



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Ros Aoibhinn Nursing Home
Name of provider:	Ros Aoibhinn Limited
Address of centre:	Irish Street, Bunclody, Wexford
Type of inspection:	Announced
Date of inspection:	06 February 2020
Centre ID:	OSV-0000276
Fieldwork ID:	MON-0026945

About the designated centre

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

Ros Aoibhinn nursing home is located on the outskirts of Bunclody. The centre is registered to accommodate 23 residents on the ground floor of the premises only. The building consists of two floors and the designated centre is on the ground floor only. Residents are accommodated in eight twin and five single bedrooms. With the exception of one single room and a twin bedroom, all other bedrooms have access to full ensuite en suite or shared toilet, wash basin and shower facilities. Residents' communal accommodation includes two sitting rooms, two dining areas and a conservatory area. 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.

Number of residents on the date of inspection:	18
--	----

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 6 February 2020	09:20hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

The inspector met with residents, staff and some relatives who were in visiting them on the day of the inspection. Seven residents returned pre-inspection questionnaires distributed to them on behalf of the Office of the Chief Inspector prior to this inspection. The feedback from residents in these questionnaires was unanimously positive on all areas of the service. This feedback concurred with feedback from residents who spoke with the inspector on the day of inspection. Residents said that staff were 'extraordinary and dedicated' and that they never had to wait to get assistance.

Residents commented that they were 'more than satisfied with all the facilities' and said that the works done improved their living environment. One resident told the inspector that the centre was their home now and they were happy with that. Other residents spoke about the positives of having 'staff close by at all times' and that their call bells or requests for assistance were always answered, in comparison to living alone in the community.

Residents confirmed they felt very safe. Residents and their relatives all said staff were 'kind and good people' and that they felt staff 'really cared about them'.

Residents told the inspector they had plenty to do during the day and several residents spoke about the activities available to them. They said they enjoyed the activities and had 'great fun'. Residents recently participated in a 60's fashion show and were preparing for a 'dancing with the stars' pageant. Residents showed the inspector how a room off the conservatory area was refurbished as a cafe and they enjoyed using the cafe to relax and take refreshments or to meet with their visitors. Residents who wish to bake make scones and enjoy them with afternoon tea served in china cups following an accredited sensory programme session on each Wednesday. The new cafe area was also available to residents for birthday and other family celebrations.

Residents said there was a easy and comfortable atmosphere in the centre and they could come and go as they wished. However, one resident who liked to listen to the television in the sitting room said they were disturbed by noise in this area. This was discussed with the person in charge who gave assurances that she would follow this issue up. A resident with reduced mobility in their hands demonstrated how they operated their television by means of a pressure pad placed by their thigh.

Residents and relatives who spoke to the inspector said they knew they could make a complaint to the person in charge or any other staff member if they were ever dissatisfied. Most said they had never had any need to complain and those who did said that the issue they raised was addressed to their satisfaction without any delay.

Satisfaction regarding care of residents' clothing was expressed by all residents

in pre inspection questionnaires and in discussion with them. Residents said their clothes were well minded and always returned to them in good condition.

Capacity and capability

This was an announced inspection following application by the provider to increase the centre footprint with registration of the first floor of the premises following extensive refurbishment and fire safety works. The current designated centre comprises the ground floor of the premises only and provides accommodation for 23 residents. The inspector spoke with the provider about two twin rooms on the ground with limited space for two residents. The provider agreed to change the twin bedrooms to single rooms to ensure the layout and space available met residents' needs. The provider is proposing to provide four fully refurbished single bedrooms for mobile residents only by applying for registration of four beds on the first floor giving an overall occupancy in the centre of 25 residents.

The inspector assessed compliance with the Regulations and followed up on notifications submitted to the Office of the Chief Inspector since the last inspection. With the exception of one action regarding appropriate storage in the sluice room, all other actions to achieve compliance following the last inspection in July 2019 were completed. The inspector found that all necessary works were completed on the ground floor and on the first floor to ensure residents' safety in the event of a fire in the centre. Work was in progress to enhance the communal environment for residents and a cafe area was completed and in use by residents.

