specific training had been undertaken such as correct hand hygiene, cleaning regimes and donning and doffing PPE. Staff supervision was implemented through monitoring procedures and appraisals. The presence of nursing staff on each rota ensured appropriate supervision and nursing expertise at all times.

Good systems of information governance were in place and the records required by the regulations were generally, effectively maintained. Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the Regulations were securely stored, maintained in good order and easily retrievable for inspection purposes. The centre had developed and implemented the required policies on recruitment, training and vetting that described the induction process for new employees.

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

The required documents had been submitted to support registration renewal.
### Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All fees were up to date.

### Regulation 14: Persons in charge

The person in charge was experienced and was supported by a knowledgeable assistant nurse manager and staff. She had developed a comprehensive COVID-19 contingency plan and had updated staff with the most recent guidelines from the Health Service Executive (HSE) and the Health Protection Surveillance Centre (HPSC).

### Regulation 15: Staffing

The inspector acknowledged that residents and staff living and working in the centre were still worried about the COVID-19 pandemic and the isolation brought about due to the previous visitor restrictions. Staff had been facilitated to access HSE services in regard to psychological support.

The HSE and the public health team had been very supportive during the time of the pandemic and had supplied PPE supplies as well as infection control guidelines.

The inspector reviewed the roster and found that the documentation indicated that there were sufficient staff on duty to attend to the needs of residents. Staff were found to be aware of residents' likes, dislikes and specific care needs.

Staff were supervised and were aware of who to report to in the line management arrangements.

Judgment: Compliant
### Regulation 16: Training and staff development

Staff had received appropriate training for their respective roles included mandatory training.

Training in infection control such as hand washing techniques, wearing of PPE and the signs and symptoms of COVID-19 had been undertaken by staff.

Nevertheless, staff were awaiting training in managing the behavioural and psychological symptoms of dementia (BPSD).

Refresher training in mandatory subjects was also due for some staff as the previous training sessions had been postponed due to the COVID-19 pandemic. These sessions had been re-scheduled.

Staff were supervised, staff appraisal and staff induction documentation was available for review in personnel files.

**Judgment:** Substantially compliant

### Regulation 19: Directory of residents

This document was correctly maintained in line with regulatory guidelines.

**Judgment:** Compliant

### Regulation 21: Records

The records which were required under the regulations were accessible and generally well maintained:

Residents' records such as care plans, assessments, medical notes and nursing records were accessible to the inspector. Other records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and were seen to be comprehensively maintained.

Staff files were complete and easy to access. Job descriptions, Garda (police) Vetting (GV) clearance certificates and references were maintained in staff files.

**Judgment:** Compliant
### Regulation 22: Insurance

The insurance cert for the centre was seen to be in date until 2021.

**Judgment:** Compliant

### Regulation 23: Governance and management

The inspector found that there was an effective management system in Cahereen Nursing Home which ensured that good quality care was delivered. Clear lines of accountability and authority were set out and roles were well defined. The person in charge was responsible for the quality and supervision of care and audits of practice. She was supported by the assistant director of nursing (ADON) in the centre and the knowledgeable health-care team.

Throughout the COVID-19 outbreak in this centre the wider management team had made every effort to ensure that that the service provided was consistent, controlled and effectively monitored. Clinical oversight and supervision from members of the team supported by the local doctors, the HSE, infection control specialists and public health colleagues had resulted in the centre remaining COVID-19 free. Staff, residents, the community and visitors had also provided their support of the task of infection prevention as well as following the policies and protocols in the centre.

During the inspection the inspector found that HSE guidance relating to the segregation of residents returning from hospital and visitor access was being followed and adapted into the local policy. Audit and supervision of staff provided oversight of infection prevention and control practices to ensure that staff were following recommended guidance. On the day of inspection, the inspector observed that staff were adhering to hand hygiene guidance in relation to, hand washing, not wearing jewellery and by wearing suitable PPE.

**Judgment:** Compliant

### Regulation 24: Contract for the provision of services

Not all residents’ contracts contained details of all the fees payable, as required under the regulations.

