



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	HSE West, Dublin Road, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	25 February 2020
Centre ID:	OSV-0000627
Fieldwork ID:	MON-0026355

About the designated centre

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

Aras Mhuire Community Nursing Unit was built in the 1960s. It was originally a novitiate for nuns and opened as a care centre for older persons in 1975. It is a two-storey building with landscaped gardens, and wheelchair access at the front and rear. All residents are accommodated on the ground floor. It is located on the outskirts of Tuam in Co. Galway, within walking distance of the town centre. The centre is registered to provide care to 20 residents. It has fifteen single rooms which include two dedicated palliative care places, one twin room and one three bedded room. Residents have access to a day room, dining room and landscaped enclosed garden area. Aras Mhuire also provides day-care services for people from the local community who attend four days per week.

The centre provides 24-hour nursing and social care for older persons and young chronically ill people, both male and female. Admission may be for long, short-term or respite care. Services such as social programme of activities, weekly mass, music entertainment, physiotherapy, dietician and speech and language therapy review are provided at no additional charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Tuesday 25 February 2020	09:00hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector spoke with the majority of residents and some relatives during this unannounced inspection.

Resident's spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for, comfortable and happy living in the centre.

Residents stated that staff were very helpful, kind and caring.

Residents were complimentary of the quality of foods on offer, stating that there was choice available at every mealtime. Residents told the inspector how they were looking forward to home made pancakes for their evening meal as it was traditional to eat them on Shrove Tuesday. The inspector observed that the quality of service during the mealtimes and noted that it was relaxed, calm and person centered.

Residents confirmed that they received a choice of daily newspapers and many stated that they enjoyed reading them and doing quizzes and crosswords. Some stated that they enjoyed discussing the news items with the activities coordinator each morning.

Residents spoke of enjoying the weekly mass which was celebrated in the centre.

Resident told the inspector how they had been facilitated to vote in-house during the recent general elections.

Residents mentioned that they enjoyed the variety of activities taking place. They could choose to partake in activities or not. Some mentioned how they enjoyed knitting, painting, playing board games, attending the weekly physiotherapy exercise class, attending regular music sessions and gardening during the warmer weather. Others mentioned that they had enjoyed day trips during the summer months and how further day trips were planned.

During the inspection, the inspector observed that residents were up and about and partaking in a range activities including a lively music and song session.

The inspector observed that residents were free to join in an activity, to spend quiet time in other areas, walk about independently or sit and read newspapers in their preferred location.

Residents spoken with stated that they enjoyed attending the hairdresser who visited the centre.

The inspector observed that residents were relaxed in the company of staff as

they interacted and chatted. Many of the residents appeared to enjoy the company of staff.

Capacity and capability

Overall, a good service was being provided to the residents; however, improvements were still required to the premises as outlined in previous inspection reports. Further oversight was required to care planning documentation, cleaning systems and infection prevention and control. This is discussed further under the quality and safety of care section of this report.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management team included the person in charge, a director of nursing who deputised in the absence of the person in charge, the manager of older people services and general manager. The management team were in regular contact and held monthly governance meetings to discuss and review the quality and safety of care in the centre.

The nursing management team knew residents well and knew their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They were positive in attitude and demonstrated a willingness to comply with the regulations. There were no open complaints at the time of inspection.

The management team continued to evaluate its compliance with relevant standards and regulations. There was an audit schedule in place, the results were used to bring about improvements to the service provided. Recent audits had been carried out in relation to medicines management, infection control and waste management. An annual review of the quality and safety of care was completed for 2019 and an improvement plan was documented. Feedback from residents' committee meetings and resident surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

Nursing management were aware of the legal requirement to notify the office of the

Chief Inspector regarding incidents and accidents. To date, all relevant incidents had been notified as required by the regulations.

There was a reported low turn over of staff and the management team had ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. Files of four staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

The person in charge continued to review staffing levels to ensure that the numbers and skill-mix were sufficient to meet the assessed needs of residents. Following the last inspection, an additional staff member was rostered at night time. There were now three staff on duty at night time.

The nursing management team advised that planning permission to build a new 50 bed unit on a green field site had recently been granted and that proposed building works were in the tendering process. They advised that the building works are scheduled to commence in late August 2020. The proposed new build relates to the plan submitted to the Office of the Chief Inspector on 22 August 2018 in order to address the regulatory non-compliance's associated with the current physical premises. The plan is due to be concluded by 31 July 2021 in order to comply with condition 9 attached to the registration certificate.