Management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored. The provider and person in charge demonstrated their commitment to bring the centre into compliance with the Regulations and ensured the service was safe and provided to a high standard. There was evidence that residents' quality of life was of importance to the provider and staff team. The inspector found several examples of improvements made to enhance the comfort of residents' living environment and to ensure they had a meaningful life in the centre. At the time of the last inspection in July 2019, the schedule for auditing areas of the service was suspended to facilitate a full review of the centre's policies and procedures to ensure they underpinned evidence based best practice in the centre. This review of the policies and procedures and revision of audit tools to ensure they were robust in assessing service quality and safety was completed and auditing of the service was underway.

The governance and management structure was clearly defined and each member of the staff team were aware of their roles and responsibilities. The person in charge and an assistant director of nursing worked on a full-time basis in the centre and gave assurances of timely resolution for any issues that impacted on the service and that any queries were addressed without delay. The assistant director of nursing worked on occasional weekends to ensure that service standards were

sustained and consistent. This arrangement also ensured that residents' relatives had access to a senior member of staff at the weekends.

Risk was proactively managed and the quality and safety of the service was consistently reviewed at monthly governance and management meetings.

Staffing resources were closely monitored and were informed by residents' assessed dependencies and service requirements. Three staff were rostered on night duty to ensure residents' needs were met during the night. Staff were appropriately supervised and facilitated to attend mandatory and professional development training.

Sufficient resources were provided to ensure the service was provided in accordance with the centre's statement of purpose. Substantial resources had been employed to upgrade the standard of fire safety in the centre. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. All staff were recruited, selected and vetted in accordance with best practice and legislative requirements. A staff induction programme was in place and monitored by the person in charge and assistant director of nursing in the centre.

An actual and planned staffing roster was maintained in the centre with any changes recorded. Systems were in place to provide relief cover for planned and unplanned leave.

The person in charge told the inspector that residents' dependency need are assessed on an ongoing basis and additional staffing resources will be recruited as necessary as the centre's occupancy increases.

Judgment: Compliant

Regulation 16: Training and staff development

There was a varied programme of training for staff. A staff training matrix was maintained by the person in charge and referenced that all staff had completed mandatory training in safeguarding and prevention of abuse, moving and handling and fire safety. These records and staff who spoke with the inspector confirmed that staff were facilitated to attend up-to-date mandatory training which was facilitated by an accredited trainer.

Staff were appropriately supervised according to their roles. Annual staff appraisals completed by the person in charge and residents' diverse needs informed training made available to staff to ensure they had the necessary skills to competently care for residents' diverse needs.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available to the inspector. The centre maintains a directory of residents that is inclusive of all information required by the Regulations

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined by the inspector and contained all required information as set out in Schedule 2 of the regulations. All files contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and the person in charge gave the inspector assurances that all staff working in the centre had completed An Garda Siochana vetting disclosures in their files.

A record of simulated emergency evacuation drills simulated to test conditions and resources during the day and at night and testing of fire equipment (including fire alarm equipment) conducted in the designated centre was maintained and detailed all relevant information to sufficiently inform completion of these procedures. Identification of defects and actions taken to remedy the defects found in the fire equipment were detailed.

A record pertaining to schedule 3, paragraph 4(c) regarding a daily nursing record of each resident's health, condition and treatment was completed.

The policies as required by Schedule 5 were available and were up-to-date.

A record of all visitors to the centre was maintained. Staff controlled access to the centre.

A register of any restrictive procedures used in residents' care was maintained and made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The centre's governance and management structure was clear and each member's roles and responsibilities were defined. Monthly management meetings were convened and appropriate records were maintained. These meetings were attended by the provider representative either in person or by teleconference. A standing meeting agenda was used to ensure all areas of the service were reviewed and included review of risk management, complaints management and resources provided. Meeting minutes referenced review of actions in improvement plans, works to enhance fire safety and works to complete refurbishment of the first floor of the building premises to accommodate four residents. There was evidence that actions from these meetings were progressed to completion.

Sufficient resources were provided to meet residents' needs.

