



## Office of the Chief Inspector

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

Name of designated centre:	Ros Aoibhinn Nursing Home
Name of provider:	Aidan Sawyer
Address of centre:	Irish Street, Bunclody, Wexford
Type of inspection:	Unannounced
Date of inspection:	06 February 2019
Centre ID:	OSV-0000276
Fieldwork ID:	MON-0025005

## About the designated centre

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

Ros Aoibhinn is located on the outskirts of Bunclody. The centre is registered to accommodate 30 residents in four single and 13 twin rooms. There are two floors in the centre and residents are currently accommodated on the ground floor only in 10 twin and three single bedrooms. Residents' communal accommodation includes two sitting rooms, two dining areas and a conservatory. Accommodation on the first floor is accessible by a stair lift. Ros Aoibhinn provides 24-hour nursing care to both male and female residents over 18 years of age. Long-term care, convalescent and respite care is provided to those who meet the criteria for admission.

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

Current registration end date:	13/11/2020
Number of residents on the date of inspection:	18

## 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:**

Date	Times of Inspection	Inspector	Role
06 February 2019	07:15hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead
06 February 2019	09:30hrs to 17:45hrs	Paul McDermott	Support

## Views of people who use the service

Residents who spoke with the inspectors expressed their satisfaction with the service and care they received. Residents said they liked living in the centre, as it was close to their homes and family members but would prefer to be living in their own homes in the community. Residents said they felt safe living in the centre and that staff were kind and respectful towards them. They confirmed they were always given a choice regarding their care and how they wanted to spend their day. Residents said they enjoyed the food they received and that they could get alternatives to the menu if they wished.

Residents told the inspector that they knew that structural work was going on in the centre but were not sure what the extent of the work was, the reason for it or when it would be completed. Residents told the inspectors that there was a new person in charge and that they knew her fairly well. They confirmed that they knew they could make a complaint if they were dissatisfied and said they had no complaints. A number of residents told the inspectors that they liked the activities but one resident said they would like to go on outings occasionally.

## Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Regulations. Inspectors followed up on progress with completion of 27 actions detailed in the compliance plan from the inspection in August 2018, to bring the centre into compliance with the regulations. Inspectors findings confirmed that nine actions were satisfactorily completed. The remaining 18 incomplete actions were not completed within the timescales stated by the provider in their compliance plan but were found to be progressed with a plan in place for timely completion. These actions are restated in the compliance plan from this inspection.

Inspectors followed up on notifications and unsolicited information received by the Office of the Chief Inspector, since the last inspection and findings are discussed in this report.

The management structure was defined and was strengthened since the last inspection, with the appointment of a new person in charge and assistant director of nursing. While the overall governance and oversight of the service by the provider continued to require improvement, clinical governance was significantly improved and residents' health and nursing needs were met to a good standard. Arrangements for monitoring the quality and safety of the service delivered to residents and their quality of life were in place but use of this

system to inform continuous quality improvement in the centre was not clearly evident. Improvements in the standard of infection prevention and control procedures in the centre were evident. Inspectors also found that some progress was made to ensure residents' safety in the event of a fire in the centre

The person in charge worked full time in the centre and the provider attended the centre most days each week. This arrangement ensured he were available to deal with issues as they arose, for example, complaints or operational issues.

There was sufficient staff available with appropriate skills to meet the clinical and supervision needs of residents. However, appropriate training for staff with responsibility for facilitating residents' activities was required to ensure that residents had access to activities that met their interests and capabilities. The provider introduced a senior carer grade to support the person in charge with supervision of staff and supervision of staff was seen to have significantly improved. Staff were facilitated to attend mandatory training and engage in professional development. Good manual handling practices was observed by inspectors.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose and staff were aware of their roles and responsibilities. Staff files examined by inspectors contained completed appropriate vetting as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

#### Regulation 14: Persons in charge

A new person in charge was appointed in the centre since the last inspection in August 2018. The new person in charge met the regulatory requirements for this role and demonstrated that she was working to bring the service into compliance with the Regulations. Arrangements were put in place by the provider to ensure that the new person in charge was sufficiently supported in her role.