The person in charge confirmed that daycare services continued to be limited to 9 people in compliance with condition 8 attached to the registration certificate.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of 18 residents. On the day of inspection the dependency needs of residents were assessed as being 13 with maximum needs, four with high needs and one with medium needs. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The person in charge advised that staffing levels were regularly reviewed taking into account residents dependency levels and layout of the centre. There were normally four nurses and three care staff on duty during the morning and afternoon, two nurses and two care staff in the evening time until 21.00 and three staff on duty at night time. The person in charge normally worked during the day time Monday to Friday.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training matrix was not up-to-date, however, the person in charge confirmed that all staff had completed mandatory training. Staff spoken with also confirmed that they had completed this training and that training was scheduled on an on-going basis. Training certificates were noted in the staff files reviewed.

Recent training had also included management of behaviours that challenge, continence promotion, end of life care, stroke study day and medicines management.

Judgment: Compliant

Regulation 23: Governance and management

While the management team maintained oversight of the quality of care received by residents, further oversight was required to care planning documentation, cleaning systems and infection prevention and control.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre's complaints policy. There was a complaints policy in place which clearly outlined the duties and responsibilities of staff. However, the complaints procedure displayed was not clear, it was difficult to read and difficult to follow the process.

All complaints were logged and had been managed in line with the centres complaints policy.

There were no open complaints at the time of inspection.

The complaints procedure had been discussed with residents at a recent residents' committee meeting.

Judgment: Substantially compliant

Regulation 21: Records

A planned and actual staff rota was in place, however, the rota did not identify the nurse in charge during each shift, the names of agency staff and did not accurately reflect the hours worked by nursing management.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to include the correct name of the

Chief Officer in the diagrammatic organisational structure chart.

Judgment: Substantially compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality of care provided was to a high standard. However, further oversight and improvements were required in relation to care planning documentation, cleaning systems and infection prevention and control. The current building continued to pose a challenge to the delivery of person centered care in line with the Statement of Purpose and did not meet regulatory requirements.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. Residents had a choice of doctors. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. There were full-time activities coordinator employed who had a very good knowledge of residents' preferences and capabilities for recreation. A varied programme of appropriate recreational and stimulating activities was offered. The activities coordinator had received specific training to support the activities programme including 'Sonas' a multi-sensory therapeutic activity for people with dementia and 'Imagination gym' a program based on music therapy, relaxation skills, imagination, nature awareness, communication skills and sensory stimulation. A 'key to me' and 'My way, my day' had been documented for each resident and outlined individual residents preferred daily routines, likes, dislikes, interests and hobbies.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Residents told the inspector they felt safe and well looked after living in the centre.

The person in charge advised that they continued to promote a restraint free environment, there were ten residents with bed rails in use at the time of inspection. The inspector noted that risk assessments, care plans and regular checks were completed in line with national policy.

Residents had access to support and advice from the consultant psychiatrist and community psychiatric team if required. Resident care was observed to be appropriate and well managed. Most staff had completed training in dementia care

and management of responsive behaviour.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed in the centre. Regular residents committee meetings continued to take place. There was evidence that issues raised by residents were followed up by the management staff and used to inform improvements to the service.

The management team and staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of regular fire safety checks being carried out and all staff had received ongoing fire safety training which included evacuation and use of equipment. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills.

Regulation 17: Premises

As identified on previous inspections, elements of the design and layout of the building did not meet the individual and collective needs of residents, and did not meet regulatory requirements.

- There was inadequate communal day space available to meet the needs of residents.
- There was inadequate space to facilitate activities to meet the needs of residents particularly with dementia.
- There was inadequate storage for equipment.
- Some single bedrooms were small in size and presented challenges to the provision of adequate space. For example, many residents could not have a locker placed beside their bed.
- The three bedded room, while in good decorative order did not provide an environment that promoted person centered care and presented challenges to the provision of adequate space, privacy and dignity for each resident.
- There was no separate cleaners room which posed an infection control risk.

The plan submitted to the Office of the Chief Inspector on 22 August 2018 in order to address the regulatory non-compliance's associated with the current physical premises is due to be concluded by 31 July 2021 in order to comply with condition 9

attached to the registration certificate.

Judgment: Not compliant

Regulation 18: Food and nutrition

The nutritional status of residents was assessed regularly using a validated nutritional screening tool and weight changes were closely monitored. There was evidence of regular review by SALT and the dietician.