**Judgment:** Substantially compliant
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<th>Regulation 3: Statement of purpose</th>
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<tr>
<td>The statement of purpose was up to date and contained all the information required under Schedule 1 of the Regulations.</td>
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<td>Judgment: Compliant</td>
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<th>Regulation 31: Notification of incidents</th>
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<tr>
<td>All the required specified incidents and events were notified to the Chief inspector within the time-frame set out in regulations.</td>
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<td>Judgment: Compliant</td>
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<th>Regulation 34: Complaints procedure</th>
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<tr>
<td>Complaints were recorded and managed in accordance with the centre's policy. These also included a record of the satisfaction or not of the complainant.</td>
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<td>Judgment: Compliant</td>
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<th>Regulation 4: Written policies and procedures</th>
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<td>Policies and procedures had been updated in line with the regulatory three-year time frame. Relevant policies had been amended in line with the COVID-19 pandemic, for example, the risk management policy, the visiting policy and end-of-life policy.</td>
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<td>Judgment: Compliant</td>
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**Quality and safety**  
Overall, residents in Cahereen were supported and encouraged to have a very good
quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to health care services and opportunities for social engagement. The quality of residents' lives was enhanced by the comfortable environment, scenic views and also by the provision of interesting activities and events. The inspector found that an ethos of respect for residents was encouraged in the centre. Along with relatives' praiseworthy comments, resident survey results demonstrated positivity regarding all aspects of life, and care in the centre.

A group of general practitioners (GPs) provided medical services to residents. Medical care was accessible by phone on a daily basis during the COVID-19 lockdown. GP visits were facilitated during the lockdown also in emergency situations. Person-centred documentation was seen in residents' care plans. These plans were used to guide staff where specific needs had been identified. A sample of medical records confirmed that residents' needs were regularly reviewed. Specialist consultant services were also available to residents. Further information on care planning was documented under Regulation 5 in this report.

Accommodation was set out in a bungalow style building. Bedrooms were either single or double occupancy which was suitable for residents as they felt that this afforded them optimal privacy. The kitchen was appropriately equipped. Further discussion on food and nutrition was detailed under Regulation 18: Food and nutrition. There was a large communal sitting room and a conservatory area in the centre, both of which opened through double-door access, to the outside garden area. Premises were discussed in more detail under Regulation 17: Premises.

Staff ensured that the rights and diversity of residents were respected and promoted. In the minutes of meetings seen by the inspector there was evidence of consultation with residents and relatives. The inspector found that issues raised by residents were brought to the attention of the person in charge. Actions taken were discussed at subsequent meetings. The activity programme included, gardening in raised beds, baking, music, reminiscence, walks, bingo and chair-based exercises among others. Before the COVID-19 lockdown school children visited and pet therapy groups were facilitated. Advocacy services were accessible to residents as required or on request.

Resident felt safe in the centre. Finances were managed carefully and all accounts were transparent. All transactions were support by receipts and invoices were sent to residents, or their representatives, on a monthly basis. Financial matters, in relation to residents for whom the centre acted as a pension agent, were further discussed under Regulation 8 in this report. The inspector found that action was required on behalf of the provider to address this. The inspector found that effective fire safety measures including the safe storage of oxygen were in place. While the centre was seen to be very clean there were some issues which needed to be addressed to promote more comprehensive infection control processes into the future. There issues were outlined under Regulation 27: Infection control, in this report.

Staff and management were seen to make every effort to support the privacy and dignity of residents. All staff were seen to use the privacy screens available around
beds in the shared rooms and to ensure that doors were closed during personal care. Staff were seen to communicate appropriately with residents and were described by residents as attentive and kind. Visiting times were revised according to the national guideline from the HSE. A number of visitors were seen in the centre throughout the inspection, and were seen to abide by the social distance measures and the nursing home policy for the prevention of COVID 19 in the centre.

### Regulation 10: Communication difficulties

Residents were facilitated to communicate according to their needs and abilities. Staff were found to be knowledgeable of their medical and social requirements: this enabled staff to interact appropriately with them. The inspector saw evidence of appropriate interactions during the inspection day.

**Judgment:** Compliant

### Regulation 11: Visits

Visiting to residents had been strictly controlled since 5 March 2020. In general there had been no visitors allowed at the height of the COVID-19 pandemic/lockdown except in extreme circumstances. The recent revised HPSC visitor guidelines had been circulated to all family and friends of residents. This allowed visiting to commence under controlled circumstances. A location had been identified for these visits, which was directly accessible from the grounds where social distance could be maintained. This meant the visitors would not be moving through the centre or mixing with staff and other residents. Residents were supported with telephone, "WhatsApp", face book, video-calls or other communication methods, to remain in contact with family members.

**Judgment:** Compliant

### Regulation 12: Personal possessions

Residents had access to all their clothes within the wardrobes and the bedside lockers. They were happy to have space to retain items from their homes also.

