



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

## Issued by the Chief Inspector

Name of designated centre:	Regina House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Cooraclare Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	28 September 2020
Centre ID:	OSV-0000612
Fieldwork ID:	MON-0021349

## About the designated centre

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

Regina house community nursing unit is located on the outskirts of the town of Kilrush in West Clare. The centre is single storey and designed around a central, secure, enclosed garden, which was easily accessible from the corridors and day room areas. It can accommodate up to 30 residents over the age of 18 years. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides long-term residential, respite, dementia and palliative care. Bedroom accommodation is offered in 18 single and six twin rooms. Nine single bedrooms and five twin rooms have ensuite shower and toilet facilities. Nine single bedrooms in the older section of the building can accommodate residents who do not require the assistance of mechanical devices to mobilise. There was a variety of communal day spaces, including dining room, day rooms, quiet room, church, front entrance area, conservatory and family room.

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

Number of residents on the date of inspection:	23
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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
Monday 28 September 2020	09:00hrs to 17:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

The inspector spoke with approximately eight residents during the inspection. The general feedback from residents was one of satisfaction with the care and service provided.

Because of the COVID-19 pandemic, the normal routine and schedules of the centre had been disrupted by the restrictions in place. This had resulted in some residents spending extended periods of time in their bedrooms. Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus.

Residents told the inspector that they were delighted that family visits had resumed and that they were able to meet their loved ones again. The inspector observed a number of residents receiving visitors during the inspection. Residents spoken with were happy with the visiting arrangements in place.

Residents spoken with were very satisfied with the care received. The observation and interaction between residents and staff was positive, engaging, patient and kind.

Residents spoken with were complimentary of staff stating that they were very supportive and kind. One resident commented that 'you couldn't get better staff, each and every one of them'.

When asked about the restrictions residents reported mixed feedback. Some reported that they had not found it too difficult stating that they had lots of company in the centre while others wished that they could return to having day trips outside of the centre.

Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. The inspector observed that there was a variety of daily newspapers provided for residents and that the local radio station was playing in the background. Residents spoken with confirmed that they had been supported to remain in contact with their families throughout the pandemic by phone and by other social media applications. A new large screen monitor had been donated and set up so that residents could continue to communicate with and view their family and friends more clearly.

Residents confirmed that the Wi-Fi system and some televisions had been upgraded. Residents religious continued to be facilitated during the pandemic. While the local priest had not visited since the start of the pandemic, residents were facilitated to view a variety of religious ceremonies via web cam from a number of local church on the large screen televisions. Residents stated that they were lucky to be able to view the ceremonies and to be offered Holy Communion three times a week. Some residents advised that they had received individual blessings from the local

priest via social media applications.

Residents were happy with the food served. Residents told the inspector that they had the choice of having breakfast in their bedrooms, in the communal day spaces or dining room. Many of the residents stated that the food was always very nice with good variety and choice on offer.

The inspector observed that the communal dayrooms throughout the centre were occupied by residents. Physical distancing in line with public health guidance was being adhered to in the communal day rooms.

The inspector saw that the centre was a bright and spacious building. The premises and grounds were well maintained. The centre was clean and suitably decorated to ensure a comfortable and homely residence. Plenty of communal space was provided in a variety of settings.

Residents told the inspector that they enjoyed going for walks and spending time outside during the fine weather. Residents had access to well maintained enclosed garden areas which were easily accessible. The doors to the enclosed garden areas were open on the day of inspection.

Residents told the inspector that they were happy and comfortable in their rooms. Residents were actively encouraged to personalise their bedrooms. The inspector observed that there were televisions in all bedrooms and many of the residents had personalised their bedrooms with family photographs, ornaments and plants.

## Capacity and capability

This inspection was an unannounced monitoring inspection conducted on one day.

The inspection was carried out

- to monitor ongoing compliance with the regulations
- to follow up on issues raised on the last inspection
- to review infection prevention and control measures in light of the COVID-19 pandemic
- following notification of a change to the person in charge.

The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents.