The centre was suitably supplied and equipped to provide varied and healthy meals and snacks for the number of people living there. Residents were offered choice at mealtimes and food was served promptly and hot. There was adequate staffing to ensure that residents who required assistance to have their meals were attended to. Residents spoke positively on the quality and choice offered at mealtimes. There was a variety of home baked goods provided daily. Drinks were readily available in day rooms. The inspector observed that drinks and snacks were served and encouraged throughout the day.

Judgment: Compliant

Regulation 26: Risk management

Systems were in place for reviewing of risk. The risk register had recently been reviewed and updated, risk identified during the last inspection had been addressed. However, some risks were identified during the inspection and were brought to the attention of the management team.

- Access to the stairs identified as a risk on the risk register did not have adequate control measures in place. Nursing management advised that the stair gate which had been in place was in the process of being replaced. There were no interim measures put in place to reduce the risk.
- Some cleaning chemicals being used in spray bottles were not labelled. This posed a risk to residents, staff and visitors.

There were service contracts in place for the regular testing and servicing of equipment including the fire alarm, fire equipment, beds, mattresses and hoists.

All residents had a comprehensive up to date personnel emergency evacuation plan in place.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements and further oversight was required to cleaning arrangements and Infection control procedures.

- Cleaning arrangements, duties and responsibilities of staff required review.
- Some equipment used by residents was not maintained in a clean condition.
- The en suite shower room in an vacant bedroom had not been adequately cleaned and effectively decontaminated.
- Equipment which was defective and rusted was in use and could not be effectively decontaminated.
- There was still no separate cleaners room. Cleaning equipment and clean mop heads were being stored in the sluice room which posed an infection control risk.
- The practice of sluicing was not consistent with good practice standards for the prevention and control of healthcare-associated infections. (Signage was observed advising staff to ensure soiled laundry was sluiced).

Judgment: Not compliant

Regulation 28: Fire precautions

Records indicated that all fire fighting equipment was serviced annually and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place which included simulated full compartment evacuation involving night time staffing levels. Staff spoken with confirmed that they had been involved in simulated fire evacuation drills and were knowledgeable regarding the evacuation needs of residents. Night time staffing levels had increased to three staff on duty to ensure timely and safe evacuation of residents in the event of an emergency.

While the evacuation needs of residents were clearly displayed in each compartment, there was no clear layout plan of the building indicating fire exit routes displayed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Nursing staff spoken with demonstrated knowledge when outlining procedures and practices on medicines management. Regular medicines management audits were

completed by the pharmacist and person in charge which indicated good levels of compliance.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for the return of unused and out-of-date medications to the pharmacy. Systems were in place for the return of unused medicines to respite users on discharge. Nursing staff confirmed that they had good support from the pharmacist who also provided ongoing advice to staff.

Nursing staff had completed recent medication management training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files. Comprehensive up-to-date nursing assessments were completed including in nutrition, falls, dependency, manual handling, bedrail use, continence and skin integrity. Care plans were in place for most identified issues. While some care plans reviewed were informative, up-to-date and guided staff in the specific care needs of residents, many inconsistencies were noted.

- Some care plans reviewed had not been recently updated and therefore did not reflect the current needs of resident.
- Some care plans reviewed were not informative and did not guide the care of the resident.
- Some care plans had not been updated following a residents return from hospital.
- Some residents did not have an end of life care plan in place.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to their choice of general practitioner (GP). A review of a sample of resident files confirmed that residents were reviewed regularly by their GP. The residents had good access to allied health-care professionals including psychiatry of later life, palliative care team, dietitian, speech and language therapist, occupational therapist, optician and a chiropodist. A physiotherapist visited on a weekly basis. Residents were supported to avail of the national screening

programme.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents had access to support and advice from the community psychiatric team who visited the centre. There was evidence of regular reviews by the GP, as well as regular reviews of residents medicines. Psychotropic medicines were prescribed for a small number of residents on an 'as required' PRN basis and were administered occasionally by nursing staff. Records were maintained to indicate a clear rationale for administration of these medicines in line with restraint policy guidance. Episodes of responsive behaviour were logged using an Antecedent-Behavior-Consequence (ABC) Chart as outlined in the centres own policy. Some care plans reviewed outlined clear and comprehensive person-centred information and strategies for dealing with individual residents responsive behaviours but this was not consistent in all care plans reviewed. This action is included under Regulation 5: Individual assessment and care plan.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. Staff continued to promote a restraint-free environment. The management team confirmed that Garda vetting (police clearance) was in place for all staff and persons who provided services to residents. A sample of files reviewed by the inspector confirmed this to be the case. All staff had received specific training in the protection of vulnerable adults.

