



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Announced
Date of inspection:	11 June 2020
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0029670

About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened 18 years ago. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: care of the older person, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. There is a qualified physiotherapist based on site who works as part of the management structure of the centre. The centre currently employs approximately 54 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of administration, housekeeping, catering, activities and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

51

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
Thursday 11 June 2020	10:00hrs to 16:20hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live with plenty of choice in their daily lives. Staff promoted a person-centred approach to care and were found to be kind and caring.

The inspector spoke with a number of the residents present on the day of the inspection and met a visitor during the inspection. The centre had been closed to visitors because of the Covid 19 pandemic but had allowed window visiting and garden visiting using social distancing. A number of visitors had come regularly to the centre to drop off clothing and essentials and many had used technology such as video calling, telephone calls, emails etc, to keep in touch with their family member. The residents told the inspector that they had missed seeing their family and were looking forward to having visits again but said the staff had been great during this time.

Despite the lack of visitors the inspector saw a lot of activity taking place during the inspection. This included a mixture of small group activities and one to one time spent with staff. Residents told the inspector that the activities were very important to them and they looked forward to the quizzes, bingo, special events such as parties for special occasions. The inspector observed that there were notice boards full of pictures of events that had taken place during the pandemic. There were pictures of residents celebrating St. Patrick's Day, Mother's day, and Easter and residents birthdays. The activity staff member said they always celebrate special occasions with a party. This was confirmed by residents who said they had music, food and drinks to celebrate.

There was evidence that the centre is embedded in the local community and local shops and businesses donated Personal Protective Equipment (PPE), chocolates, cakes and treats for the residents and staff throughout the pandemic. Residents told the inspector they felt very lucky to have had local singers and the country and western singer Louise Morrissey perform for them. A gig rig was set up in the grounds of the centre where they performed, so that residents could see and hear them from bedrooms and day rooms. They also went around to individual residents bedroom windows. Residents and staff alike said this gave them all a great boost. The inspector was also informed and saw pictures of another welcomed visitor to the centre. A local donkey was accompanied around the outside of the centre to resident's bedroom windows to meet and greet the residents and staff. Residents and staff said the involvement and generosity of the community had kept them going throughout the last number of months. The inspector also observed some very person centred interactions with staff and good one to one activities taking place in resident's rooms and in the communal areas.

Overall the centre was seen to be homely and generally well decorated however there were areas including woodwork in some residents bedrooms that required a repaint. There were a number of bright day rooms and the oratory which residents

were able to use and be together with other residents whilst still maintaining social distancing guidelines. A number of the day rooms opened up to lovely outdoor courtyards the inspector observed that these doors were unlocked and residents confirmed easy access to same. They told the inspector they enjoyed sitting out during all the fine weather and garden furniture was available for their comfort. One of the dayrooms had a theatrical corner which included a Audrey Hepburn decorated screen and a mannequin dressed up in finery and jewellery. the centre had a dressing up box with theatrical clothing and accessories which the residents and staff had used for reminiscence. Resident bedroom accommodation was provided in 47 single bedrooms and seven twin rooms. All bedrooms had an en suite toilet, wash-hand basin and assisted shower. Residents told the inspector that they loved having their own bedroom and bathrooms as their privacy was very important to them. Bedrooms were seen to be much personalised with plenty of space for clothing and belongings. Directional signage was pictorial as well as written this assisted residents with cognitive difficulties to find areas of the centre. A number of residents also had relevant pictures outside their bedroom doors to assist them to locate their bedroom. Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms whether they wished to stay in their room or spend time with others in the sitting rooms. One resident explained to the inspector that she liked to spend part of the day in her bedroom where she was comfortable. She also enjoyed company and liked staff to stop by for a chat.

Residents were complimentary about the food and the inspector saw that residents were offered choice. The inspector saw pictorial menus displayed which assisted residents with cognitive impairment to ensure they understood the choice they were making. The menu was seen to be varied and the residents said if they didn't like what was on the menu they were given other choices. Modified diets were seen to be well presented and appetising. Meal times in the dining room had been extended to ensure residents could still attend the dining room for meals but abide by social distancing, this meant there were a number of sittings but they were generally observed to be an unhurried social event.

Residents and relatives were complimentary about staff saying that staff are excellent, friendly courteous and understanding. Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents stated that staff were kind and nice and are very helpful. Staff were seen to make a special effort to facilitate residents to talk to their families during the time of no visiting. The inspector saw and residents confirmed that staff assisted residents to keep up their appearance. The inspector saw that residents' nails were painted and their hair was done, one of the staff had taken on the role of hairdressing in the absence of the hairdresser being able to come into the centre. Residents said this was very important to them and they liked to look well for photos and interactions with their families. Staff said they were making an effort to sit and chat more with residents whenever they could to ensure residents were not too lonely in the absence of visitors and residents not being able to go out with families or to day centres as they would normally do.

