



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

## Issued by the Chief Inspector

Name of designated centre:	Good Counsel Nursing Home
Name of provider:	Good Counsel Nursing Home Limited
Address of centre:	Kilmallock Road, Limerick City, Limerick
Type of inspection:	Announced
Date of inspection:	26 November 2019
Centre ID:	OSV-0000416
Fieldwork ID:	MON-0022818

## About the designated centre

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

Good Council Nursing Home is a single- storey purpose built centre that provides continuing, convalescent and respite care for up to 28 residents. It is situated on the outskirts of Limerick City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum.

It is a family run centre and one of its stated aims is "to provide a 'homely' environment where residents feel safe, secure and comfortable in the facility during their stay. The staff will treat all residents with dignity, respect, privacy, freedom of choice and kindness". Residents accommodation is provided in 20 single bedrooms and in four twin bedrooms a small number of which have en-suite facilities. There are two bedroom wings and a main corridor that comprises of day space. There is a large central dining room and two sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden with tables and chairs. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	28
--	----

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:**

Date	Times of Inspection	Inspector	Role
26 November 2019	09:50hrs to 17:40hrs	Caroline Connelly	Lead
27 November 2019	08:30hrs to 14:10hrs	Caroline Connelly	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with the majority of the residents present on the days of the inspection and also met a number of visitors throughout the inspection. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the chief inspector for distribution to residents and relatives for completion. Residents said they felt well cared for and the owners of the nursing home were very kind to residents, relatives and staff. Residents felt this was why staff stayed long term working in the centre. Residents spoke of their privacy being protected and of having choice about when they get up in the morning, retire at night and where to eat their meals.

Feedback from residents and relatives was consistently positive about care and communication with staff at the centre. Residents were very complimentary about staff, saying staff were well trained for the job they do, they are polite, softly spoken, pleasant, hard working and interested in doing their best. One resident said staff are warm and friendly and make me feel cared for. One relative said the experience the whole family have received is nothing but good. Very happy with the care and support they and their family member receives. The centre was described as a warm friendly happy place which offers care and comfort.

Residents were particularly complimentary about the activities and the activity co-ordinator. They said looked forward to her coming on duty. A number said they enjoyed the group activities and others preferred the one-to-one activities. Some residents were complimentary about the frequency of the religious services in the centre and enjoyed mass on a Friday. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

All of the residents spoken with reported satisfaction with the food and said choices were offered at mealtimes and staff always ensured they had enough. There was plenty of drinks rounds took place during the day and evening.

## Capacity and capability

There were effective management systems in this centre; ensuring quality person centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. The overall atmosphere in the centre was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. A review of the policies and procedures, contract of care

and staffing levels in the evening was required.

The designated centre was a privately owned and family run service, which has been in operation on the current location since 1991. The centre was managed by Good Counsel Nursing Home Ltd. The management structure operated with clearly defined lines of authority and accountability. The person in charge also fulfilled the role of Registered Provider Representative (RPR) and was supported by the facilities manager who was responsible for the building, maintenance, administration amongst other areas of responsibility and was a Person Participating in Management (PPIM). The delivery of care was directed through the person in charge, who was supported by a clinical nurse manager and team of nursing and care staff. Deputising arrangements were in place and the clinical nurse manager fulfilled this role as required. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency; these included regular staff and management meetings and daily handover processes. Management had demonstrated a commitment to meet the requirements of the regulations and address areas for improvement identified on previous inspections. Management confirmed that the centre was appropriately resourced to meet the requirements of the service and that planning proposals to improve premises related issues had been approved.

The centre was adequately equipped to meet the needs of the service and an effective training programme was in place to support staff in their delivery of care. Management demonstrated a commitment to quality improvement. A regular schedule of audits was in place that covered key areas around infection control, the use of restraint and medicines management. A quality and safety review of care against the standards was completed on an annual basis that reflected the learning from audits and satisfaction surveys of residents. This review detailed plans for the future of the services and ongoing improvements. The management systems in place demonstrated that the service provided was monitored to ensure that care was appropriate to the assessed needs of the residents.