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 registered provider is the Health Service Executive, the general manager (Older Person Residential Services) is the registered provider representative. A new person in charge had been recently appointed to the role, she worked full-time and was supported by the clinical nurse manager 2 (CNM2) who deputised in her absence. There was an on call out-of-hours system in place. The person in charge was also supported by clinical nurse managers 1 (CNM1), nurses, care staff, activities coordinator, catering, housekeeping, laundry, administration and maintenance staff. The management team were in regular contact. Formal management and staff meetings took place on a regular basis. There were established regular meetings of persons in charge to discuss issues of concern and share learning.

The person in charge had commenced in the role on the 22 September 2020, she was completing orientation and getting to know residents and staff. The established nursing management team knew the residents well and were knowledgeable regarding their individual needs. The team 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.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre free of COVID-19. Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre.

A comprehensive and recently updated COVID-19 preparedness plan and contingency plan were in place. The risk register has been updated to reflect risks associated with the pandemic. The management team had established links with the public health team and Health Service Executive (HSE) lead for their area.

The team had identified an area for isolation and cohorting of residents. The area could accommodate three residents in three single bedrooms. These single bedrooms had en suite toilet and shower facilities. Clinical wash hand basins were also provided in each bedroom. The area could be accessed directly from the outside, separate staff changing and staff toilet facilities had been identified in the adjoining daycare centre which was currently closed due to the pandemic. The management team advised the inspector that they were in process of providing additional and more accessible staff changing and toilet facilities closer to the isolation area. All residents that are transferred from the acute setting as well as new admissions to the centre are isolated for 14 days as part of the risk management processes in place to minimise spread of the virus. The contingency plan in place outlined that separate staff would be specifically allocated to care for residents in this area in the event of an outbreak of COVID-19.

The management team had a clear pathway in place for expediting testing and results so that any suspected cases of COVID-19 that might occur could be identified promptly and managed effectively. Testing of staff for COVID-19 had been taking place and the results to date had not detected COVID-19. Seven nurses had been

trained in taking swabs for the COVID-19 testing. Further testing of staff was scheduled on a fortnightly basis.

Cautionary signage was seen throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene, in donning and doffing of personal protective equipment (PPE) and the use of face masks.

The management team ensured that safe and effective recruitment practices were in place. Staff files including the files of recently recruited 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 management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. There was an audit schedule in place and feedback was sought from residents and families to improve practice and service provision.

Staffing levels on the day of inspection indicated that there were adequate staff on duty to meet the health and social care needs of residents, however, fire drill records reviewed did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time. This was discussed with the management team and the registered provider representative who agreed to roster an additional staff member at night time forthwith. This issue is discussed further under the quality and safety section and under Regulation 28: Fire Safety.

The inspector assessed a total of 14 regulations, 10 were found to be compliant, 3 substantially compliant and 1 non compliant.

Some improvements were required under the following regulations, Regulation 28: Fire Safety, Regulation 3: Statement of purpose, Regulation 23: Governance and management and Regulation 5: Healthcare.



## Regulation 14: Persons in charge

The person in charge was a nurse and had commenced in the role on 22 September 2020. She 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. The CNM2 deputised in her absence.

Judgment: Compliant

## Regulation 15: Staffing

During the day of inspection staffing levels and skill-mix were sufficient to meet the assessed needs of 23 residents. There were normally three staff on duty at night time, however, following a review of fire safety management and subsequent concerns raised, the registered provider representative undertook to roster an additional staff member at night time forthwith. Following the inspection, the registered provider representative confirmed that an additional staff member was now rostered at night time.

A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There were normally three nurses and three multi-task attendants providing direct resident care on duty throughout the day, three nurses and two multi-task attendants providing direct resident care in the evening and two nurses and one multi-task attendant on duty at night time. The staffing compliment included, housekeeping, laundry, activities coordinator, catering, maintenance and administration staff. The person in charge and a clinical nurse manager normally worked during the day time.

All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

The nursing management team confirmed that staffing levels were kept under constant review, taking into account the needs of residents and the size and layout of the centre. They advised that recruitment of staff was on-going, two nurses and one multi-task attendant had been recently recruited.

Judgment: Compliant

## Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. There

was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control, basic life support and open disclosure. Further training was scheduled.

All nursing staff had completed medicines management training and some nurses had completed training on the pronouncement of death, and taking swabs for COVID-19 testing.

