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>Carthage Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Anvik Company Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Mucklagh, Tullamore, Offaly</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>18 February 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000021</td>
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<td>Fieldwork ID:</td>
<td>MON-0023093</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.

Carthage Nursing Home is a purpose-built facility located in Mucklagh, approximately 5kms outside Tullamore town. The centre is registered to provide residential care to 63 residents, both male and female, over the age of 18 years. The centre caters for residents with long term care, respite, palliative and convalescence care needs. The centre provides 24hr nursing care to residents. Residents with health and social care needs with all dependency levels are considered for admission. There are 39 single, six twin and four triple bedrooms. All single bedrooms, three twin bedrooms and one triple bedrooms have full en suite facilities. A hand wash sink is provided in the other four twin bedrooms and the bedrooms with three beds. Residents have access to safe enclosed courtyard gardens.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 54 |
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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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Tuesday 18 February 2020</td>
<td>09:15hrs to 17:30hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
</tr>
<tr>
<td>Wednesday 19 February 2020</td>
<td>09:00hrs to 13:00hrs</td>
<td>Catherine Rose Connolly Gargan</td>
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What residents told us and what inspectors observed

Fourteen residents completed satisfaction questionnaires sent by the Health Information and Quality Authority in advance of this inspection. These pre-inspection questionnaires were completed mostly by some residents and some residents' family members on their behalf. The inspector met with a number of residents and their relatives during the inspection. Overall, the feedback received from residents and their relatives was very positive regarding their experiences and their level of satisfaction with living in the centre. A number of residents confirmed that they had everything they needed and wanted nothing changed in the centre.

Residents told the inspector that they enjoyed having access to several communal sitting areas and one resident said 'this gives her choice as to where she spends her time'. Another resident spoke about access as she wished to the two outdoor areas especially in nice weather as being important for her. The inspector saw that seating in one of the two courtyards was sheltered by branches from a large evergreen tree and provided shade from the sun in warmer weather. Residents' bedrooms were observed by the inspector to be spacious with shelving provided to display photographs and ornaments and sufficient storage facilities for residents' clothing and other belongings. Several residents said they 'loved their bedroom' and that it was 'quiet', and liked that they 'can see the moon' from their bedroom window. Residents' relatives who spoke with the inspector and also commented in residents' pre-inspection questionnaires said that they were encouraged to decorate their relatives' bedrooms. Some residents' brought in small items of their own furniture from home, family photographs and other items of sentimental value to them. Facilities including a visitor's room was available for residents to meet their relatives in private if they wished. Residents relatives said that they were always made to feel 'really welcome' and that they enjoyed coming into the centre. Residents told the inspector that they enjoyed seeing their visitors coming in to visit them.

Staff were observed to be respectful, kind and gentle towards residents and to utilise every opportunities to interact positively and chat with residents. Several residents commented on the kindness of staff. Their comments included that staff were 'always very helpful', 'friendly', 'great fun', always have time' and 'genuinely care'. Residents confirmed that they always felt safe in the centre.

The inspector observed that most residents participated in and were enjoying the activities in three different sitting rooms. Some other residents chose to spend their time doing things they liked to do independently such as reading the newspaper or relaxing. The hairdresser came to the centre every week and was in the centre on the first day of inspection. The hairdresser had a CD player playing music and songs that were familiar to residents while they had their hair dressed. Residents told the inspector that there was a great 'atmosphere' in the centre and one resident said it made her glad to be alive. The inspector was assured that residents were supported
and facilitated to have a good quality of life in the centre and to participate in meaningful activities and social engagement.

Residents’ clothing was observed to be clean and well maintained. All residents who spoke with the inspector or completed pre-inspection questionnaires were satisfied with how their clothes were cared for. A small number said they had some issues with their clothes and their dissatisfaction was resolved without delay.

Mealtimes were observed to be a high point of the residents' day and several residents used this time as an opportunity to meet with other residents in the centre. Residents were happy with the arrangement for two sittings each mealtime and they expressed high praise regarding the quality and variety of food offered.

**Capacity and capability**

This was an announced inspection to monitor on-going compliance with the regulations and standards. The inspector followed up on the notification received and the provider’s progress with completing the compliance plan from the previous inspection in May 2019. The provider and person in charge had progressed and completed all actions in the compliance plan developed to achieve compliance following the previous inspection.