The provider acted as a pension agent on behalf of four residents and small amounts of money were kept for safe keeping on behalf of others. The inspector was satisfied that residents finances were managed in a clear and transparent manner in line with HSE policies. Accounts were audited by an external company on an annual basis.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Staff were observed engaging positively with residents, and were generally friendly and respectful towards them. Where assistance and support was required, it was delivered discreetly and with staff explaining what was happening when mobilising people.

Residents had access to information including radio, television and newspapers. Residents still had no access to the Internet.

Residents political and varying religious rights were facilitated.

Works were in progress to refurbish and convert the existing staff room to a dedicated private visiting space.

Residents continued to maintain links with the local community. There was regular visits from local musicians, clergy and external therapists.

As discussed under Regulation 17:Premises, the three bedded room did not provide an environment that promoted person centered care and impacted negatively on privacy and dignity of residents living there.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aras Mhuire Community Nursing Unit OSV-0000627

Inspection ID: MON-0026355

Date of inspection: 25/02/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Care Planning Documentation: Training was provided on 5th March, 2020 to all nursing staff. Care plans have been updated since 5th March, 2020 and will be audited by the CNM1/PIC on a quarterly basis. • Cleaning Systems: The DON had a meeting with the Supervisor from the Cleaning Company on 6th March, 2020 regarding the duties and responsibilities of cleaning staff. The Supervisor worked with the cleaning staff for one day to demonstrate best practice cleaning standards. Areas cleaned are inspected daily by the CNM1. • Infection Prevention and Control: A new cleaning schedule was devised for Healthcare Assistants/Multi-Task Attendants and this is inspected daily. An audit of compliance with best practice infection control will be completed by an external expert company when restrictions in place relating to COVID 19 are lifted. The PIC also has an internal audit schedule in place. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Two new enlarged Complaints Procedures with a process that is easy to follow are now displayed in the Unit. 	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • A new staff rota is now in place with the Nurse in Charge identified on every shift. • The names of the agency staff on duty are now typed on the rota. • The PIC is now reflected on the weekly roster. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The new Chief Officer's name has replaced the previous Chief Officer in the Organisational Structure Chart in the Statement of Purpose. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Áras Mhuire Community Nursing Unit will have a new 50 bedded unit due for completion in August, 2022.</p> <ul style="list-style-type: none"> • Planning permission has now been granted for the new 50 bedded unit and the tender process has commenced, with provisional Fire Certificate and Disability Access Cert having been issued. We are working towards completion with transfer to the new unit completed by 31st December 2021. <p>The following interim measures have been put in place to address noncompliance with Regulation 17:</p> <ul style="list-style-type: none"> • The kitchenette is always available to families and residents at present and is planned to be upgraded. Due to COVID19 restrictions the completion of the upgrade may now be delayed until September, 2020. • The issue of inadequate communal day space to meet the needs of residents will be fully addressed in the new build. From Monday to Thursday when day care is in operation, an area in the dining room is being used to facilitate residents and those attending day care people to undertake the activities of their choice. • The issue of inadequate space to facilitate activities to meet the needs of residents particularly with dementia will be fully addressed in the new building as there will be a 	

ten bed specialist dementia unit. The environmental restrictions in caring for high dependent dementia residents are fully acknowledged as is the fact that residents can develop dementia or their dementia can deteriorate post admission, however, all residents are integrated as best as possible within the constraints. Families have outlined that they are extremely happy with the care given by staff. Staff receive ongoing training in dementia care. A more detailed assessment will be carried out prior to admission of future incoming residents with dementia by the Person in Charge regarding the suitability of the unit to meet their needs.