Capacity and capability

Overall the centre was well managed with evidence of continued good governance in place ensuring good quality care was delivered to the residents. However some improvements in the management structure going forward were required particularly during the extended absence of the person in charge. Some additions were also required in the statement of purpose.

This was a short term announced risk inspection. 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 Covid free. 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 take place in the centre. The management team had established links with the public health team and HSE lead for their area. A local Covid-19 management team had been established within the geographical area and the general manager was involved in these meetings. There was a clear and comprehensive Covid-19 emergency plan and policy in place which the inspector reviewed. The management team had a clear list of the relevant persons to contact and a number for them available to the staff team and any deputy as required. The centre had been divided into different areas and a specific isolation area had been established which was used for any suspected cases of the virus and for residents returning from the acute hospital who required 14 days isolation. Cautionary signage was seen throughout and social distancing was put in place throughout the centre. Separate rooms were made available to different teams for handover and staff were seen to abide by best practice in the sanitising of hands and wearing of PPE. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff meetings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE.

The centre was operated by Drescator limited which consists of two directors. One of the directors is the registered provider representative who was present during the inspection and was fully involved in the operation of the centre. The day to day management of the centre is normally managed by a full time person in charge supported by a general manager and an administrator who work full time in the centre. However due to exceptional circumstances the person in charge has been absent from the centre since of February 2020 and is now not due back until the end of July 2020. The general manager is an experienced manager who was also a person participating in management (PPIM). The general manager had responsibility for the non-clinical management of the centre including health and safety and human resources. The general manager is a registered physiotherapist and also provided some physiotherapist services in the centre. The general manager demonstrated a strong commitment to ensuring an excellent standard of service provision and subsumed many extra responsibilities during the Covid pandemic. The provider nominated a nurse in the centre to be the registered person in charge while the person in charge was absent. Although the current person in charge is managing well, she does not have the necessary management experience or a management

qualification to meet the requirements set out in Regulation 14. The provider was required to review the governance and management arrangements and ensure that proper succession planning is in place in the centre to ensure that there is an experienced nurse manager with the required management qualification to cover in the absence of the person in charge.

The person in charge and the general manager reported to the provider representative through regular management meetings and the provider representative was readily available, when required. The inspector saw minutes of these meetings where all relevant issues are discussed. Staff to whom the inspector spoke were familiar with the organisational structure of the centre. The inspector saw there were suitable staffing to meet the needs of the residents. The management team were very responsive to the inspection process and engaged proactively and positively throughout this inspection. Residents and relatives with whom the inspector spoke were complimentary about staff and the management team.

There was evidence of quality improvement strategies and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. For example; audits were carried out in relation to medication management, care planning and falls. Following completion of audits, there was evidence that the person in charge had highlighted any issues to responsible staff for action. These arrangements gave assurance to the provider representative that improvements were being monitored, measured and actioned. The management team had completed a comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2019. Residents surveys were ongoing including a recent survey that took place with residents in relation to their satisfaction in the centre during the Covid restrictions.

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a minimum of two nurses on duty during the day and night and the acting person in charge was additional to the nursing complement. The nursing staff were supported by care staff who worked a mixture of shifts including a twilight shift to provide an extra staff member during the evening. During the Covid pandemic staff were allocated to work in separate teams to minimise contacts with the residents and other staff members. Separate handover rooms were identified and staff facilities were converted to meet social distancing guidelines.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre with further training dates scheduled for the year ahead. Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, responsive behaviour training and responding to elder abuse. Infection control training was ongoing as was hand hygiene and the wearing, donning and doffing of PPE. Staff confirmed that they received regular Covid preparedness updates.

Judgment: Compliant

Regulation 21: Records

Overall, records were seen to be maintained and stored in line with best practice and legislative requirements. Residents' records were made available to the inspector who noted that they complied with Schedule 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place at senior managerial level including the RPR, administrator, general manager and person in charge. However the inspector found that nursing management in the centre needed to be strengthened to ensure that a suitably experienced nurse manager deputised for the person in charge. A centre of 61 beds requires better succession planning as there was no nurse currently employed in the centre that had the clinical or managerial experience required for a person in charge to act up in the absence of the person in charge for the extended period of leave.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed by the residents and the contracts appeared to be written in a clear, manner that outlined the services and responsibilities of the provider to the resident. They also included the fees to be paid, including any additional charges as required by legislation.