The governance and management of the centre was significantly strengthened since the previous inspection with implementation of robust arrangements to oversee the quality and safety of the service provided. This was reflected in the high level of compliance found across almost all regulations during this inspection. The provider had a clear governance and management framework with definition of roles and clear accountability arrangements. Robust systems were in place to monitor and review the quality and safety of care delivered and the quality of life for residents in the centre and there was strong evidence of continuous quality improvement in the centre. The person in charge was supported on a full-time basis by the registered provider representative. All areas of the service were regularly reviewed by the provider.

The effectiveness of clinical care provided to residents and their quality of life was monitored closely by the management team. Auditing procedures in place of key areas of the service ensured areas needing improvement were identified with effective remedial actions implemented without delay.

The provider ensured there were adequate numbers of skilled staff available to care for and assist residents in the centre. The person in charge had flexible arrangements regarding staffing levels, which were responsive to residents changing needs. Staff were facilitated to attend mandatory training and professional development training informed by residents' diverse needs. Two clinical nurse managers supported the person in charge over seven days each week. The provider representative and person in charge also available on an on-call basis. This
arrangement ensured senior support for staff with any issues that may arise in the centre and that senior management were available to residents and their relatives at all times. There were effective communication arrangements with staff at all levels of the organisation and staff who spoke with the inspector confirmed they were well supported by the management team.

The provider ensured that all staff had completed Gardá Vetting before commencing working in the centre in line with the National Vetting bureau (Children and Vulnerable Persons) Act 2012. The provider was not a pension agent for collection of any residents' pensions on their behalf.

Regulation 15: Staffing

There were appropriately numbers of skilled staff available to meet the assessed needs of residents and as described in the centre's statement of purpose. Each member of staff were aware of their roles and responsibilities regarding providing person-centred care and timely assistance for residents. Residents confirmed there were no delays in staff attending to their personal care and assistance needs.

An actual and planned staffing roster was maintained in the centre with any subsequent changes recorded as necessary. The staffing roster reflected the staff on-duty on the day of inspection and there were arrangements in place to provide cover for any planned or unplanned leave.

No volunteers were operating in the centre at the time of the inspection

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff was informed by residents' needs and annual staff appraisals completed by the person in charge. A staff training matrix record was maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training done by staff. These staff training records confirmed all staff had completed mandatory training in safeguarding residents from abuse, safe moving and handling procedures and fire safety. Staff were also facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre.

All staff were supervised on an appropriate basis according to their roles and were recruited, selected and vetted in accordance with best practice and legislative requirements. A staff recruitment policy was available and included details of the induction process for each staff grade. Induction of new staff was closely monitored.
and supervised by the person in charge.

Judgment: Compliant

**Regulation 19: Directory of residents**

A directory of residents in the centre was maintained and made available to the inspector. The directory of residents detailed all information regarding each resident as required by the Regulations.

Judgment: Compliant

**Regulation 21: Records**

A sample of staff files were examined by the inspector and were found to meet the requirements of the Regulations. An Garda Síochána (police) vetting disclosures were available in the staff files examined. The provider representative gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. All nursing staff files contained documentation confirming their up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A record of simulated emergency evacuation drills and tests of fire equipment and actions taken to remedy any defects found was maintained. Some further detail was necessary in the information referenced in the records of emergency evacuation drills to confirm that simulation was reflective of the actual personal emergency evacuation plans of the residents in the compartments tested.

Daily records of each resident’s condition and treatments given was maintained by night and day nursing staff.

A register of any restrictive procedures used in the centre was maintained including alternatives tried and was made available to the inspector for review.

Judgment: Substantially compliant

**Regulation 22: Insurance**

The inspector was provided with confirmation of up-to-date insurance cover. The policy included cover for injury to residents and loss and damage of residents’
property.

Judgment: Compliant

**Regulation 23: Governance and management**

The centre's management structures were clear and ensured the service delivered appropriate, accountable, safe and consistent care for residents. Regular governance and management meetings were held to ensure continuing review and oversight of the service. Clinical effectiveness was measured and reviewed on a weekly basis. Key areas of the service provided were audited and the information collated was analysed. Deficits identified were risk assessed and corrective action reports were developed for all areas of the service identified as needing improvement. Progress with completion of corrective actions identified was reviewed at the governance and management meetings ensuring areas needing improvement were tracked to completion. The person in charge met with staff to review practice in all areas and to share audit findings and promote learning.