Senior nurses managers were currently undertaking a training programme developed to meet and sustain regulatory requirements.

The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents. Issues identified at the last inspection had largely been addressed.

The management team had systems in place to ensure oversight of the quality and safety of care in the centre. Regular audits and analysis were carried out in areas such as medicines management, infection prevention and control, hand hygiene, cleaning, falls, restrictive practice, nursing documentation, dining experience and waste management.

The management team told the inspector that they had identified one fire compartment which they planned to subdivide in order to reduce the time taken to evacuate residents in the event of fire or other emergency, however, it was of concern that this plan had not been progressed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required updating to reflect recent changes to the governance and management of the centre, changes to various policies brought about as a result of the COVID-19 pandemic and changes to staffing whole time equivalents.

Judgment: Substantially compliant

## Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. Overall, the inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities.

Staff had been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. Resident observations were monitored twice daily, as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre.

Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed, indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided assurances that a high standard of nursing care was provided to the residents.

There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and generally informative.

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' finances were managed in a clear and transparent manner. The provider had systems in place to ensure that pensions collected on behalf of residents were

in line with Department of Social Protection guidelines.

The building was single storey in design, with accommodation for residents offered in 18 single and six twin rooms. Nine single bedrooms and five twin rooms had ensuite shower and toilet facilities. There were three large well equipped assisted shower rooms for the eleven residents who did not have ensuite shower facilities.

The building was designed around a central, secure, enclosed garden, which was easily accessible from the corridors and day room areas. This area had a variety of garden furniture and was landscaped with a variety of colourful shrubs, flowers and plants. Paved walkways were provided throughout.

Staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Staff spoken with confirmed that they had received on-going fire safety training, were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills. However, fire drill records reviewed did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time. This was discussed with the management team and the registered provider representative who agreed to roster an additional staff member at night time forthwith. They also undertook to carry out and submit fire drills records in order to provide assurances that residents could be evacuated in a safe and timely manner.

### Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic the centre had been closed to visitors in accordance with national guidance from 06 March 2020.

Visiting restrictions had been eased in the centre during June 2020 in line with the guidance and recommendations from the Health Protection Surveillance Centre. Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities V1.2 24.8.2020 to reflect the importance of visiting for residents. Visiting was being facilitated in a designated area which was observed to be appropriate to accommodate social distancing. Visits were facilitated seven days a week. Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

### Regulation 17: Premises

The centre was well maintained, visibly clean, spacious, bright and nicely decorated. There was a variety of communal day spaces, including dining room, day rooms,

quiet room, church, front entrance area, conservatory and family room. There were also separate hairdressing and chiropody treatment rooms.

The provider continued to ensure that residents who did not require the assistance of mechanical devices to mobilise were accommodated in the smaller bedrooms located in the older section of the building as set out in the statement of purpose.

Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. There was a sign with a word and a picture for bathrooms, toilets, dining rooms and day rooms. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs. Corridors were seen to be clear of any obstructions. Floor covering was safe, non slip and consistent in colour conducive to residents with a dementia.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses.

A suitable, secure and well equipped laundry and sluice room was provided.

Access to and from the centre was secure. The main entrance doors were fitted with numerical key pads and all fire exit doors were alarmed. CCTV cameras were located at the external doors. There was clear signage displayed indicating the use of CCTV.

Judgment: Compliant

## Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. All staff in the centre had completed infection prevention and control training. Staff knowledge of infection prevention and control was good. Nursing management supervised staff to ensure that training was implemented in practice. The nursing management team had continued to review and audit infection prevention and control systems, recent audits in relation to hand hygiene, environmental hygiene and cleaning of equipment indicated good compliance.

The clinical nurse manager guided the inspector through the infection prevention and control measures necessary on entering the centre to ensure the safety of all persons in the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering and temperature checks.

On the day of inspection there were ample supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up

to date guidance on its use. All staff were observed to be wearing surgical face masks as per the relevant guidance.

The inspector observed there was appropriate signage in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate. Alcohol gel dispensers were observed to be available and in use throughout the building. The inspector observed good hand hygiene practices on the day of the inspection.

There was a separate staff changing area, staff changed into their uniforms prior to commencing and leaving work in the centre. The inspector observed that the uniform policy was being adhered to.