There was a system in place to monitor the quality and safety of care. Key clinical indicators such as infections, falls, responsive behaviours and use of restraints among others were measured on a weekly basis and comprehensively analysed by the person in charge every three months. An audit schedule was in place and key areas of the service was being audited. Information collated was analysed and action plans were developed to ensure areas identified as needing improvement were completed. The findings of audits were reviewed at monthly governance and management meetings.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2019. The report was completed in consultation with residents and was forwarded to the Health Information and Quality Authority prior to this inspection.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had an individual contract that was signed and dated. Contracts outlined the terms and conditions of residency and services to be provided. Residents' contracts were revised to include clearly state the part of the total weekly fee charged to residents in receipt of financial support under the Nursing Home Support Scheme. An additional fee was charged to each resident for activities. The activities to be provided for this additional fee were clearly detailed and an option for residents to opt-out was facilitated which some residents chose to avail off.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised and detailed the proposed accommodation on the first floor of the centre. The centre's statement of purpose described the proposed management structure, the facilities and the service that will be provided. The statement of purpose proposes that residents who are independently mobile will be accommodated on the first floor. The revised document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted notifications of incidents to residents to the Office of the Chief Inspector within the specified timescales required by the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy was available to inform the management of complaints in the centre. The provider and person in charge welcomed residents' feedback and used this information to improve the service as necessary. The complaints procedure was displayed and provided instruction on making a complaint and the response process thereafter. The person in charge was the designated complaints officer for the centre.

A person in the centre was nominated to ensure that complaints were responded to appropriately and records were kept as required and this role was detailed in the complaints policy. Complaints received were appropriately recorded, investigated and the outcome was discussed with complainants. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was available.

An independent advocacy service was available to residents to assist them with

raising a concern and contact information for this support was clearly displayed.

Complaints were reviewed at the centre's monthly governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure and said they would express their dissatisfaction or concerns to the person in charge, other staff members or their family

Judgment: Compliant

Quality and safety

The health and nursing needs of residents in the centre were consistently met to a good standard in the centre. Each resident's healthcare needs were comprehensively assessed. Care plan documentation to guide residents' care was informed by person-centred information that clearly reflected each resident's individual wishes and preferences regarding their care.

General practitioners (GPs) from a local practice provided residents with timely access to medical care. The provider had arrangements in place to ensure there was no delay in residents accessing allied health professionals. Allied health professionals included physiotherapy, speech and language therapy, dietitian and tissue viability services were available. Community psychiatry and palliative care services were also available to residents as appropriate.

Residents quality of life and access to meaningful and varied activities that interested them and suited their assessed capabilities was significantly improved with the provider's appointment of a skilled and dedicated activity coordinator. A significant number of residents in the centre had dementia and were unable to engage in large group activities. The activity programme was revised and appropriately modified to suit residents with dementia. The varied programme of activities provided to residents including some opportunities to go on outings into the local community with assistance from staff, personal assistants or family members ensuring their quality of life was optimised.

The designated centre is currently on the ground floor level only. The building had a first floor which the provider has refurbished to provide four single bedrooms suitable for residents who are mobile and able to use the stairs. The provider has applied to the Health Information and Quality Authority for registration of this bedrooms to provide accommodation for 25 residents in total. The provider reduced two twin bedrooms to single bedrooms to ensure residents' privacy, dignity and needs for space were met with positive outcomes. All areas of residents' accommodation on the ground floor and proposed accommodation on the first floor for residents was finished to a high standard. Assistive equipment was appropriately stored. Residents could access a well-maintained sensory garden/courtyard area as

they wished.

Policies and procedures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Residents who spoke with the inspector reported they felt safe in the centre and staff were knowledgeable regarding the procedures for managing and incidents or suspicions of abuse and their responsibility to report. A no-tolerance approach to abuse of residents was demonstrated by the provider. Staff were facilitated to attend appropriate training on safeguarding residents from abuse. Staff who spoke with the inspector knew residents' well and were knowledgeable regarding their individual needs.

Residents were generally safeguarded from infection with the infection control procedures in the centre. As found on the last inspection, some improvement were necessary to ensure appropriate storage of clean equipment in the sluice and in the layout and design of the laundry reflected infection and control standards.

Staff were knowledgeable regarding the needs of residents' with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff provided these residents with appropriate support with managing these behaviours. Behavioural support care plans provided clear guidance for staff regarding the care and support these residents required. The use of physical restraint was under constant review and a minimal restraint environment was promoted since the last inspection.