The provider representative and person in charge worked full-time in the centre and were on-call outside of normal working hours. Arrangements were also in place where the person in charge was available in the centre on two evenings each week and two clinical nurse managers worked on alternate weekends. This arrangement ensured supervision of residents' clinical care and on-site availability of senior management staff to support staff with addressing any issues that may arise and to meet with residents and their families.

The provider ensured that adequate resources were provided to meet residents' needs. An annual review report on the quality and safety of care and quality of life for residents was prepared for 2019. There was good evidence of continuous quality improvement. Improvements made were made in consultation with residents and were informed by their feedback on the service provided.

Judgment: Compliant

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

Each resident had an agreed contract of care setting out the terms and conditions of their residency. Residents' contracts of care outlined the services to be provided and the fees to be charged to residents in receipt of the 'Fair Deal Scheme' including additional fees. The contract included a schedule of costs for additional services residents may wish to avail of. An additional fee was charged outside of that covered by the nursing home support scheme and details of the services covered by this fee were described. Details of the bedroom each resident occupied was
stated as required. Residents or their family members on their behalf signed their contracts of care.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The centre's statement of purpose was recently revised and contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose accurately described the management structure, the facilities and the service provided.

Judgment: Compliant

**Regulation 31: Notification of incidents**

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted the required statutory notifications of incidents involving residents to the Chief Inspector within the timescales as specified by the regulations.

Judgment: Compliant

**Regulation 34: Complaints procedure**

A policy was in place to inform management of complaints in the centre. Residents' feedback was sought and welcomed and was used to improve the service as necessary. Information on the complaints procedure in the centre and accessing support was communicated to residents and the complaints procedure was displayed. The information displayed included a photograph of the centre's designated complaints officer and provided instruction on making a complaint and the response process thereafter.

A person in the centre was nominated to ensure that complaints were responded to appropriately and records were kept as required and this role was detailed in the complaints policy. The records confirmed that complaints received were appropriately recorded, investigated and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was in place.
An independent advocacy service was available to residents to assist them with raising a concern and the contact information for this support was clearly displayed.

Complaints were reviewed at the centre's governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure and said that if they were dissatisfied with any area of the service they would talk to the person in charge, provider representative, other staff members or their family members.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's operating policies and procedures were made available to the inspector. Policies and procedures were up-to-date, centre-specific and available to staff. All policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice.

Judgment: Compliant

Quality and safety

Residents were provided with a high standard of care and support and person-centred culture that placed the resident at the centre of care delivery was evident. Care plans were detailed and responsive to residents identified needs based on comprehensive assessment using validated tools. A revised approach to residents' care planning was implemented since the previous inspection and ensured each resident was empowered to express their personal priorities for their care. Residents' care plans were implemented.

Residents' individual wishes and preferences were respected and opportunities to promote their good health and wellbeing were identified. A toolbox talks initiative had commenced in the centre to assist residents with understanding and optimising their health, wellbeing and their rights. Staff were familiar with residents, their needs and preferences and were observed by the inspector to be courteous and respectful towards all residents.

The centre premises was safe and secure. The layout and design of the centre met residents' individual and collective needs. Since the previous inspection, the provider refurbished and reduced four bedrooms with three beds in each to four spacious twin bedrooms to ensure the privacy and dignity of residents residing in these bedrooms was assured. This action reduced the occupancy of the centre from 63 to 59 residents. The centre was clean, generally well maintained and tastefully
Residents' health and wellbeing was supported by an engaging and stimulating environment in a homely atmosphere. There was a variety of activities available on a daily basis in a various areas of the centre to ensure each resident's interests and capacities were catered for and that they had choice of meaningful activities that they could participate in each day. A skilled activity coordinator facilitated activities for residents with dementia in a designated sitting room that provided them with a quieter environment enhanced with background music and scented with a lemongrass infuser. The communal areas in the centre were warm, bright and busy with residents engaged in various activities or taking opportunity to relax.