Judgment: Compliant

#### Regulation 15: Staffing

A minimum of one registered nurse was on duty at all times and recruitment of additional staff nurses was at an advanced stage. Sufficient staffing resources were made available since the last inspection to meet the clinical and supervision needs of residents. Staffing arrangements for facilitation of activities for residents over seven days each week from 09:00 to 16:00hrs each day was also in place. Inspectors were told this was an interim arrangement pending recruitment of a full-time activity

coordinator.

The night-time staffing levels was reduced to one staff nurse and one carer. This reduction in staffing required review to ensure residents' emergency evacuation needs could be met if necessary. This is detailed under Regulation 28.

Judgment: Compliant

## Regulation 16: Training and staff development

A record of all staff training was maintained. These records and staff who spoke with the inspectors confirmed that staff were facilitated to attend up-to-date mandatory training which was facilitated by accredited trainers. Staff were also facilitated to attend professional development training in dementia care, managing responsive behaviours and infection control to ensure they were skilled in meeting the needs of residents in the centre.

Staff were appropriately supervised on this inspection to ensure new learning was applied in practice.

Care support staff assigned to facilitate residents' activities were seen to make good efforts to meet the activation and social needs of residents, especially residents with dementia. However these staff had training needs to support them to provide meaningful sensory based activities and to develop and inform their skills in this area of resident care. This training was an action from the last inspection. The provider stated in their compliance plan that a program of further training for these staff would be facilitated by 30 November 2018. Inspectors found that this was not completed.

Training on operating the auditing system for the person in charge and clinical nurse manager (CNM) was in place and ongoing.

Training in fire prevention and emergency procedures had not been provided for three staff that had recently commenced work in the centre, however, the provider confirmed that fire safety training had already been arranged to take place on 18 February 2019 for 14 staff that included the three new staff.

Judgment: Substantially compliant

## Regulation 21: Records

A sample of staff files were examined by inspectors including files of some recently

recruited staff. These staff files contained all information including Garda Vetting disclosures as required under Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence that the governance and management of the centre had been reviewed and strengthened since the inspection in August 2018 and residents' quality of life in the centre was improved.

A system was recently introduced to review the quality and safety of care and quality of life for residents in the centre. The person in charge and the assistant director of nursing had received training on the auditing system. The auditing process was paper based and while it reviewed the service from a standards perspective, it did not clearly inform the quality of the service or areas that needed improvement. The information was not consistently analysed and where action plans were developed, the actions proposed, action taken or completion dates were not clear in a number of the areas reviewed. The person in charge reviewed key indicators of performance (KPIs) regarding residents' outcomes. For example, falls by residents and medication management among others. The information was analysed and the areas needing improvement were identified. Although there was evidence that the areas needing improvement were generally addressed, completion dates were not consistently recorded. Audits and risk management were standing agenda items for review at the monthly governance and management meetings attended by the provider. However, there was limited evidence in the minutes of the governance and management meetings that this information was comprehensively reviewed or used to inform and prioritise service improvements.

Inspectors found that some decisions being made regarding the day to day operation of the centre did not consider the impact of those decisions on fire safety throughout the centre.

A report detailing an annual review of the quality and safety of the service and quality of life for residents was in preparation for 2018 .