Contracts were in place for the suitable disposal of clinical waste. There were adequate supplies of clinical waste bins as well as storage facilities available. There was a service contract in place for the bed pan washer to ensure it was maintained in good working order.

Systems were in place for the segregation and flow of clean and soiled laundry in the laundry room in order to minimise the risk of cross-contamination.

The building and equipment used by residents was found to be visibly clean. There were two cleaning staff on duty seven days a week. Housekeeping staff spoken with advised the inspector that cleaning procedures were updated, the frequency increased for specific areas of the centre since the onset of the COVID-19 pandemic. Staff spoken with were knowledgeable regarding infection prevention and control procedures, cleaning systems and use of chemicals.

Judgment: Compliant

## Regulation 28: Fire precautions

There was evidence of daily, weekly and monthly fire safety checks being carried out. All fire exits were observed to be free of any obstructions. Staff had received ongoing fire safety training which included evacuation and use of equipment. Further fire safety training was scheduled. The fire alarm was serviced on a quarterly basis. The fire equipment had been serviced in October 2019. Fire plans were displayed throughout the building. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills. However, fire drill records reviewed did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at night time. There was no recent fire drill simulating the evacuation of the largest compartment with night time staffing levels. The last recorded fire drill of this scenario had taken place in April 2019 and the evacuation times recorded were found to be excessive.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed the care plans of a number of residents including end of life care, residents in isolation, presenting with responsive behaviours, at high risk of falls and with restraint measures in place. There were no residents with pressure ulcers at the time of inspection.

Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Systems were in place to record evidence of consultation with residents and their families with regard to review of their care plans.

Judgment: Compliant

### Regulation 6: Health care

During the recent COVID-19 pandemic, general practitioners (GPs) had been providing a service remotely and advised staff over the phone. This included remote prescribing of medicines.

Residents had a choice of GPs and the inspector noted that most GP's were now visiting the centre and having face to face consultations with residents, however, there were a number of residents who had not been provided with access to a medical review since before the start of the COVID-19 pandemic.

Residents had access to allied health services and visits by health care professionals including physiotherapist, chiropodist, speech and language therapist (SALT) and psychiatry of later life had resumed at the time of inspection.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

The inspector reviewed the file and care plans of a resident with responsive behaviours and found that the care plan in place was detailed, described the behaviours that presented from time to time and were person centered. The staff were familiar with the resident and were knowledgeable of the triggers that may cause the behaviour. Behaviour assessment analysis records were maintained and used to inform the care plan. Referrals were made to specialist services such

as psychiatry of later life and records conveyed that the advice given was actioned.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding training was in place for all staff and all new staff had undergone satisfactory Garda Vetting. The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

Staff continued to promote a restraint free environment. There was five residents using bed rails at the time of inspection, three at the residents own request. Alternatives such as low low beds, crash mats and sensor alarms were in use for some residents. Risk assessments, care plans, consent and safety checks in line with national policy were documented in the files reviewed.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

Small amounts of money and valuables were kept for safe keeping on behalf of some residents. The inspector was satisfied that residents money was managed in a clear and transparent manner, with two signatures recorded for all transactions. Systems were in place for regular auditing of residents accounts. All residents had a secure lockable storage area in their bedroom should they wish to store valuables securely.

Residents had access to advocacy services, the contact details of which were displayed in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. The inspector spent time observing residents and staff engagement. The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre



Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. However, some residents spoken with wished for more normal routines to return such as being able to attend mass in the centre, go on outings and day trips, for external entertainers and musicians to return to the centre.

The inspector noted that the privacy and dignity of residents was well respected by staff. All residents had single or twin bedrooms, many with en suite toilet and shower facilities. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place.

Residents' religious rights continued to be facilitated during the pandemic. While the local priest had not visited since the start of the pandemic, residents were facilitated to view religious ceremonies via web cam from a variety of local churches on the televisions and some had received individual blessings from the local priest via mobile telephone applications. Residents were facilitated to recite the rosary on a daily basis and were offered holy communion three times a week. The activities coordinator had linked with the local priest who had agreed to record a special mass for residents which they could then view on the televisions in the centre.