The service was resourced with staffing levels in line with that described in the statement of purpose. However the inspector required that staffing levels from 20.00hrs were reviewed as there was only two staff from that time for the night. It is a busy time for medication administration evening drinks and residents getting ready for bed. The person in charge worked Monday to Friday and there were generally two nurses on duty in the morning reducing to one nurse for the evening and night time. Care staff and household staff provided all other additional support. Staff reported it to be a very good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

The centre had appropriate policies on recruitment; training and vetting that described the screening and induction of new employees and also referenced job description requirements. A sample of staff files viewed by the inspector was found to well maintained and contained the requirements of schedule 2 of the

regulations. The inspectors saw that these were followed through in practice with robust recruitment and induction in place however further review of the induction checklist sign off was required.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. Copies of the standards and regulations were available and accessible by staff. Maintenance records were in place for equipment such as fire-fighting equipment. Records and documentation as required by Schedule 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also readily available and effectively maintained. Some improvements were required in the maintenance of policies and procedures and in the updating of additional fees on the contract of care.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. The person in charge, PPIM and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service resulting in continuous improvements in the quality of life and quality of care for the residents.

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

The application for registration renewal was submitted to the Chief Inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a very experienced nurse and manager. She had the required experience in order to manage the service and meet its stated purpose, aims and objectives. She had been the person in charge of the centre since it opened in 1991 and staff, residents and relatives identified her as the person responsible for the service and were very complimentary regarding her openness and availability to them.

The person in charge was knowledgeable regarding the regulations, HIQA standards and her statutory responsibilities and demonstrated a commitment to providing person centred care to the residents.

Judgment: Compliant

### Regulation 15: Staffing

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Good interactions were seen between residents and staff.

On review of staffing rosters and the staff on duty during the inspection, the inspector found that although staffing levels generally met the needs of residents, staffing levels in the evenings required review. From 20.00 hrs staffing levels reduced to only one nurse and one care assistant to meet the needs of 28 residents a good number who required the assistance of two staff. The nurse is required to undertake her medication round uninterrupted therefore another staff member should be on duty at this time.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The centre provided in-house training or training in other centres in the areas of fire safety, dementia, responsive behaviours, manual handling, infection control, safeguarding, CPR, restraint, end of life, chemical training, wound care, care planning. Online training included food safety and medication management.

Management engaged with staff regularly and staff said management were always available for support. A comprehensive induction and orientation was provided. Annual appraisals were in place for staff.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was well maintained in both electronic and paper versions



and contained all the requirements of legislation.

Judgment: Compliant

### Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to well maintained and contained the requirements of schedule 2 of the regulations. The management team provided assurance to the inspectors that all staff had Garda vetting in place prior to commencing employment in the centre.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

### Regulation 22: Insurance

The provider had an up to date contract of insurance in place against injury to residents and protection of residents property.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge was supported by an experienced CNM and by the facilities manager. There were experienced nurses and care staff responsible for the induction and day to day supervision of care staff. Staff said they were aware of the reporting structure and felt supported by managerial systems in place.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. Comprehensive oversight by the management team provided assurance that the service is consistently and effectively monitored.

Judgment: Compliant

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

Contracts for the provision of care were in place which clearly outlined the room the resident occupied. The inspector viewed a number of contracts of care and, although they did contain details of the service to be provided and the fee to be paid. Other additional services not included in the fee were outlined such as hairdresser, chiropody and other services. However, there was not an outline of the charges for same. This needs to be clearly outlined to be in line with the requirements of legislation and with guidance issued by the competition and consumer protection commission.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The Statement of purpose contained all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The aims, objectives and ethos of care were clearly outlined. Facilities and services available to residents, and the size and layout of the premises were accurately described.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome documented. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints. An example of this was in relation to residents clothing going missing in the laundry, as a response to the complaint individual laundry bags were purchased by management which had rectified the issue.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. However a number were embedded in other policies and were not easy to locate. A streamlining of policies and procedures was recommended to ensure all were reviewed and updated in accordance with best practice guidelines

Judgment: Substantially compliant

## Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day which they said they looked forward to. The inspectors found that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents and relatives gave positive feedback regarding many aspects of life and care in the centre. Improvements were required in infection control, premises issues, records of resident's finances and in restraint usage.

There were a number of local general practitioners (GP) providing medical services to the centre who visited as required. Out-of-hours medical cover was also available. Specialist medical services were available when required and residents were encouraged and facilitated to attend local hospitals and clinics for outpatient appointments as required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and there was evidence of reviews by the psychiatrist and community nurses in the centre. The centre provided in-house physiotherapy provided by an external provider and residents were reviewed on admission and regularly thereafter by the physiotherapist who also provided exercise classes for residents. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were met.

The inspector viewed a number of residents' records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on the resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to very comprehensive and person centred with the exception of a few core care plans that had not been personalised. Discussions with staff reflected a holistic picture of the person to enable better outcomes for their care.