Judgment: Not compliant

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

There was a contract in place that set out the terms of residents' stay in the centre. Additional charges applied to the resident who had signed the contract were described in an addendum to their contracts. There was no charge to residents for



dietetic, speech and language therapy or occupational therapy services which are provided free to the designated centre. An additional stated weekly charge was applied to each resident for activities in the centre. While medical card holders are entitled to access chiropody and physiotherapy services without a charge, a charge was stated for access to these services in the centre. This was an action from the last inspection and individual residents continues to require clarity about the cost of any additional services they may avail of for which they will incur an additional charge.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The provider recently updated the centre's statement of purpose document. The revised document contained the information as set out in schedule 1 of the regulations. The provider has forwarded this document to the Office of the Chief Inspector as required.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors found that an incident where a resident was transferred to hospital for acute care following a fall was not appropriately notified within three working days to the Chief Inspector as required. The person in charge undertook to notify this incident following the inspection.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The policies and procedures as set out in Schedule 5 were in place. Inspectors found that the policy on the recruitment, selection and vetting of staff was fully implemented on this inspection. The person in charge told inspectors that a review of all the centre's policies to ensure they informed evidence based practice in the centre was underway.

Judgment: Compliant

## Quality and safety

The quality and safety of the service and the quality of life for residents living in the centre was improved since the inspection in August 2018. Although, most areas as identified on the last inspection were not yet in compliance with the regulations, there was satisfactory evidence of progress being made in all areas. Although not completed, there was evidence that the provider was taking a proactive approach to managing fire safety risks in the centre with prioritising implementation of measures and procedures to ensure residents' health and safety needs are met.

Inspectors found on this inspection, that the clinical governance and management of the centre had significantly improved and residents' health and nursing needs were met to a good standard. Residents were well supervised by appropriately skilled staff. Interim staffing resource arrangements were put in place to give residents access to activities over seven days. Interim arrangement was in place until a full-time activity coordinator is recruited. However, further improvements are necessary to that the social needs of all residents were met.

Residents' healthcare and nursing needs were found to be met to a good standard on this inspection. Residents were provided with timely access to medical and allied health professional services. The provider was working to ensure rights to personal choice, privacy and dignity were respected.

As the majority of residents in the centre had a diagnosis of dementia or had symptoms of dementia, the layout and design of their communal environment required review from the perspective of best practice in dementia design standards to ensure their comfort, accessibility and familiarity needs were met in their environment. Some residents' bedrooms were personalised with their photographs and personal ornaments but inspectors found that there was opportunity for improvement in many of the bedrooms viewed. Storage space for equipment was not adequate. Hoists and wheelchairs were stored in residents' communal accommodation.

Residents were consulted with regarding their care and the service provided. The provider welcomed residents' views and provided them with opportunities to participate in the running of the centre with a residents' committee that met regularly. However improved consultation with residents regarding structural works underway in their living environment was necessary.

Residents stated they felt safe in the centre and spoke positively about the care team and management in the centre. Staff knew residents and their individual needs well. A safeguarding policy was in place and all staff were facilitated to attend training on safeguarding residents from abuse. Staff were aware of their responsibilities to report suspicions, disclosures or incidents of abuse they may witness.

## Regulation 17: Premises

Residents were accommodated on the ground floor. Following the inspection in July 2018, the first floor of the centre was vacated as the layout and design did not meet the safety needs of residents.

The layout and design of the communal accommodation required improvement to ensure it met the needs of residents, especially residents with dementia. The communal sitting room, conservatory area and two dining areas were in an open plan arrangement. These areas were generally defined by the furnishings in them. Toilet seats and handrails were in contrasting colours. However, there was limited evidence of furnishings, fittings and use of colour that reflected dementia friendly design principles elsewhere in the environment. Some signage was provided to promote residents' accessibility in the centre but this required further improvement.

A process was in place to ensure that maintenance issues were appropriately communicated and addressed in a timely manner. Inspectors found that the bed-pan washer and the assisted bath were in working order. Review of the environmental temperatures in residents' communal accommodation was necessary to ensure temperatures were consistently maintained at 21 degrees centigrade as recommended by the National Standards.

The layout and design of the centre was not in accordance with the centre's statement of purpose in that a designated cleaner's room and the laundry did not promote infection prevention and control in the centre. Provision of a designated cleaner's room was at an advanced stage but in the interim inadequate storage for cleaning equipment including the cleaning trolley continued.

