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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ennis Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Mowlam Healthcare Services Unlimited Company</td>
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<tr>
<td>Address of centre:</td>
<td>Showgrounds Road, Drumbiggle, Ennis, Clare</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>31 August 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000683</td>
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<td>Fieldwork ID:</td>
<td>MON-0030347</td>
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About the designated centre

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

Ennis nursing home is located on the outskirts of the town of Ennis. It is purpose built, two storey in design and provides 24 hour nursing care. It can accommodate up to 60 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, convalescence, respite, dementia and palliative care. There is a variety communal day spaces on both floors including day rooms, dining rooms, quiet room, oratory, smoking room, family room, hair dressing room, large reception area with seating and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in single and twin rooms.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 59 |
How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>Monday 31 August 2020</td>
<td>08:30hrs to 18:30hrs</td>
<td>Mary Costelloe</td>
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The inspector spoke with approximately 12 residents during the day of 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 spoken with were complimentary of staff stating that they were very supportive and kind. One resident commented that 'this is a first class retirement home, you can get anything you want, you just need to ask and if you are not able to ask, staff will meet your needs'.

Residents spoken with were very satisfied with the care received. No resident spoken with had ever felt the need to make a complaint. The observation and interaction between residents and staff was positive, engaging, patient and kind. The inspector observed that staff reassured residents who were upset and anxious as a result of underlying dementia. The tone used by staff was not only reassuring but did provide comfort to the residents.

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. They told the inspector that staff visited them in their bedrooms to have chats about the pandemic and provide up-to-date information to reduce their anxieties and help them feel comfortable. 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.

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. There was ample space for the movement of any specialised or assistive equipment that a resident might require. Plenty of communal space was provided in a variety of settings. Residents were complimentary about the building and the size and the layout meant that social distancing was possible in the communal rooms and in the wide corridors.

The inspector observed that the communal areas on both floors were occupied by some residents throughout the day while others remained in their bedrooms. Some residents were seated in small groups in the main day rooms with a member of staff in attendance. The inspector observed residents partaking in a group baking activity and enjoying a bingo session. Some residents spoken with stated that they preferred to relax in quieter areas of the home, some were observed reading the
newspapers, another doing some artwork and others going for walks along the corridors. Some residents told inspectors that they liked to sit and chat with other residents with whom they had befriended.

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

Residents said that they were delighted that family visits had resumed and that they were able to meet their loved ones again. Residents spoken with had all received visitors in recent weeks. They spoke about how staff had supported them to keep in contact and communicate with their families and friends throughout the pandemic through the use of telephones and a variety of media applications.

Residents reported that the food was very good and that they were happy with the choice of food offered. The inspector observed that residents were offered a choice at mealtimes and menu boards outlining a variety of options were displayed.

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 their own furniture, family photographs, ornaments and plants.

**Capacity and capability**

This inspection was a short notice announced monitoring inspection conducted on one day. The inspection was carried out

- following an application to the Chief Inspector to renew registration of the centre
- to review infection prevention and control measures in light of the COVID-19 pandemic.

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. This centre had a good history of compliance with the regulations.

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
Mowlam Healthcare Services an unlimited company. The centre is part of the Mowlam group of nursing homes. The senior governance and management team including the regional health care manager and director of care services provide support to the person in charge who manages the day to day operation of the centre. The person in charge was also supported by the clinical nurse manager, nurses, care staff, activities coordinator, social care practitioners, catering, housekeeping, laundry, administration and maintenance staff.

The person in charge worked full time in the centre, the clinical nurse manager deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

The nursing management team knew the residents well and were knowledgeable regarding 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.

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 documented Covid-19 contingency plan was in place and 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 located on the first floor could accommodate four residents in four single bedrooms and could be extended to seven single bedrooms if required. The single bedrooms had ensuite toilet and shower facilities. A separate entrance area and stairwell, staff changing and staff toilet facilities had been identified. 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 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 of the last tests had not detected Covid-19. The person in charge, clinical nurse manager and four 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
Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. 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.

The inspector assessed a total of 14 regulations, 11 were found to be compliant and 3 found to be substantially compliant.

Some improvements were required under the following regulations Regulation 11: Visits, Regulation 17: Premises and Regulation 5: Individual Assessment and care plan.

**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. She was observed to have a strong presence within the centre and was committed to providing a good service. She demonstrated good clinical knowledge and knew the individual needs of each resident. The clinical nurse manager deputised in her absence.

**Judgment: Compliant**

**Regulation 15: Staffing**

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. Arrangements were in place to ensure that dedicated staff were providing care to residents who were newly admitted to the centre, or who were suspected of having COVID-19 symptoms.

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 eight care assistants and
three nurses on duty during the morning, seven care assistants and two nurses on duty in the afternoon and evening, two nurses and three care assistants on duty at night time. The staffing compliment included, housekeeping, laundry, activities coordinator, social care practitioner, catering, maintenance and administration staff. The person in charge and clinical nurse manager worked full time hours in supernumerary positions.