- The issue of inadequate storage for equipment will be fully addressed in the new building. There are two storage rooms upstairs on Side A as well as two external stores on Side A and Side B. The two external stores are designated for larger equipment.
- The issue of some single rooms being small in size and presenting challenges to the provision of adequate space e.g. many residents could not have a locker placed beside their beds will be fully addressed in the new building. There is regrettably no means to overcome the physical dimension of the room however all residents have been facilitated to adapt their bedrooms to their own liking within the confines of the space available. The issue of the three bedded room while in good decorative order did not provide an environment that promoted person centre care and presented challenges to the provision of adequate space, privacy and dignity for each resident will be fully addressed in the new building. Residents that share the three bedded enjoy each other's company and one of the residents specifically requested to go into the three bedded as she liked company. There is curtain screening between the beds to provide privacy and dignity. There is also an overhead ceiling hoist in the three bedded room as well as a large accessible ensuite. The issue of no separate cleaners room which posed an infection control risk:- will be addressed in the new 50 bedded unit. There are two small separate cleaning rooms, one on Side A and one on Side B with two locked cupboards and a shelf for storage. Cleaners have been instructed about the use of these rooms.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

- A new stair gate was purchased and has been installed.
- Cleaning staff advised not to use chemical spray bottles which were not labelled, all unlabeled bottles discarded.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- Cleaning arrangement, duties and responsibilities of staff required review:-
A meeting was held with HCA's/MTA' to reiterate the importance of cleaning and infection control standards. A new cleaning schedule was devised and the CNM1 is inspecting this daily.
- Some equipment used by residents was not maintained in a clean condition:-
Every morning at report, staff are advised to ensure all resident's equipment are maintained in a clean condition after every use. CNM1 spot checks this daily.
- The ensuite shower room in a vacant bedroom had not been adequately cleaned and effectively decontaminated:-

Vacant bedrooms, including the ensuite, must be adequately cleaned on vacation of a room with inspection on completion by the CNM1 or PIC. Signage is to be put on the door advising the ensuite is not to be used for showering. The vacant ensuite is to be placed on the list for weekly flushing as part of the legionella prevention measures

- Equipment which was defective and rusted was in use and could not be effectively decontaminated:-

All rusted equipment was decommissioned on 25th February, 2020 and new replacement equipment ordered.

- There was no separate cleaners room, cleaning equipment and clean mop heads were being stored in the sluice room which posed an infection control risk.

Cleaning staff advised to only store clean mop heads in the two small cleaning rooms Side A and Side B.

Cleaning staff advised not to put clean mop heads or equipment in the sluice room.

Continuous monitoring of cleaning staff to implement the correct storage of clean mop heads with ongoing inspection by the CNM1/PIC.

Signage removed regarding sluicing of laundry and staff advised not to do so and there is monitoring to ensure laundry sluicing is not in practice

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- HSE Technical Services have been contacted and are completing a layout plan indicating fire exit routes which will be displayed once received. All staff are trained and aware of fire exit routes. Residents are briefed at residents meeting on Fire precautions.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Some care plans reviewed had not been recently updated and therefore did not reflect the current needs of resident:-

Care plans have been updated to reflect the current needs of the resident.

- Some care plans reviewed were not informative and did not guide the care of the resident:-

Care plan training was provided for all staff nurses on 5th March 2020 and care plans were reviewed and updated accordingly.

- Some care plans had not been updated following a residents return from hospital:-

Staff nurses were advised regarding updating a residents care plan on return from hospital.

- Some residents did not have an end of life care plan in place:-

Staff advised to complete an end of life care plan on all residents.

Monthly audits are carried out on care plans by PIC/CNM.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Residents still had no access to the internet.

Residents were informed that they could purchase a dongle if they required internet access.

The new 50

bedded unit will have wi-fi access for residents.

As discussed under Regulation 17: Premises, the three bedded room did not provide an environment that promoted person centered care and impacted negatively on privacy and dignity of residents living there.

This issue will be fully

addressed in the new 50 bedded unit.

The issue of the three

bedded room while in good decorative order did not provide an environment that promoted person centre care and presented challenges to the provision of adequate space, privacy and dignity for each resident will be fully addressed in the new building.

Residents that share the three bedded enjoy each other's company and one of the residents specifically requested to go into the three bedded as she liked company.

There is curtain screening between the beds to provide privacy and dignity. There is also an overhead ceiling hoist in the three bedded room as well as a large accessible ensuite

- Works to commence on converting existing staff room to a dedicated private space will re commence following Covid 19 pandemic

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2021
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.	Not Compliant	Orange	31/12/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in	Substantially Compliant	Yellow	02/03/2020

	Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	26/02/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	26/02/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Not Compliant	Orange	25/02/2020

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/04/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	26/02/2020
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	02/03/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Not Compliant	Yellow	18/03/2020

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2020
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant		25/02/2020