The staff demonstrated good communication strategies for people with complex communication needs. The activities programme for the centre was provided by the activities co-ordinator and a number of external providers such as musicians and physiotherapists. There was a varied programme which included bingo, games, quizzes, music sessions, gardening, exercises, reminiscence, movies and charades. The programme of activities was resident-led and people chose whether to attend a particular activity. One-to-one sessions were facilitated with residents in their bedrooms in accordance with their preferences. Residents told the inspector how they looked forward to trips out especially the upcoming Christmas party in a local centre.

The management team ensured that the rights and diversity of residents were generally respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Advocacy services were available via an external advocate. Residents' meetings were held frequently and were well attended. Numerous issues were discussed and information related to all kinds of news was relayed to residents.

The premises were homely, warm, clean and comfortable, with plenty of communal space. The main day room and a seating area near the entrance to the centre was where people liked to gather, meet their friends and chat. Another quieter day room was available where residents liked to read their newspapers, chat and watch television or receive visitors. There was a large central easily accessible yet fully enclosed courtyard. The courtyard is situated in the centre of the nursing home overlooking the fields with varied livestock. The courtyard is

decorated with old farm machinery implements and suitable seating, which encourages conversation amongst residents. The centre was seen to be very clean and there were good policies and procedures in place in relation to infection control. However, the inspector did identify that the layout of the laundry was not conducive to appropriate separation of clean and dirty linen. One of the twin bedrooms was noted to be small in size and had only one wardrobe shared between two residents.

Certification was evidenced regarding fire safety equipment; daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Fire safety training was up to date for all staff. Improvements in the provision of fire drills was seen since the previous inspection and there was evidence that evacuations were completed cognisant of night time staff levels; these were timed and issues were discussed and analysed to improve learning.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly. An emergency plan was in place with an appropriate response for all emergency situations. There is a comprehensive procedure in place in response to a missing person.

Measures were in place to protect residents from being harmed or suffering abuse. Staff demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an adult protection policy in place and the person in charge was aware of her legal obligations to report issues. There were generally robust systems in place to safeguard residents' money. However further recording and signatures of all monies handled was required.

The centre had a number of residents using bedrail restraint and was actively working towards a restraint free environment. However there was no evidence in resident assessments of the use of least restrictive alternatives.

## Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in any of the communal areas or their bedrooms. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

## Regulation 12: Personal possessions

There was generally plenty of storage space to store personal possessions including a locked storage space available in residents bedrooms if the residents requested same. Many bedrooms were seen to be very personalised with furniture including chairs and a table from home. However there was one twin room which only had one wardrobe shared between two residents the action required for this will be under premises.

Judgment: Compliant

### Regulation 13: End of life

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector saw that residents and their family members were supported and end-of-life care is provided in accordance with the residents and their families' wishes as outlined in an end-of-life care plan. The resident's general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Care plans were found to outline residents' wishes at end of life including the religious needs, social and spiritual needs of each resident. Individual religious and cultural practices were facilitated and mass was held regularly in the centre. There was nobody currently in the centre from another religious denominations but when there are Ministers from other denominations visit residents regularly and as required.

Judgment: Compliant

### Regulation 17: Premises

The premises was seen to be of a good standard and met residents individual and collective needs in a homely manner. The design and layout promoted the dignity, independence and well being of residents with plenty of walkways and access to a quiet area along the corridor to sit and relax. The centre was well maintained and service records showed all required services were up to date. There were well maintained grounds and gardens. Bedrooms were seen to be personalised some with furnishings brought in from home. The centre had recently upgraded a number of bathrooms as required on the previous inspection as well as flooring in a number of areas. Signage was in place to assist residents with perceptual difficulties to locate, toilets, communal and bedroom areas.

As previously outlined the inspector found there were a few of areas where

improvements were required in the premises

- the layout of the laundry room required review to ensure appropriate segregation of clean and dirty linen.
- Storage in the twin bedroom required review to ensure each resident had adequate space to store and hang their clothing.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met, meals and meal times were observed to be an enjoyable experience. Meals were served in the main dining room in an unhurried and enjoyable social manner. Residents were all complimentary about the food, choice and its presentation including the modified and special diets. Assistance was offered in a discreet and dignified manner where required.

Judgment: Compliant

### Regulation 20: Information for residents

Information was made readily available for residents and relatives via the notice boards available throughout the centre. There was a statement of purpose and residents guide available . There were a number of posters and leaflets advising on events taking place in the community including information about a local day centre.