There were measures in place to safeguard residents from abuse and all staff who spoke with the inspector were aware of their responsibilities to report and stated there was no impediments to them reporting any suspicions, disclosures or incidents they may witness. All staff in the centre were appropriately vetted and had completed vetting disclosures in their staff files. Residents with behaviours and psychological symptoms of dementia (BPSD) were appropriately supported by staff, their GP and community psychiatry of later life services. Staff were skilled in caring for residents with BPSD and were effective with supporting residents with minimising adverse symptoms. A minimal restraint environment was promoted and practices reflected national restraint policy guidelines.

The provider took a proactive approach to managing risk in the centre and comprehensive risk management systems and procedures were implemented to ensure residents' health and safety needs were met. Measures were in place to protect residents from risk of fire and to ensure their emergency evacuation needs can be met. Staff were facilitated to attend mandatory fire safety training and evacuation of residents and staff who spoke with the inspector were knowledgeable regarding the emergency procedures in the centre.

Regulation 12: Personal possessions

Residents had sufficient space to store their clothes and other possessions including additional new shelving in refurbished twin bedrooms and a lockable storage facility for securing personal possessions of value. Residents were supported and facilitated to retain access to and control over their personal clothing and possessions. Residents' clothing was maintained and laundered in the centre to a high standard.

The provider confirmed that they were not a pension agent for collection of any residents' social welfare pensions on their behalf. The provider held small amounts of money in safekeeping on behalf of a small number of residents for their personal use and this money was made available to them as they wished for their day-to-day expenses. These small amounts of cash were held securely and all transactions were recorded and signed. Balances checked by the inspector were accurate.
Judgment: Compliant

**Regulation 13: End of life**

End-of-life care planning procedures in the centre ensured that each resident was given opportunity to make their decisions known about their priorities regarding their spiritual, physical and psychological care and where they wished to receive care. Where possible, residents were involved in making decisions regarding their end-of-life care. Where residents were unable to communicate their decisions, staff make efforts to get information from families that best reflected residents' end-of-life care preferences and wishes.

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team.

Residents were provided with good support to meet their spiritual needs from local clergy who attended the centre regularly and individual residents as requested. An oratory was available to residents in the centre for their funeral services if they wished. Residents' families were facilitated to be with them overnight when they became very ill.

Measures were taken to ensure residents did not experience pain. Each resident's level of pain and the effectiveness of pain management medicines administered was monitored.

Judgment: Compliant

**Regulation 17: Premises**

The layout and design of bedrooms and communal facilities met residents' individual and collective needs to a good standard. The provider had refurbished and reduced four bedrooms previously accommodating three residents to twin bedrooms. These bedrooms were refurbished to a high standard and provided comfortable and spacious bedroom facilities for residents.

The centre provided accommodation for residents over two floors and there was a spacious lift available for residents to access the first floor. Accommodation on the first floor comprised a kitchenette for visitors, a sitting room, a hairdressing salon, a residents' activity room, five single and two twin bedrooms. The bedrooms on the first floor had an en suite with a shower, toilet and a wash hand basin. Ground floor accommodation comprised 34 single and eight twin bedrooms. All single and two twin bedrooms had full en suite facilities. A variety of sitting areas, a dining room, an oratory and a visitors' room was provided on the ground floor. The inspector found that there was sufficient shared toilets and shower/bathroom
facilities available to meet the needs of residents residing in the centre.

Residents were encouraged and assisted to personalize their bedrooms and the inspector observed that many residents took opportunity to enjoy continued use of items of furniture from their homes, photographs and ornaments and other mementos in the centre. Residents could also access two attractive and interesting, enclosed courtyard areas as they wished. All communal areas in the centre were decorated and designed in a comfortable, therapeutic and visually stimulating style for residents.

Floors were non slip, bright and non-patterned floor covering throughout the centre promoted safe mobility for residents with visual problems or dementia. Residents' bedroom doors were painted in different colours and together with handrails along corridors contrasted with the colour of surrounding walls. This provided clear definition for residents with visual problems or dementia. Large windows throughout promoted good use of natural light in bedrooms, communal areas and on corridors. Corridors were sufficiently wide to ensure that residents could mobilize safely when using a wheelchair or a walking frame. Handrails were fitted on both sides of corridors and grab rails were fitted in toilets and showers.

There was sufficient storage provided for residents' assistive equipment and emergency call bells were fitted in all areas used by residents, as appropriate. The inspector observed that some repairs were necessary to paintwork on door frame surfaces damaged by passing equipment and to one resident's assistive chair to ensure effective cleaning procedures.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Records were maintained regarding residents who leave or are temporarily absent from the centre. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community.