The person in charge confirmed that staffing levels were kept under constant review, taking into account the needs of residents and the size and layout of the centre. She advised that recruitment of staff was on-going, that three staff had been recently recruited in anticipation of some part time staff returning to college at the end of September.

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

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, food hygiene and dementia care. Further training in fire safety, safeguarding, food hygiene, management of challenging behaviour was scheduled for September 2020. 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.

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**

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents. An issue identified in relation to restraint management from the last inspection had been addressed.

The person in charge confirmed that the senior management team were very
supportive and available for advice at any time.

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, falls, restrictive practice and health and safety. The results of audits and areas for improvement were discussed at the monthly management team meetings along with COVID-19 contingency arrangements, clinical audits, clinical risk, staff training, fire safety, complaints and actions required from issues raised at resident meetings. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose dated 10 August 2020 submitted with the application to renew registration contained the information required as set out in schedule 1 of the regulations.

Judgment: Compliant

**Regulation 34: Complaints procedure**

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in large font in prominent locations on both floors of the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

There were no open complaints at the time of inspection.

All complaints were reviewed by the healthcare manager and discussed at the monthly governance meetings.

Judgment: Compliant
## Quality and safety

Residents’ lives had been significantly impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection.

Many residents still remained in their bedrooms, visitor restrictions were in place, there was no religious ceremonies taking place in-house, activities were limited to small groups and to those facilitated by staff in-house. Residents could not attend local day care, go on day trips, shopping trips or go for coffee as some residents used to do prior to the pandemic.

However, the inspector found that the care and support residents received was of a high 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 have 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 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 two storey in design, with accommodation for residents provided on both floors. Bedroom accommodation is offered in single and twin rooms with en suite toilet and shower facilities. The centre was generally well maintained, spacious, bright and nicely decorated. There was a variety of communal day spaces, including dining rooms, day rooms, quiet room, oratory, family room, smoking room and residents had access to secure landscaped secure garden area. There was a lift provided between floors which allowed residents to independently access each floor.

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, day rooms and gardens. 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 management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Fire drills simulating both day and night time scenarios had taken place regularly and learning outcomes had been documented. Fire drill records reviewed provided assurances that residents could be evacuated in a timely and safe 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 - COVID-19 *Guidance on visitations to Residential Care Facilities V1.1 21.07.2020*. Visiting had been facilitated in the main reception area which was observed to be appropriate to accommodate social distancing. Visits were facilitated Monday to Friday by appointment only.

There were no visits scheduled on Saturdays or Sundays and while there were no complaints on record in relation to this, the inspector was of the view that scheduled times should be available at weekends when many relatives would be available to visit.

The management team now need to review the visiting arrangements 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.
Judgment: Substantially compliant

Regulation 17: Premises

The centre was two storey and purpose built. The design of the building was suitable for its purpose and promoted the dignity, well being and independence of its users. The centre was generally well maintained and nicely decorated. It was warm, clean and odour free throughout.

Improvements and redecoration had been carried to one corridor on the ground floor of the building. The corridor and bedrooms had been repainted, new furniture, soft furnishings and lighting had been provided. The inspector noted that the walls to some bedrooms in other areas of the centre required repair and repainting as the walls were damaged, scored and marked. The light to one of the sluice rooms was not in working order and required repair. The person in charge explained that redecoration of the remainder of the building was planned but had been delayed due to the onset of the COVID-19 pandemic.

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. There was a lift provided between floors.

There was a variety of communal day spaces on both floors including day rooms, dining rooms, quiet room, oratory, smoking room, family room, hair dressing room and large reception area with seating. The communal areas had a variety of comfortable furnishings and were domestic in nature.

Bedroom accommodation met residents’ needs for comfort and privacy. Bedroom accommodation for residents was in single and twin rooms, with assisted shower, toilet and wash-hand basin en suite facilities. There was adequate room in the bedrooms for furniture including a bed, a chair and adequate personal storage. The rooms also had enough space for equipment such as hoists to be used. Call bells were accessible in all bedrooms and bathrooms.

Appropriate signage was provided throughout the building. There was a sign with a word and a picture for bathrooms and other rooms. Each bedroom had a photo or picture of residents choice on their door. Residents had chosen pictures of specific significance to themselves, the aim of these were to provide visual cues for people to recognise their own bedroom.

There were 'signposts' on each floor that directed residents and visitors to bedrooms on that floor. Artistic murals were painted on the walls and included floral and landscape scenes and also points of interest such as a 'post office' and 'post box'.

The premises was located on well maintained external grounds with walkways, seating, colourful planted areas and ample car-parking. Residents had access to a
landscaped, secure enclosed courtyard garden that was directly accessed from the
ground floor dining room.

There was appropriate assistive equipment provided to meet the needs of residents,
including specialised beds, hoists, specialised mattresses and transit wheelchairs.
The inspector viewed the maintenance and servicing contracts and found the
records were up-to-date and confirmed that equipment was in good working order.

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: Substantially 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 person in charge 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, shoe
disinfection, 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 it's 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 with the exception of one staff member. This was brought to the
attention of the person in charge. Daily observations of hand hygiene along with
weekly hand hygiene audits were carried out by the nursing management team with
good compliance indicated.