Judgment: Compliant

### Regulation 26: Risk management

Good practices were seen around the identification and management of risks. The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk

register contained information about active risks and control measures to mitigate these risks.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be clean. Appropriate infection control procedures and equipment were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Training was in place for staff and appropriate personal protective equipment such as gloves aprons and hand sanitisers were readily available and staff were observed to use correctly.

Laundry facilities were provided on site and residents were complimentary in relation to the condition clothing was returned to them clean and well ironed. However the layout of the laundry does not allow for segregation of clean and dirty linen and this is actioned under premises.

Judgment: Compliant

### Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular detailed fire drills were undertaken at different times of the day.

The inspector saw evidence that in-house fire checks were taking place. Daily checks included escape routes, emergency lighting and a health and safety walk about. Quarterly servicing of the fire alarm system and emergency lighting was documented in addition to annual fire equipment maintenance.



Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication administration practice was in compliance with relevant guidance and medications were stored appropriately. There were written operational policies and procedures in place on the management of medications in the centre. There were no medications requiring special control measures at the time of the inspection but nurses informed the inspector that when there were these were stored appropriately and counted at the end of each shift by two registered nurses.

A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and competency assessments were undertaken by the person in charge of the nurses administrative practices.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were generally personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools. Care plans viewed by the inspector were regularly reviewed and updated following assessments completed using validated tools. However there were a number of parts of core care plans that referred to the resident and not by the name of the resident. This did not promote person centered care. The person in charge said they were aware of these areas which were to be rewritten. Staff said they were aware end of life care plans were in place and detailed residents wishes at end stage of life.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. GP's visited the centre as required and undertook three monthly reviews. Access to allied health was evidenced by reviews by the dietician, physiotherapist, speech and language, chiropody and psychiatry of old age as required.

There was no resident with a pressure sore at the time of the inspection and the incidence of pressure sore formation was low.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in some of responsive behaviour care plans seen.

There was a number of residents using bedrails at the time of the inspection and an assessment was undertaken on residents using bed-rails however there was not evidence of other alternatives tried as least forms of restriction and with an effort to reduce the number of bed-rails currently in use.

Judgment: Substantially compliant

### Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

There were generally robust systems in place to protect residents monies and goods handed in for safekeeping. A safe log book recorded deposits and withdrawals for residents on-site. The inspector was satisfied that the deposits on record matched the amount held in the safe. Residents generally paid for extra services such as hairdressing and chiropody directly to the hairdresser or chiropodist and relatives. The inspector recommended that the service retain a receipt book for services such as hairdressing, chiropody and any other services provided that incur a charge. This

should be double signed by residents and staff, as proof of receipt of services. The centre did not act as pension agent for any resident. However double signatures was recommended on all transactions where residents monies was being dealt with by staff.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis and formal residents' meetings were facilitated. There was evidence that relevant issues were discussed and actioned. There was a new activities co-ordinator and residents told the inspector they enjoyed the group and one to one sessions. A programme of appropriate activities were available which residents reported very favourably about. Advocacy services were available as required. Residents all were given the opportunity to vote in house at local and national elections. Residents were encouraged and facilitated to attend local day services and external events.

Overall residents and relatives reported that the centre provided person centered care and their rights were upheld.

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:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Good Counsel Nursing Home OSV-0000416

Inspection ID: MON-0022818

Date of inspection: 27/11/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A third staff member will be rostered between 20.00hrs and 21.00hrs	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Our Contract of Care will be updated to clearly outline fees for third party services i.e. Chiroprody, Hairdressing etc.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Policy and Procedure folder will be streamlined to ensure Schedule 5 Policies are of a more easily accessible nature.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Planning Permission has been sought and approved for an extension to our existing premises. This extension includes a new laundry room.</p> <p>Storage in twin bedrooms will be reviewed and enhanced to bring them in line with best practice.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Audits will be carried out on the use of bedrails to ensure alternatives have been considered and documented with an aim of reducing use of same.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A separate receipt book will be introduced to document all third party services and charges such as Chiropody etc. All transactions will be double signed.</p>	

## 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2020
Regulation 17(2)	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.	Substantially Compliant	Yellow	31/01/2020
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre	Substantially Compliant	Yellow	31/01/2020



	concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	14/02/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/01/2020
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents	Substantially Compliant	Yellow	31/01/2020

	from abuse.			
--	-------------	--	--	--