Judgment: Compliant

Regulation 26: Risk management

The health and safety of residents, visitors and others was promoted and protected by the provider with proactive and responsive risk management procedures processes in the centre with. An up-to-date safety statement and risk management
policy was in place.

The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). Hazards in the centre were identified, risk assessed and documented in the centre's risk register. Controls were specified to effectively mitigate assessed levels of assessed risk. All risks and hazards identified in the service were risk assessed and reviewed at the governance and management meetings. Arrangements were in place to identify, record, risk assess and investigate any adverse events involving residents or others. Areas found to need improvement were actioned in corrective action reports and were subjected to regular review to ensure any learning was implemented and risk of recurrence was effectively mitigated.

All residents' moving and handling procedures were completed in accordance with best practice procedures. Staff were facilitated to attend up-to-date training in safe moving and handling of residents. Each resident's moving and handling needs were assessed and clearly documented.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 27: Infection control

Residents were protected from risk of cross infection and all practices and procedures in the centre were in line with the infection and prevention standards. The centre had a sluice room located on each floor with appropriate bedpan washing facilities in each. Bedpans and urinals were used periodically for residents' convenience in the centre and the provider representative received confirmation that the bedpan disinfection unit in each sluice facilitated this arrangement. Personal protective equipment (PPE) and appropriate waste management facilities were available including a hazardous waste disposal bin in each sluice area. Access to both sluice rooms was controlled preventing unauthorized access to these potentially hazardous area.

Toiletries were identified as belonging to individual residents and stored in their accommodation for their personal use only.

Since the last inspection, the provider implemented a new floor cleaning process and laundry procedures and practices that reflected best practice standards in infection prevention and control standards.

Judgment: Compliant
Regulation 28: Fire precautions

There were measures in place to protect residents from risk of fire in the centre. Fire fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free of any obstruction. The inspector was told that the building was compartmented and horizontal evacuation arrangements were in place, if necessary. Compartment boundaries were identified on a floor plan displayed by the fire alarm. Arrangements were in place to ensure effective containment of fire/smoke in the event of a fire. Residents’ bedroom doors were fitted with self closure unit. Units were also fitted on residents’ bedroom doors to facilitate them to keep their bedroom doors open if they wished but by disengaged on the fire alarm sounding allowed self closure of these fire doors.

Each resident’s emergency evacuation needs were assessed and this assessment included any cognition problems that might hinder their timely evacuation. This information was clearly recorded and discreetly maintained for ease of reference in an emergency. All staff were facilitated to attend fire safety training and to participate in a simulated emergency evacuation drill. Staff who spoke with the inspector were knowledgeable regarding the fire safety procedures in place and the procedures for emergency evacuation of residents. Simulated evacuation drills were completed to test the efficacy of day and night time conditions including staffing arrangements. A simulated emergency evacuation drill testing evacuation of residents from the centre’s biggest compartment in night time conditions demonstrated that timely evacuation was achieved.

Arrangements were in place to carry out daily and weekly fire safety equipment checking procedures and no gaps were noted. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Quarterly and annual servicing of emergency fire safety equipment including emergency lighting by a suitably qualified external contractor was completed. The contractor also provided an on-call repair service.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission and regularly reviewed and updated thereafter in response to a change in their needs. Staff utilised accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. These assessments informed a person-centred holistic care plan with additional care plans prepared for each resident. The detail of the person-centred information in residents' care plans describing the priorities of care
for them was significantly improved since the last inspection. Residents' care plans were updated routinely or to reflect their changing care needs. Staff were knowledgeable regarding residents' likes, dislikes and their individual needs. Sufficient detail was included in each resident's care plan to inform the frequency of care procedures and the optimal clinical parameters to ensure residents' ongoing health and wellbeing.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted on behalf of individual residents. Records were maintained of this consultation process.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to health care services. A number of local general practitioners (GPs) attended to the needs of residents in the centre. Residents also had access to emergency out-of-hours medical care if necessary. The provider had arrangements in place to ensure residents could access allied healthcare professionals without delay and their recommendations were documented in their care plans and implemented.

Residents' positive health and wellbeing was optimized with regular exercise as part of their activation programme, annual influenza vaccination, regular vital signs monitoring, blood profiling and regular medication reviews.