Judgment: Compliant

Regulation 3: Statement of purpose

Some improvements were required in the statement of purpose to ensure that it included:

More details regarding the services which are to be provided by the registered provider to meet residents care needs including residents access to health services and health screening.

More details regarding the description of the rooms in the centre, including their size and primary function.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period. The general manager had taken on the role of notifying HIQA in relation to any incident, accident or adverse event, as appropriate that took place in the centre. The acting person in charge was becoming familiar with the role.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of

complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

HIQA were notified of the absence of the person in charge for 28 days or longer. Arrangements were in place to cover for the absence of the person in charge. The provider assured the inspector of the proposed return of the person in charge in the next month however the full details and qualifications of the person responsible for the designated centre in the absence of the PIC were not formally submitted to HIQA.

Judgment: Not compliant

Quality and safety

Overall, despite the Covid restrictions residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated and resident's religious preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Some improvements were required with the administration of crushed medications, in the upkeep of parts of the premises and some equipment and in care planning.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave positive feedback regarding all aspects of life and care in the centre. There were two full-time activity co-ordinator who fulfilled the role of meeting residents' social care needs. There was a comprehensive programme of activities available to residents Residents' rights were seen to be respected in the centre. The design of the premises enabled residents to spend time in private and communal areas both in their own and in other communal areas of the centre. There was open access to the garden from each of the sitting

rooms. Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to also be supportive, positive and respectful in their interactions with residents. In addition, the activities programme had been improved and designed in response to activity assessments and on going feed from residents. The provider used different ways to get feedback about the quality of the service, and included questionnaires about the service being provided, including feedback on their experience during the Covid restrictions and feedback from the regular residents meetings.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The dietician visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. A number of these consultations took place over the phone or via video link in the current Covid pandemic.

The assessment process involved the use of a variety of validated tools and care plans were found to be person centred to direct care. However there was some duplication of information and historical information maintained in care plans and this could lead to errors.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place. Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management, fire safety, and infection control. There were contingency plans in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. However the inappropriate storage of large oxygen cylinders in the centre was a high risk that were subsequently removed. Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly.

Regulation 11: Visits

The centre normally operates an open visiting policy but due to the Covid-19 pandemic the centre was generally closed to visitors except in exceptional and

compassionate circumstances for end of life. Garden and window visits had been facilitated and the general manager described the plans to reopen to visitors next week with appointments, the provision of PPE, supervised visits and dedicated visiting area.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate space for residents to store their clothes or personal memorabilia. There was plenty of wardrobe space and each resident had access to secure lockable storage for valuables.

Judgment: Compliant

Regulation 17: Premises

The centre was purpose built in 2001 and the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a homely way. However the inspector noted that some minor decorative upgrade was required regarding paintwork in a number of areas and some chairs and cushions were torn/worn and therefore not cleanable from an infection control point of view and required immediate removal or repair.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. However four large oxygen cylinders received from the HSE for Covid if required, were seen to be inappropriately stored. These were stored laid flat on the floor in an currently unoccupied residents twin bedroom in the isolation areas of the centre. There was no cautionary signage to identify that there was oxygen stored in the room and would be a high risk in the case of fire. These cylinders should be stored external to the building stood up and appropriately chained with cautionary signage. The general manager said he would address this issue immediately.

Judgment: Not compliant

Regulation 27: Infection control

All staff have access to personal protective equipment and there was up to date guidance on the use of these available. All staff were observed to be wearing surgical face masks correctly as per the relevant guidance. Alcohol gel was observed to be available throughout and the inspector was asked to use on entering the centre along with a temperature check and check on health status. Hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE from the HSE and were confident staff were trained and knowledgeable in the correct use of same.

The centre was observed to be very clean. An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High use areas are now cleaned frequently and deep cleaning schedules have been enhanced. The manager had ensured adequate supplies of cleaning products were available and was availing and using all updated guidance in relation to cleaning materials.

Special precautions were in place for infected laundry including the use of alginate bags and clinical waste procedures were seen to be robust. The laundry had been updated to ensure there was clear separation of clean and dirty linen. All residents and staff members had been swab-tested as a precaution in the previous month and swab results were back where all were negative. Temperature checks were in place for staff and residents twice daily.