Improvements were made in the following areas since the last inspection;

- the placement of grab-rails in a number of residents' toilets was revised to ensure they met their needs.
- floor covering on a circulating corridor and uneven floor surfaces in rooms 25 and 26 were replaced
- residents' chairs were recovered and pressure relieving cushions were replaced.

Grab-rails were not fitted in resident's en suite or communal showers. This finding did not promote residents' independence and posed a risk of fall to vulnerable residents.

There was insufficient storage available for residents' assistive equipment. For example, two hoists were stored in the conservatory area and 12 wheelchairs were stored in the dining area.

Judgment: Not compliant

## Regulation 26: Risk management

A risk management policy and risk register were in place and made available to inspectors. The provider had commenced three monthly health and safety reviews and there was evidence that the risk register was updated with risks as they were identified through this review process. The provider had assessed and put controls in place for environmental risks identified by inspectors on the last inspection in August 2018. However not all risks were identified and responded to through the centre risk management process. For example, the fire safety arrangements continued to pose a risk to residents' safety. However, this existing risk was not comprehensively described, responded to and managed through the centre's risk management process.

Each resident's moving and handling needs were assessed and documented. Staff training in safe moving and handling procedures was now facilitated by an accredited instructor and staff training was ongoing. Supervision of staff was improved since the last inspection. Several procedures of staff moving and handling residents were observed by inspectors and found to be safe and in line with recommended best practice procedures.

Judgment: Substantially compliant

## Regulation 27: Infection control

An infection prevention and control audit was completed by a competent person in infection prevention and control procedures. Although all areas identified as needing improvement in this audit were not yet completed, there was evidence of progress to completion was in progress and would be achieved.

A number of staff had commenced training in infection prevention and control provided by an accredited trainer. Inspectors observed that although cleaning equipment and cleaning procedures reflected best practice. While storage arrangements for cleaning equipment did not reflect best practice, provision of a designated cleaner's room was at an advanced stage.

Staff training was completed regarding operation of the bedpan washer and clean instructions were also displayed to reinforce the procedures to be followed for cleaning of bedpans and urinals. The location of a storage unit for clean equipment required review to ensure it met its stated purpose.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

While it was acknowledged that since the last inspection of the centre some fire safety improvement works had taken place and plans were in place to improve other fire safety measures in the centre inspectors were not assured that residents were adequately protected from the risk of fire in the centre.

Some of the fire precautions in the centre did not adequately meet the requirements of the regulations, or reflect residents' needs.

Inspectors were concerned that fire safety risks identified since the last inspection and in the fire safety risk assessment had not been addressed or incorporated into the risk register for the centre. The provider advised that works were ongoing to address the high risk items and that they expected to have them completed by 11 March 2019.

Documentation was provided to confirm that the upgrade of the fire detection and alarm system from an L2 \ L3 system to an L1 addressable system was nearing completion and was due to be fully completed by 8 February 2019. The inspectors were advised that the upgraded fire detection and alarm panel had eliminated the previously observed use of two separate alarm control panels.

A current zone floor plan had not been displayed beside the fire alarm panel

The emergency lighting inspections certificates were up to date. The inspectors were advised by the provider that from the end of February 2019 the testing and maintenance certificates would be prepared in the format prescribed by I.S. 3217.

The inspectors were advised that the 'Break Glass' unit next to a rear exit door that was disconnected at the last inspection had been reconnected into the fire detection and alarm system and was working normally.

Staff training in fire prevention and emergency procedures had not been provided for three staff that had recently commenced work in the centre, however, the provider confirmed that fire safety training had already been arranged to take place on 18 February 2019 for 14 staff that included the three new staff.

Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, hinges, closers and so on). The inspectors were advised by the provider that an assessment of the doors had been completed and that works were in progress to upgrade and repair a number of doors, while new door fire door sets had been ordered to bring all door sets up to the required standards. The provider indicated that the door upgrade works would be completed by the end of February 2019

Inspectors observed that since the last inspection fire doors had been fitted to the linen storage room located along bedroom corridor.