Residents were supported to attend out-patient appointments and were referred as necessary for care in the acute hospital services. Residents were also supported to avail of national health screening programmes, as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy was in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and any restrictive practice use in the centre.

A small number of residents experienced periodic episodes of responsive behaviours from time-to-time and these residents were appropriately supported. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Residents' responsive behaviours were well-managed and staff were
seen to implement effective person centred de-escalation strategies to support these residents. Records of behaviours were maintained to identify triggers and supports needed and to inform treatment plans. Behavioural support care plans were developed for each resident with responsive behaviours that clearly described triggers to their behaviours and the most effective person-centred de-escalation strategies if behaviours occurred. Residents care was focused on supporting them to avoid any responsive behaviours and their behaviour support care plans were clearly demonstrated in practice. Residents were referred to psychiatry of older age services as necessary and a community psychiatric nurse from the service visited these residents regularly in the centre.

A minimal restraint environment was promoted in the centre. Where possible, alternative non-restrictive equipment was used to support residents. While the front door of the centre was secured due to risks identified, residents had access as they wished to two safe outdoor areas.

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**Regulation 8: Protection**

Measures were in place to ensure residents were safeguarded and protected from abuse. All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff training records confirmed all staff were facilitated to attend this mandatory training. Staff who spoke with the inspector were knowledgeable regarding the different kinds of abuse, how evidence of abuse may present and they clearly articulated their responsibility to report.

Residents confirmed to the inspector that they felt safe in the centre. All staff interactions observed by the inspector with residents were respectful, courteous and kind.

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**Regulation 9: Residents' rights**

Residents were supported and encouraged to be involved and to influence the running of the centre. Feedback from residents was valued by the provider and person in charge and all feedback was seen to be acted upon.

Staff ensured residents' privacy and dignity was respected. Staff knocked on residents' bedroom doors before entering and ensured privacy curtains and doors were closed during residents' personal care procedures. Privacy locks were fitted on all bedrooms, toilet and shower doors. The privacy and dignity needs and quality of
life of residents in four bedrooms with three beds in each was assured by the provider’s action taken since the last inspection to reduce these bedrooms to occupy no more than two residents in each.

Residents were encouraged to make independent choices about how they spent their day. The provider had fitted a second television screen in all twin bedrooms providing residents' with choice of television viewing. Residents were provided with opportunity to go outdoors safely as they wished.

Each resident’s activity needs were comprehensively assessed and individual plans were developed to meet each resident's social needs. Three activity staff ensured an activity programme for residents was facilitated over seven days. The activity programme was varied and meaningful and was clearly informed by residents' individual and collective interests and capabilities. There was different activities scheduled in three areas of the centre to ensure residents' diverse interests and dependencies were catered for. Some residents in the centre had dementia and they were supported to enjoy meaningful dementia specific sensory focused programmes designed to suit their individual capabilities. Other residents liked doing arts and crafts in the activity room on the first floor or group activities in the sitting rooms on the ground floor. Care staff supported the activity staff with facilitating one-to-one activities. This committed and holistic approach by all staff ensured that all residents were supported to have interesting things to do and had a positive impact on residents quality of life in the centre. Detailed and informative records were maintained of the activities that residents participated in and their level of engagement. These records gave assurances that the activities provided for residents met their interests and capacities to a high standard.

Measures were in place to promote residents' independence and way finding. The various accommodation wings were named and signage was in place to assist residents with easily accessing the centre. The doors on all shared toilets were painted red so residents could easily identify them. Residents were seen by the inspector to walk and move around the centre throughout the days of inspection, either independently or with the support and supervision of staff.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. All residents were provided with access to a telephone if they wished. Newspapers and magazines were also available to residents. Residents were facilitated to vote in national elections and referenda.

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:

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<th>Regulation Title</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially 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>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 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>Substantially 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>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records: Simulated fire evacuation will reflect the evacuation of residents relative to the number of residents and their personal emergency evacuation plan within the compartment of simulation. Detailed documentation will be completed following each simulated fire evacuation.</td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: We are currently renovating and upgrading some areas within the nursing home. Routine painting and repairs will recommence as part of our ongoing maintenance programme. The chair that is damaged due to fraying has been removed and replaced.</td>
<td></td>
</tr>
</tbody>
</table>
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 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>26/02/2020</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/07/2020</td>
</tr>
</tbody>
</table>