Up to date information from professional organisations and from the Health Information and Quality Authority was seen to be available to the staff team. The general manager was seen to provide staff with frequent refreshers on the use of PPE and on environmental management. The ancillary team working in the kitchen, laundry or other non resident contact areas were also all informed as required about Covid-19 and training had been provided to them.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. The were fire and smoke containment and detection measures in place in the premises. Staff spoken to were familiar with the actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Practiced fire drills were held regularly for both

day and night time conditions with further drills scheduled for next month.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were stored and managed in line with relevant legislation and guidelines. Records relating to medication management were well-maintained. However medications that required administration in an altered format such as crushed medication were not individually prescribed as such. This could lead to errors if administered in a format that was not signed by the prescriber.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive Covid-19 core care plan had been developed for all residents and a sample was reviewed. Some other care plans viewed by the inspector required review to ensure only information that was relevant to direct care was documented and older interventions no longer in use were discontinued. The inspector saw historical information in care plans and evaluations saying care plan reviewed and updated but no updates had been made to the care plan. Issues around residents mobility in one care plan was very unclear as the residents mobility had substantially changed and the care plan had not been updated to reflect same and this could lead to errors.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were met through timely access to treatment and therapies. Resident's had suitable access to GP's, and allied health care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner.

In relation to Covid 19, the centre had an updated End of Life and Palliative Care policies in place. There was evidence of liaison with the public health officer and with the HSE locally regarding supplies of oxygen, PPE, funding and management of same. In addition anticipatory prescribing systems were in place for those

residents that may require them. Advanced care plans were in place for all residents and the inspector noted in the residents plans that were reviewed that there had been discussions regarding potential care options and residents or their representative had involved in the discussion of same.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector noted that few residents had been identified as having responsive behaviours. Staff spoken with were clear on the support needs for residents exhibiting responsive behaviours and the use of suitable de-escalating techniques. There was evidence that these residents were reviewed by their GP and referred to other professionals for review and follow up, as required. In addition, there was regular support provided by the community psychiatric nurse in relation to supporting residents with anxiety and behavioural and psychological symptoms of dementia.

There were 10 residents using bedrails and 6 residents using lapbelts as a form of restraint at the time of the inspection. There was evidence that when restraint was used there was evidence of an assessment to ensure it was used for the minimal time and as a least restrictive method. The inspector encouraged the centre to review the use of restraint to further reduce its use and aim towards a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

Overall, there was evidence that residents were protected and suitably safeguarded in the centre. All staff who spoke with the inspector were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. There were organisational policies in place in relation to the prevention, detection, reporting and investigating allegations or suspicions of abuse. In relation to financial arrangements, the administrator confirmed that the centre did not manage any pensions on behalf of any resident and money was not held in safekeeping for residents. Robust systems were seen to be in place for the management of invoicing for services and extra services required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for example, media and aids such as radio, televisions, telephone and wireless Internet access were readily available. This was used to keep in contact with their families during the period of restricted visiting. The structured activities programme was published monthly on a notice board near the main entrance and in addition, there were weekly activities schedules posted outside each of the sitting rooms to assist residents with regular activities updates in relation to this varied and stimulating activities programme. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities. There are two activity co-ordinators and activities are held every day. During the Covid pandemic, activity sessions and external activities as previously described such as the visiting musicians outside and the visit from the donkey were particularly important to keep residents spirits up.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0029670

Date of inspection: 11/06/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>It is intended to recruit a senior nurse with suitable experience in care of the Elderly and preferably with Management Qualification who can act as Person In Charge in the event of the P.I.C being on an extended leave. This recruitment process has already commenced.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Details of services to be provided to meet residents care needs including residents access to Health services and health screening have been included in the Statement of Purpose and also details of rooms including their size and primary function have been added to the Statement of Purpose.</p>	
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre: Details of the Person acting for the P.I.C, when the P.I.C is absent from the centre has been notified to HIQA.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Damaged paintwork will be repainted and upgraded. Damaged cushions and chair upholstery have been repaired or removed.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: The gas cylinders have been removed from the building and are stood externally, vertically and chained with cautionary signage.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medications that require administration in an altered format such as crushed medication will be individually prescribed such as on the medication cardex.</p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All Care been plans have reviewed and 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	08/07/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/09/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard	Not Compliant	Orange	14/06/2020

	identification and assessment of risks throughout the designated centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	08/07/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/07/2020
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 the resident concerned and where appropriate that resident's	Substantially Compliant	Yellow	08/07/2020

	family.			
Regulation 33(2)(c)	The notice referred to in paragraph (1) shall specify the name, contact details and qualifications of the person who will be or was responsible for the designated centre during that absence.	Substantially Compliant	Yellow	08/07/2020