Activity provision was managed by the activities coordinator with support from an assigned multi-task attendant. There was a daily schedule of activities taking place. The schedule included both group and individualised activities. A meaningful activities assessment had been completed for all residents and residents' life history had been documented. Staff were observed to use this information to engage meaningfully with some residents. While external entertainers and musicians had not visited since the start of the pandemic, the in house activities programme included baking, bingo, arts and crafts, music and movement, Sonas (therapeutic programme specifically for persons with dementia), imagination gym, knitting and crochet, hand massage and nail care.

The activities coordinator continued to facilitate regular residents meetings. The minutes of meetings were recorded. Issues raised by residents at a recent meeting included visiting arrangements, Wi-Fi connectivity and request for smart television. Residents reported that their views were listened to and suggestions made by the residents were discussed and acted on.

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>	
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 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Regina House Community Nursing Unit OSV-0000612

Inspection ID: MON-0021349

Date of inspection: 28/09/2020

## 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> <p>Actions Completed</p> <p>Staff numbers at night have been increased. An additional staff member has been assigned to night time duty commencing the 28th September 2020. There are now 4 staff on night time duty.</p> <p>A Fire Safety trainer attended the Designated Centre on the 8th October 2020 to carry out drills on site with staff. The Fire Prevention officer was also on site on the 8th October to advise, which included continuing the fire drills with 4 and 3 staff to improve on timings. A further fire drill is scheduled for the 5th November with the Fire Safety Trainer present.</p> <p>Simulated fire drills have taken place twice a week since the 29th September 2020, using night time staffing levels to test procedures and to ensure the safety of the residents. Evacuation drills are recorded and reflections and learning from the drills documented.</p> <p>Fire Marshall training was held on the 15th and 21st October 2020, respectively. All staff have received Fire Warden training. A fire drill is scheduled for the 5th November with the Fire Safety Trainer present.</p> <p>The fire safety awareness checklist has been revisited and completed with all staff. Staff have been fully engaged with and they have been made fully aware of the day to day operation with regard to the Fire Safety Register. Safety pause includes fire safety and is communicated at hand over.</p> <p>Fire safety equipment has been checked. The location of equipment to optimize evacuation procedure has been reviewed. The emergency bag containing the PEEP's, fire marshall jacket, torch, first aid kit and action cards, is now kept in the Nurses Station, in</p>	

a more central point.

All PEEPs have been updated for each resident.

Fire safety documentation has been updated by the Person in Charge and implemented internally for the overall day to day operations within the Designated Centre. Staff and Visitor Fire Orders have been provided on the walls and Fire Policy has been updated for the building.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Actions completed:

- The new Person in Charge was appointed four days before the unannounced inspection. The Statement of Purpose has been revised to reflect the newly appointed Person in Charge.
- The Statement of Purpose includes change to policies brought about as a result of the COVID-19 pandemic.
- Staffing whole time equivalents have been adjusted to reflect current staffing levels.

Regulation 28: Fire precautions

Not Compliant

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

Actions completed:

Staffing: Additional staff has been assigned to night time staffing to improve evacuation timings.

PEEPs: All residents have had their PEEPs updated.

Training: A Fire Safety trainer supervised a fire evacuation drill with staff on the 8th October 2020 and provided Fire Marshall training on the 15th and 21st October 2020. All staff have received Fire Warden training.

Evacuation drills: Simulated evacuation drills with night time staffing commenced on the 29th September 2020 with staff and with the external trainer on the 8th October. Staff have completed simulated evacuation drills twice weekly since. All drills have been recorded and staff have reflected on the learning with each drill.

Staff fire safety awareness: Safety pause includes fire safety and is communicated at hand over. All staff have completed the fire safety checklist and are fully aware of the day to day operation of the Fire Safety Register.

Equipment: All fire safety equipment has been reviewed and location of equipment optimized in line with PEEPs and simulated drill learnings.

Fire policies and documentation: Fire safety policy and documentation has been updated by the Person in Charge.

Fire safety certification: The unit is of a high fire safety standard and is currently in full compliance with the granted fire safety certificate.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
All residents have been medically reviewed by their GP.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	29/09/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	29/09/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the	Substantially Compliant	Yellow	30/09/2020

	information set out in Schedule 1.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	19/10/2020