**Judgment:** Compliant
Regulation 13: End of life

Training had been provided in this aspect of care. Residents' wishes and advanced plans were recorded where possible. This was relevant in the context of COVID 19 as some residents did not wish to be hospitalised in this event. Where necessary, relatives had been included in the end of life discussions. Palliative expertise was accessible to residents.

Judgment: Compliant

Regulation 17: Premises

This was a well-maintained centre set up in the style of a home-like environment. It was single-storey, purpose built and set in a rural, scenic area. Gardens were nicely planted, easily accessible and the doors to the garden were open on any day when the weather permitted. Residents were seen walking independently in the gardens and also supported by staff to sit outside on the day of inspection. Bedrooms were either single occupancy or double rooms. Bedroom accommodation was laid out in nine single en-suite bedrooms, three double en-suite bedrooms, and six other double bedrooms with adjacent shower and toilet facilities. Communal toilets were also located near the living room area for the convenience of residents. The bedrooms were seen to be personalised and all residents had a personal wardrobe, armchair and locker. Photographs of family members past and present were seen to be on display. Residents had access to individual televisions, mobile phones, radios and reading material.

In addition to the bedroom accommodation there was a large open plan sitting and dining room. These rooms were decorated with art work and colourful wall murals. The kitchen opened directly into the dining room which provided access to the chef at mealtimes. The inspector saw that the adjoining separate conservatory was used for reading and private chats. The maintenance programme was ongoing which meant that the centre was always well decorated, fresh and clean.

The RPR stated that plans were under way for the addition of four, full en-suite bedrooms in the centre. In addition, the provider stated that a small extension was planned to rooms 16, 17 and 19, as these double rooms did not conform to the minimum required floor space per person, as set out in SI 293 of 2016. This amendment to the 2013 regulations set out that by 1 January 2022 each bedroom shall have an area of not less than 7.4 sq mts of floor space per person. The provider had developed proposals to add an en-suite toilet and shower facility in each of these rooms also, to support the privacy and dignity of residents.

Residents in these smaller double bedrooms were facilitated to use the adjacent toilet and en-suite shower room in the vacant room 12, in the interim. This room was vacant since March and would remain vacant according to the provider, until
the extension was complete or the room was required on a short term basis, such as for isolation purposes.

Plans were already drawn up for this extension and planning permission had been applied for with a planned completion date of between March and May 2021.

**Judgment: Compliant**

**Regulation 18: Food and nutrition**

Food was plentiful, wholesome, home cooked and enjoyable, according to residents.

There was a wide variety of dishes available on a daily basis. The chef was always available to converse with residents. Drinks were provided throughout the day. The dietitian liaised with the management staff and the kitchen staff. Staff were knowledgeable about those who required modified or fortified diets which were seen to be well-presented.

**Judgment: Compliant**

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

There was a comprehensive transfer form and procedure in place for any resident required to transfer to hospital or elsewhere. The person in charge was found to be knowledgeable of the proposed new national transfer documentation and was seen to follow the proposed guidelines. This meant that any resident requiring hospital care or transfer to another centre would receive optimal care in the receiving facility as staff would be aware of pertinent medical and social details on transfer.

**Judgment: Compliant**

**Regulation 26: Risk management**

There was a comprehensive risk register in the centre. The risk management policy was seen to be in compliance with the requirements of the regulations. The risk register had been augmented to include the risks associated with COVID 19 and the controls to prevent an outbreak were clearly set out. In the sample of residents' care plans reviewed the inspector found that each resident had individualised risk assessments for example, on the risk of choking and on the risks of falls. This meant that staff were risk aware and enable to support positive risk-taking by following the
controls set out to minimise any risk involved.

Judgment: Compliant

Regulation 27: Infection control

Staff had been trained in infection control processes including hand washing techniques, donning and doffing PPE and the procedures to be followed to prevent infection with COVID 19. A detailed COVID 19 contingency plan had been developed with associated updates to the health and safety statement and relevant policies. Visiting had recommenced with restrictions on social distance. Visitors and residents were observed to follow these guidelines.

The centre was found to be very clean. Cleaning and hygiene practices were observed to be continuous throughout the day of inspection and all staff wore face-masks. There was a plentiful supply of personal protective equipment (PPE) available. Documentation was available for the cleaning regime. These records were found to be accessible, clearly written and diligently maintained.