While, the provider demonstrated a proactive approach to managing risk in the centre with measures and procedures in place to ensure residents health and safety needs were met at all times and they were safeguarded from any adverse events. The provider recently upgraded fire safety equipment and safety procedures to ensure residents were protected from the risk of fire in the centre and provided necessary assurances regarding residents fire safety in the centre. All staff were facilitated to attend fire safety training and evacuation procedures and staff were knowledgeable regarding compartmentation and safe placement of residents in the event of an emergency evacuation.

The provider had clear processes in place to protect residents' finances held in safekeeping on their behalf. The provider did not act as a pension agent for collecting residents' pensions.

Regulation 12: Personal possessions

The provider had contracted an external laundry provider to launder residents clothing and had monitoring procedures in place to ensure residents clothing was laundered appropriately and returned to them. Residents' clothing was discretely labelled to ensure safe return to each resident. There were no negative feedback from residents or their relatives regarding the new laundry service

provided. Residents' clothes were observed by the inspector to be clean and well cared for. Some residents' families opted to launder residents' clothing in their homes.

Residents were provided with sufficient storage space for their clothing and personal belongings in their bedrooms in the current designated centre and in the four bedrooms on the first floor in the proposed extension to the centre premises. Residents were facilitated to have control and access to their clothing at all times. Additional shelving space was provided for residents to display their photographs and ornaments as they wished.

Judgment: Compliant

Regulation 13: End of life

Staff provided end-of-life care to residents, with the support of their GPs and the community palliative care service. There were no residents in the service on the day of inspection receiving end-of-life care. Residents were given opportunities to express and have their end-of-life wishes recorded regarding their physical, psychological and spiritual needs and where they wished to receive end-of-life care. The person in charge ensured that residents were involved in any decisions regarding their end-of-life care.

Arrangements were in place to ensure residents in twin bedrooms were accommodated in a single bedroom if end-of-life care was appropriate. Residents' relatives were facilitated to stay overnight with residents when they became very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated to inspectors and provided assurances that members of the local clergy from the various religious faiths were available to them to provide pastoral and spiritual support for residents as they wished.

The person in charge referred bereaved residents who were having difficulty during the grieving process for family deceased family members for bereavement counselling.

Judgment: Compliant

Regulation 17: Premises

Accommodation for residents is currently on the ground floor and the provider proposes to extend the current designated centre to include the first floor of the premises. Since the last inspection, the provider has reduced two twin bedrooms to two bedrooms in the current designated centre and proposes to

provide accommodation for 25 residents with provision of four additional single bedrooms on the first floor.

Current designated premises: The layout and design of the ground floor met the individual and collective needs of residents and provided them with a comfortable living environment. Improvements to the layout and design of residents' communal accommodation was in progress to upgrade the decor and to enhance residents' living and dining environment with traditional and familiar memorabilia and familiar furnishings, especially for residents with dementia.

Residents were encouraged and assisted to personalize their bedrooms. Some residents brought items of furniture from their homes and enjoyed continued use of their furniture in the centre.

Residents' independence and safety was promoted with grab-rails fitted on both sides of residents' en suites, shared toilets and showers.

Storage for residents' assistive equipment was improved and designated equipment storage areas ensured that residents' assistive equipment was stored appropriately.

Each resident had an accessible call bell in place to ensure residents could summon assistance as necessary.

All parts of the ground floor were in a good state and repair and the provider employed full time maintenance services to ensure timely completion of any necessary maintenance works.

Proposed accommodation on the first floor: The provider had completed refurbishment of the first floor to a high standard throughout. This proposed accommodation for residents consisted of four single bedrooms, two of which had full en suite facilities and two had access to a toilet and shower within close proximity to these two proposed bedrooms. Staff accommodation, offices and storage were located to the other side of the first floor.

The four proposed bedrooms were spacious and equipped with a bed, locker, wardrobe, television and comfortable chair. Functioning reading lights were fitted over the beds and an operational nurse call bell was fitted within close proximity to the beds. Large windows provided views of the local countryside. Two wide steps were in the floor down from two bedrooms into spacious tiled en suite toilet, shower and hand basin facilities. Hand rails were fitted on both sides of the steps into the en suites and grab rails were fitted on both sides of the toilet and showers. Non slip tiles were in place on the steps into and on the floors of the en suites. The shared toilet/shower proposed for use by residents in the other two single bedrooms was also finished to ensure residents safety and independence.