There was a separate staff changing areas, 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 and additional hours provided for cleaning since the onset of the COVID-19 pandemic. Staff spoken with were knowledgeable regarding infection prevention and control procedures and confirmed that they had also received training on the use of chemicals. The household supervisor and person in charge continued to maintain oversight of cleaning process and procedures.

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. The fire alarm was serviced on a quarterly basis and had been recently serviced in August 2020. The fire equipment had been serviced in March 2020. 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.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and nursing documentation which was maintained on a computerised nurse documentation system. Each resident's needs were assessed on admission and at regular intervals thereafter.

The inspector reviewed the care plans of a number of residents including end of life care, wound care, residents in isolation, weight loss, at high risk of falls and with restraint measures in place.

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

The inspector was satisfied that residents' weight changes were closely monitored. Residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. When there was a change in a resident’s weight, nursing staff reassessed the resident, informed the GP and referrals were made to the dietician and speech and language therapy (SALT). Documentation reviewed by the inspector confirmed this to be the case. However, the care plan of a resident who had been losing weight contained conflicting information and did not describe accurately the current needs of the resident. Systems in place to record consultation with this resident's family had not been recently updated.

Judgment: Substantially compliant

**Regulation 6: Health care**

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). GP’s had continued to visit residents throughout the pandemic.

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

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.

The inspector was satisfied that robust systems were in place for the management of residents’ finances. Small amounts of money were kept for safekeeping on behalf of some residents. The inspector saw that these accounts were managed in a clear and transparent manner. Separate account books were kept for each resident and two signatures were recorded for each transaction. Regular audits were carried out by the person in charge as well as by the administration manager from head office. The provider acted as pension agent for a small number of residents and all money
was paid into an interest bearing resident account. Monthly statements were available at the request of residents. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

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

Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered occasionally by nursing staff. Records were maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine in line with the restraint policy guidance. There was evidence of access and referral to psychiatry services.

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.

Residents had access to advocacy services, the contact details of which were displayed in the centre. The resident advocate facilitated the residents committee meetings which were held regularly.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. 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 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 a local day care centre, attend mass in the centre, go on outings and day trips, go to the cinema or go out for a coffee.

The inspector observed that the privacy and dignity of residents was well respected
by staff. All residents had single or twin bedrooms 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 the local church on the televisions.

Activity provision was managed by the activities coordinator with support from the social care practitioners. There was a daily schedule of activities taking place on each floor. The weekly schedule was displayed in the communal areas as well as in residents' bedrooms. 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, chair exercise programme, ball therapy, board games, gardening, walks and movie nights. Staff in the centre had facilitated a recent music afternoon and an afternoon tea party was planned. The social care practitioner advised that she visited and spent time daily with all residents who remained in their bedrooms.

The resident advocate facilitated regular residents committee meetings. The minutes of meetings were recorded. Issues discussed at the July 2020 meeting included activities, planned day trips, food and menus, laundry, cleaning and visiting arrangements. There had been no issues raised by residents at recent meetings. Residents reported that their views were listened to and records of management team meetings showed that any issues or suggestions made by the residents were discussed and acted on.

Residents were observed to be moving about as they wished within the centre. There was a variety of communal day spaces as well as a large reception area where residents could sit and relax. The hairdresser visited on a weekly basis and residents could choose to have their hair done in the dedicated hair dressing room.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

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

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<td><strong>Capacity and capability</strong></td>
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<td>Regulation 14: Persons in charge</td>
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<td>Regulation 16: Training and staff development</td>
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<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

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

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

**Compliance plan provider’s response:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 11: Visits</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 11: Visits: A review of visiting arrangements in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities V1.2 24.08.2020 has taken place and visits are now facilitated over 7 days. Visiting will be discussed with residents and family members to ensure that arrangements in place meet their needs.</td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider will undertake a review of the building and ensure that the repairs are carried out where necessary. The re-decoration plan that had commenced in 2019 was delayed due to the onset of the COVID pandemic, this will resume once it is safe to do so in line with public health guidance. There is a preventative maintenance plan in place which will ensure that any repairs that can be carried out by in-house maintenance person will be completed.</td>
<td></td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A comprehensive review of clinical documentation will be undertaken by PIC to ensure that all care plans have been completed as required and that the care plan is person-centred. The PIC will ensure that care plans are consistent with current needs of residents and any inconsistencies will be rectified.
Care plans will accurately describe the current needs of the resident and there is a system in place to record consultation with resident / family, and this will be regularly updated.
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 11(2)(a)(i)</td>
<td>The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>21/09/2020</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
<tr>
<td>Regulation 5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment referred to in</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
</tbody>
</table>
paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.

<table>
<thead>
<tr>
<th>Regulation 5(4)</th>
<th>The person in charge shall formally review, at intervals not exceeding 4 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.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>30/10/2020</th>
</tr>
</thead>
</table>

Substantially Compliant Yellow 30/10/2020