Staff were observed hand-washing at regular intervals at a specified hand washing sink. This practice was then audited and recorded. However, the inspector found that the sink in question did not have a hot water tap. The registered provider representative stated that a new hand washing sink with 'hands-free' taps had been ordered, in line with best practice guidelines. As the aforementioned hand washing sink was located in the far corner of the communal area of the centre, staff had to walk through part of the sitting room and the dining room to access it. To promote optimal hand washing opportunities, additional hand washing sinks were required adjacent to clinical areas and the staff office, in order to provide accessible hand washing facilities outside of residents' bedrooms or bathrooms.

All other sinks in the centre had hot water taps installed and there was a plentiful supply of hand-santising gel around the nursing home.

Judgment: Substantially compliant

Regulation 28: Fire precautions

All the required fire safety certificates and fire safety documentation were available in the centre. Daily, weekly, three-monthly and annual checks and services had taken place. Fire safety training had been undertaken. Fire drill records were made available to the inspector. These indicated a pattern of two-monthly fire evacuation sessions for residents and staff.

Storage of oxygen was reviewed as safe, by the fire safety company who also
provided annual fire safety training to all staff in the centre.

Personal emergency evacuation plans (PEEPS) were on file for all residents. These were updated on a regular basis by the physiotherapist and the person in charge.

Fire safety doors were installed throughout the centre. However, one 'fire-safe' door was seen to be impeded from closing which meant that the door would not be of any use to contain smoke or fire in the event of a fire in the centre. The person in charge undertook to review and address this.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicine management was generally good, accorded to the sample of residents' medicine records reviewed. All staff nurses signed when they administered medicine and the general practitioners (GPs) signed for the prescribed medicines on each medicine administration record (MAR). A local pharmacy supported the centre by providing the required medicines and auditing the prescription charts on a regular basis. There was a system in place to record the use of controlled drugs and the stock these medicines was checked at the changeover of each shift.

Nevertheless, the inspector found that on one occasion the policy on transcribing medicines had not been followed. This meant a medicine for one resident was not prescribed according to An Bord Altranais guidelines on medication management for nurses. In addition, a new nebuliser (inhaled medicine for breathing difficulties) had not been amended on the prescription following a period of hospitalisation of a resident.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A number of care plans were reviewed and were seen to have been updated within the four-month regulatory time frame:

- clinical assessment tools were seen to underpin care plans and clinical decisions
- care plans for end of life decision-making were in place and supported by GP input in the medical notes
- medical practitioners had documented informative notes in the medical file following each visit to a resident
- food and fluid balance charts were maintained where necessary.
Regulation 6: Health care

There was evidence in residents' care plans of very good access to allied health professionals:

For example:

- Physiotherapy was accessible, however it had been suspended during the height of the pandemic. The physiotherapist was now providing his weekly service again.
- Occupational therapy was available on referral.
- The general practitioner (GP) visited regularly and was available by phone during the COVID 19 lockdown. A choice of GP was facilitated where necessary.
- The pharmacist fulfilled the duties required to meet residents' needs and supported staff with audit and supplies of medicines.
- Psychiatric care, chiropody, dental, speech and language therapy (SALT) and the dietitian were seen to have made entries in residents' notes in response to residents' needs before the outbreak.
- During the pandemic these allied health professional were available daily on the phone and were very attentive to residents' needs, according to the person in charge.

Nevertheless, the inspector found that updated input and review from a tissue viability nurse (TVN), was required for one resident's pressure sore. This had been acquired in another centre in 2018 and while it had improved greatly since admission to Cahereen, expert opinion was now required to progress the healing stage.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents residing in the centre who had dementia.

In a sample of care plans for these residents comprehensive care plans were seen to be in place for responsive behaviour management in residents with dementia.

These plans were individualised and person-centred.

Nevertheless, training in this aspect of care had not been provided since 2016 which was an unacceptable gap due to the fact that a number of residents experienced
this behaviour. Updated knowledge and skills in this aspect of care is a requirement of the regulations to support residents and guide staff in providing optimal, best evidence-based care.

Judgment: Not compliant

**Regulation 8: Protection**

Staff had attended training in the prevention of elder abuse and safeguarding of vulnerable older people. Staff spoken with were aware of their responsibility to report any allegations of abuse. Staff were aware of the types of abuse which could occur.

In relation to the management of residents' pensions the centre acted as 'pension agent' for seven residents. However, the inspector found that the requirement to set up a named "client account" for these residents had not been satisfactorily completed. This was to be addressed to provide more security for these personal monies.

Following the inspection an email was received stating this was progressing with the bank.

Judgment: Substantially compliant

**Regulation 9: Residents' rights**

The inspector found that staff were constantly striving to improve the rights and dignity of residents living in the centre.