Proposed access for four residents on the first floor is by means of an internal stairs with handrails on both sides. The provider proposes to only accommodate residents who are mobile and they will be assessed to ensure that can use the stairs independently. The corridors on the first floor were sufficiently to accommodate residents and sufficient natural and electric lighting was provided. Hand sanitizer

units were conveniently located throughout.

Storage facilities were provided to meet residents needs.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community. Records were maintained in the directory of residents regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

Regulation 26: Risk management

A safety statement was prepared for the centre and was up-to-date. A risk management policy and a register of hazards were made available to the inspector and provided assurances that risk was proactively managed to ensure residents' health and safety was safeguarded. The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). Risks were identified, assessed and concomitant controls were implemented as described in the risk register to mitigate the level of risk posed. Risk management was a standing agenda item at the centre's monthly governance and management meetings. There was comprehensive procedures in place to ensure that identified risks were frequently discussed and updated at the centre's governance and management meetings. For example, a wooden fence was erected and documented as a control that replace yellow hazard tape to reduce the risk of vulnerable persons accessing a newly built external fire exit stairs from the enclosed garden to the rear of the centre.

All residents' moving and handling procedures were completed in accordance with best practice procedures. Each resident's assessed moving and handling procedures and staff guidance documentation comprehensively informed residents' care procedures. Staff training in safe moving and handling procedures was facilitated by an accredited instructor and the staff training records confirmed that all staff had attended this training. Several procedures of staff moving and handling residents were observed by the inspector during the day of inspection and were found to be safe and in line with recommended best practice procedures.

An emergency plan including the procedures to be followed for emergency

evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 27: Infection control

Staff were facilitated to attend training in infection prevention and control provided by an accredited trainer. Storage arrangements for cleaning equipment including the centre's cleaning trolley reflected best practice with provision of a designated cleaner's room.

The location of a storage unit for clean bedpans and urinals in the sluice required review to ensure it met its stated purpose.

Since the last inspection, the provider had contracted an external laundry service provider who ensured residents' clothing and bed linen was managed and laundered as recommended by infection and prevention guidelines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were measures and procedures in place to safeguard residents from risk of fire. The provider confirmed that all works to ensure fire safety and evacuation of residents to a place of safety were completed on the ground and the first floor of the building with the guidance of a person competent in fire safety following their assessment.

Confirmation of compartmentation on the first floor, risk assessment of the internal stairs, completion of upgrade works on an external escape stairs on one side of the building and installation of a new external escape stairs on the other side of the building were completed. The confirmations submitted by the provider's fire safety consultant and certifications provided the required assurances to the Chief Inspector to inform application of registration of the first floor of the premises as part of the designated centre.

The inspector found on this inspection that arrangements were in place to ensure residents' evacuation needs would be met in the event of a fire in the centre. Each resident's evacuation needs were comprehensively assessed and included review of any issues that would potentially hinder or delay their timely evacuation such as their level of cognition or a disability. This process ensured each resident's needs were clearly communicated in the event of an emergency in the centre. All staff were facilitated to attend annual fire safety training and to participate in

simulated emergency evacuation drills. Simulated evacuation drills were completed to test the efficacy of arrangements in place during day and night time conditions. Staff who spoke with the inspector were knowledgeable regarding evacuation of residents. Fire fighting equipment was available and easily accessible throughout the centre. Emergency exits were clearly displayed and free of any obstruction.

A plan of the centre premises identifying compartmentation arrangements was displayed by the emergency alarm panel. Staff who spoke with the inspector were aware of the compartmentation arrangements in the centre.

Several doors in the centre had been replaced with fire retardant grade doors. Intumescent strips on one door designated as a fire retardant grade door on a corridor were replaced since the last inspection to ensure effective containment of fire and smoke in the event of a fire in the centre.