Following a recent reduction in night time staffing levels, Inspectors were not

assured that adequate numbers of staff were rostered for night duty to ensure that all residents could be safely evacuated in a timely manner.

The first floor of the centre was unoccupied. Since the last inspection the bedrooms for all residents had been relocated to the ground floor of the centre. The inspectors were advised by the provider that prior to the first floor area being re occupied the external escape stairs would be upgraded to an acceptable standard, compartmentation works would be completed and certified, and a risk assessment would be completed on the internal stairs.

Fire alarm procedures on display throughout the centre had not been updated to reflect the upgraded fire detection and alarm system or current night time staffing levels.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A variety of accredited assessment tools were used by staff to assess each resident's needs on admission and regularly thereafter. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage and their mobility support needs. The outcome of these assessments informed the development of care plans which were observed by the inspector to be person-centred and clearly described residents' individual preferences and wishes. However, some residents' care plans did not clearly direct their care needs. For example, the parameters that blood glucose levels should be maintained within to promote the health of residents with diabetes. For nutrition care plans did not clearly describe the specific care needs of residents with swallowing difficulties or diabetes. Fluid management procedures for residents with assessed risk of dehydration also required more detail to direct prevention procedures.

Where possible, residents, or their families on their behalf were involved in their care plan development and subsequent reviews. Records were not consistently maintained of this consultation process.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to allied healthcare professionals including physiotherapy, dental, optical, dietetic, speech and language and chiropody services. There was also access to a general practitioner(GP) and specialist services such as psychiatry of later life and community palliative care services. Residents from the locality were

supported to retain the services of the GP they attended prior to their admission to the centre.

Nurses were seen by inspectors to be providing care in line with professional standards. Inspectors noted that residents did not have access to community physiotherapy and chiropody services. In the absence of the availability of these community services to residents, the provider had put alternative arrangements in place for a fee.

Judgment: Compliant

### Regulation 8: Protection

Inspectors found that residents were safeguarded and protected from abuse. There was evidence that all allegations were appropriately notified to the Chief Inspector, thoroughly investigated and addressed as necessary. Residents told inspectors that they felt safe in the centre and that staff were courteous and kind towards them. Interactions between staff and residents were observed by inspectors and were appropriate.

Staff who spoke with the inspector were knowledgeable regarding the procedures they should follow if they receive a disclosure, witness or suspect abuse to residents. Staff clearly articulated their responsibility to report. Staff training on safeguarding residents from abuse was provided by an accredited trainer and training requirements were up-to-date. This provided staff with opportunities to discuss areas needing clarity or how the learning applied to practice in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' committee meetings were held regularly. The meetings were well attended and there was evidence that residents' views and comments were listened to and acted upon. Although residents who spoke with inspectors were aware that work was underway in the nursing home, they did not know what work was taking place or the rationale for it. There was no record of discussion with residents regarding the works taking place referenced in the residents' committee minutes viewed by inspectors.

Arrangements were put in place since the last inspection to ensure residents were supported to make choices regarding the time with which they were served their breakfast in the mornings. Inspectors found that no residents had breakfast before 07:30hrs. While one resident was observed to request an early breakfast in the

sitting room, no other residents expressed a wish to eat their breakfasts before 08:00hrs. Families assisted staff with getting information to inform the wishes and pre-admission routines of residents who did not have capacity to make their wishes known.

The provider was progressing fitting of a second television with discreet listening equipment in twin bedrooms to promote each resident's choice of television viewing in shared bedrooms. This arrangement was completed in two twin bedrooms.

Residents' access to meaningful activities was improved. Residents had access to activities from 09:00 to 16:00hrs each day over seven days each. The provider had assigned responsibility for facilitation of activities for residents to two care staff.