On this inspection the inspector found that residents' abilities were encouraged and supported, in particular independent mobility needs. This was greatly enhanced by the weekly visits from the physiotherapist.

Residents felt that their lives and experiences were important to staff who were engaged in promoting their well-being.

On the day of inspection a small number of residents were in their bedrooms due to the COVID-19 challenges. For example one resident who tested negative for COVID-19, was in two weeks isolation following admission. The inspector spoke with a number of residents who were delighted to chat and talk about the return of visiting arrangements as well as the good care they received during the lockdown period. They were found to be up-to-date and informed about relevant advice and guidelines, such as hand-washing and mask wearing.
The inspector found evident of good practice in supporting residents' rights:

- each resident had a TV, books and newspapers
- a number of i-pads and 'tablets' and mobile phones were in use to support video communication with relatives
- a residents'/relatives' meeting area had been set up
- a conservatory had been made available for private, quiet time
- residents had regular size wardrobes which were seen to be maintained in a tidy manner and which residents said were adequate for their needs
- a small number of residents who were seated in the sitting room and dining room had social distance maintained
- activities such as counselling conversation, seasonal planting in the raised flower beds, artwork, walking and music concerts were a weekly occurrence.

The inspector found that the majority of interactions with staff were seen to have an individualised and person-centred approach.

The activity coordinator spoke with the inspector about she had adapted to the changed needs of residents at this time. However, she stated that the hours assigned to the activity coordinator had been reduced due to the COVID 19 risks. The registered provider representative was requested to review this arrangement and to develop further activities such as reading books, individual conversations and baking demonstrations, which could be done from a social distance, as this could be such a challenging and lonely time for a number of residents.

Judgment: Substantially 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:

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<th>Regulation Title</th>
<th>Judgment</th>
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<td><strong>Capacity and capability</strong></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>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially 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>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Regulation 9: Residents’ rights</td>
<td>Substantially 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>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Training matrix is updated to ensure that mandatory training is done by all staff and to identify the number of staff who are due to do these training. BPSD training is rescheduled in October and will be completed by all staff members by 31st October 2020.

<table>
<thead>
<tr>
<th>Regulation 24: Contract for the provision of services</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
All Contracts of care for existing residents including Fair-deal and Private residents will contain details of their fee payable to the nursing home.
Completed by: October 9th 2020

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 27: Infection control:
Hot water tap is installed in the handwashing station in the communal area in the dining
One additional handwashing sinks with handsfree tap will be installed in the corridor outside the day room. Completed by 30th September 2020.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Action completed by removing the obstruction from the fire door immediately.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Nurses were trained again in relation to the NMBI guidelines on medication management and the transcribing policy is policy is strictly followed by all nurses now. The drug cardex that was non compliant at the time of inspection has since been reviewed by the General Practitioner and the issue is resolved.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 6: Health care</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 6: Health care: The Director of Nursing, Person In Charge, contacted Wound Care Clinic in CUH and took phone advice for the pressure sore treatment with a view to review the progress of wound healing with the clinic regularly. The documentations regarding the same have been updated in the resident’s careplan.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
BPSD training is rescheduled for the staff in October 2020 and will be completed by all staff members by the 31st of October 2020.

<table>
<thead>
<tr>
<th>Regulation 8: Protection</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 8: Protection: Our Pension account has been replaced by a Client account. All pensions/funds belonging to residents are now in the client account. Completed 30th September 2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Activity schedule is reviewed with the activity co-ordinator. The Activity Co-Ordinator has resumed back to her normal activity working hours as per pre-covid time. Varied activities that would suit small numbered resident groups are being held, taking into account the HSE guidelines for Long-term care setting. Completed and ongoing.</td>
<td></td>
</tr>
</tbody>
</table>

Completed and ongoing.
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>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 24(2)(b)</td>
<td>The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/10/2020</td>
</tr>
<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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/08/2020</td>
</tr>
<tr>
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<td>----------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Regulation 29(5)</td>
<td>The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/2020</td>
</tr>
<tr>
<td>Regulation 29(6)</td>
<td>The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the</td>
<td>Substantially Compliant</td>
<td></td>
<td>31/08/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Color</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
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<td>------</td>
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</tr>
<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 Cháimhseachais from time to time, for a resident.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/2020</td>
</tr>
<tr>
<td>Regulation 7(1)</td>
<td>The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 8(1)</td>
<td>The registered provider shall take all reasonable measures to protect residents from abuse.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 9(2)(a)</td>
<td>The registered provider shall provide for residents facilities for occupation and recreation.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
</tbody>
</table>