The provider was progressing recruitment of a full-time activity coordinator to ensure each resident's activity needs were assessed and that they had access to meaningful activities to meet their interests and capabilities. In the interim two healthcare assistant staff facilitated residents' activities from 09:00 to 16:00hrs each day.

A variety of group and one-to-one activities were facilitated as part of the activity programme. 'Key to me' background information was collected including information on each resident's previous interests. However, this information on their interests together with the assessment of their current health and mental wellbeing was not used to inform their access to activities that were meaningful for them. For example, a number of residents were enjoying a group activity on the afternoon of the inspection and this activity was ceased prematurely due to escalating responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) by a resident with dementia. Records examined by inspectors showed that residents were facilitated to participate in activities, although their level of engagement was not assessed to ensure the activities met their interests and capabilities. However, these records confirmed residents attended group activities and were provided with some one-to-one activities such as hand massage, pet therapy and listening to music. Greater than 75% of residents were diagnosed with dementia and did not have access to accredited sensory activities that were suitable for residents with dementia. Staff were not trained in facilitating activities for residents with conditions such as dementia. Excursions outside the centre were not currently available to residents as part of the activity programme. One resident told inspectors that they would like to go on some outings outside the nursing home.

Residents' activities were facilitated in the sitting room and conservatory areas. The design and layout of the main sitting room, conservatory and two dining areas was an open plan arrangement with all the doors open throughout. The inspectors observed that there was significant traffic through the main sitting room, where most residents spent their day, to access the conservatory and furniture was arranged to the sides of these areas to facilitate this traffic. For example, Inspectors observed staff and others to be constantly walking between residents and a table with playing cards displayed on it which was the focus of the group activity facilitated on the day of inspection. This arrangement obstructed residents' view of



the table displaying the playing cards and negatively impacted on their enjoyment and their participation in this group activity in the main sitting room. This arrangement also impacted on residents' comfort, choice and interrupted their view of the television located over the fireplace.

A hairdresser now visited the centre as requested by residents who wished to avail of the hairdressers' services.

Residents' privacy and dignity was generally respected in their bedrooms. However privacy locks were not fitted on bedroom doors. Privacy locks were fitted on toilet and shower room doors since the last inspection.

Residents had weekly Mass in the centre and an Eucharistic minister brought communion to residents on Sundays. Residents who spoke with inspectors were satisfied that they were facilitated to engage in religious practices as they wished.

Judgment: Not 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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Ros Aoibhinn Nursing Home OSV-0000276

Inspection ID: MON-0025005

Date of inspection: 06/02/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. Newly appointed Activities Coordinator has commenced in their role on 25th February 2019. Has commenced Sonas Programme training on 22nd February 2018, due to complete on 10th May 2019. Activities Coordinator will commence Imagination Gym training on 21st March 2019.</li> <li>2. All staff members now have an up to date full fire safety training provided by external service provider on 18th February 2019.</li> <li>3. All Healthcare Assistants will receive in house training in facilitating Residents in activities.</li> </ol>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Person in Charge has taken steps to develop a new auditing system, and this will include quality of the service or areas that needed improvement. The new auditing system will also include proposed actions, actions taken and completion dates. As of next governance and management meeting (scheduled for March 2019), the registered provider will be more involved in comprehensive review and implementation of service improvements. In future, decisions being made regarding the day to day operation of the centre will consider the impact of those decisions on fire safety throughout the centre.</p>	

Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Addendum to the Contract of Care has now been rectified and states that Physiotherapy services are available for medical card holders free of charge if Resident has been referred to community Physiotherapy. If Resident is not able to attend the appointment, the Resident will continue to have a choice of private Physiotherapy visits in the Centre and will incur an additional charge for same.</p> <p>Person in Charge will ensure that Residents eligible for free Chiropodist services are registered under this scheme to facilitate appropriate refunds.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In future all notifications of incidents will be submitted within timeframe of 3 working days. Missing notification has been submitted via portal.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. Person in Charge and Register Provider are currently reviewing the layout and design of communal environment to ensure comfort, accessibility and familiarity needs for dementia affected Residents.</li> <li>2. Review of the environmental temperatures in residents' communal accommodation has taken place and now are maintained at 21 degrees centigrade as recommended by the National Standards. Registered Provider has purchased thermometers for communal areas to maintain this.</li> <li>3. Cleaner's room is now completed and promotes infection control in the centre.</li> <li>4. Grab – rails are being currently fitted in the rest of en-suites and communal showers to promote independence and not to pose risk of fall to vulnerable residents.</li> <li>5. Registered Provider has recognized storage space for hoists, wheelchairs and equipment so they will be no longer stored in communal areas.</li> </ol>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Person in Charge has completed risk management on the existing fire safety arrangements. These are now comprehensively described, responded to and are now being managed through the centre's risk management process.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Designated cleaner's room is now completed. It promotes infection control in the Centre and it's design and layout responds to the National Standards.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. Risk register has been updated to include fire safety risk assessment. Works continue to address the high-risk items.</li> <li>2. Current zone floor plan is in preparation. Once completed, this will be displayed beside the fire alarm panel.</li> <li>3. All staff have now up to date fire safety training.</li> <li>4. Works continue on fire door replacement. Once in situ, this will be certified by Fire Safety Officer.</li> <li>5. Additional staff member has been rostered on a night duty. There are three staff members on a night duty at all times.</li> <li>6. Fire alarm procedures on display throughout the centre have been updated to reflect the upgraded fire detection and alarm system. Staffing levels on night duty have been increased and no change was necessary in fire alarm procedures displayed.</li> </ol>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> <li>1. All care plans have been reviewed and updated to direct Resident's care needs in case</li> </ol>	

of Resident suffering from diabetes or swallowing difficulties.  
 2. Residents with assessed risk of dehydration have been consulted with General Practitioners to set a minimum fluid intake to commence on subcutaneous fluids.  
 3. In future all meetings with Residents or families involved in their care will be consistently recorded in Resident's care plan.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. In future all structural works will be discussed with Residents on committee meetings to ensure that Residents are aware of them and know the rationale for it.
2. New Activities Coordinator has been recruited and has commenced in their role on the 22nd February 2019. The Activities Coordinator has commenced Sonas Programme training on 22nd February 2019 (to be completed 10th of May) and will commence Imagination gym training on 21st March 2019.
3. Person in Charge and Assistant Director of nursing are currently working on Positive Behavior Support Plan for each Resident known for displaying responsive behavior. Same has been developed to support staff members in management of responsive behavior.
4. Resident's level of engagement is now assessed by an Activities Coordinator on a daily basis to ensure quality of meaningful activities and/or sensory therapies provided for residents.
5. Registered Provider is looking now into layout and design of the Centre to provide uninterrupted activities, quiet meetings with visitors and to make use of underused rooms.
6. Works continue on privacy locks to be fitted on newly fitted bedroom doors.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	10/05/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Yellow	10/04/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out	Not Compliant	Yellow	10/04/2019



	in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/04/2019
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.	Not Compliant		15/04/2019
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Yellow	13/02/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	01/03/2019

Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	01/03/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/02/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	27/02/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	08/03/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate	Not Compliant	Orange	08/03/2019

	arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	27/02/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	11/02/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	27/02/2019
Regulation 28(2)(ii)	The registered provider shall make adequate	Substantially Compliant	Yellow	12/02/2019

	arrangements for giving warning of fires.			
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	18/02/2019
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	12/02/2019
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	19/03/2019
Regulation 5(4)	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	Substantially Compliant	Yellow	19/02/2019

	the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Yellow	10/05/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	10/05/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	08/03/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	22/02/2019
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television,	Substantially Compliant	Yellow	15/07/2019

	newspapers and other media.			
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