Arrangements were in place to ensure daily and weekly fire safety checking procedures were completed. Records of these checks were complete. The centre's upgraded fire alarm was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place and records were made available to the inspector for quarterly and annual servicing of emergency fire equipment by a suitably qualified external fire safety contractor. The contractor also provided an on-call repair service.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Policies were up-to-date and informed the safe ordering, prescribing, storing and administration of medicines to residents. Practices observed in relation to prescribing, administration, review and storage of residents' medicines met with regulatory requirements and reflected professional guidelines.

A sample of prescription and administration records viewed by the inspector contained appropriate identifying information and medicines that required administration as a crushed preparation were individually prescribed.

The maximum amount of PRN medicines (medicines only taken as the need arises) permissible over any 24-hour period were not consistently stated and as such posed a risk of administration error. Medicines controlled under misuse of drugs legislation were securely stored and the balances were checked by two nurses at each staff changeover. Medicines requiring refrigerated storage were stored appropriately and storage temperatures were monitored daily.

The pharmacist who supplied residents' medicines attended the centre regularly and was facilitated to meet their regulatory obligations to residents. Residents could

meet with the pharmacist supplying their medicines if they wished.

There were procedures in place for recording and returning out-of-date or unused medicines to the pharmacy for safe disposal. All multidose medicines were dated on opening to ensure their efficacy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission and regularly reviewed and updated thereafter in response to a change in their needs. Staff used several accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. These assessments informed person-centred care plans that clearly described priorities of care for each resident and the actions staff must take to ensure their needs are met. Sufficient detail was included to inform the frequency of care procedures and the optimal clinical parameters to ensure residents' health and wellbeing.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted on behalf of individual residents. Records were maintained of this consultation process.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. Recommendations of allied health professionals regarding residents' care needs were described in their care plans. Residents in the centre were cared for by general practitioners from a local practice as they wished. Community psychiatry of older age services and palliative care services were available to residents as appropriate. Residents were facilitated and supported to attend their hospital out-patient appointments.

Residents were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy was in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and any restrictive practices in the centre.

A small number of residents experienced periodic episodes of responsive behaviours and these residents were appropriately supported. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Residents' responsive behaviours were well-managed and staff were seen to implement effective person centred de-escalation strategies to support these resident. Records of behaviours were maintained to inform supports needed and treatment plans. Behavioural support care plans were developed for residents with responsive behaviours that clearly described triggers to their behaviours and the most effective person-centred behaviour de-escalation strategies if behaviours occurred. However, residents care focused on prevention and their behaviour support care plans were clearly demonstrated in practice. Residents were referred to psychiatry of older age services as necessary and a community psychiatric nurse from the service visited these residents regularly in the centre.

A minimal restraint environment was promoted in the centre. Where possible, alternative non-restrictive equipment was used to support residents. While the front door of the centre was secured due to risks identified, residents had access at will to a safe outdoor area located to the rear of the centre.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded and protected from abuse. All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff training records confirmed all staff were facilitated to attend this mandatory training. Staff who spoke with the inspector were knowledgeable regarding the different kinds of abuse, how evidence of abuse may present and they clearly articulated their responsibility to report. Residents confirmed they felt safe in the centre. All staff interactions observed by the inspector with residents were respectful, courteous and kind.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported and encouraged to be involved and influence the running of the centre. Feedback from residents was valued by the provider and person in charge. The inspector observed that arrangements were modified to ensure residents with dementia were supported to express their views on a one-to-one basis and in frequent small group forums.

Staff ensured residents' privacy and dignity was respected. Staff knocked on residents' bedroom doors before entering and ensured privacy curtains and doors were closed during residents' personal care procedures. Privacy locks were fitted on all bedrooms, toilet and shower doors. The privacy and dignity needs of residents needing assistive equipment to transfer in and out of bed was assured with reducing two twin bedrooms to single bedrooms since the last inspection. The provider also told the inspector of plans for minor refurbishment works to one of the twin rooms on the ground floor which will further enhance residents quality of life.

Residents were encouraged to make independent choices about how they spent their day. The provider had fitted a second television screen in all twin bedrooms providing residents' with choice of television viewing. Residents could access an outdoor area as they wished. The paths in the outdoor area were fitted with handrails to promote residents' independence and safety. A sheltered seated area allowed residents to avail of the outdoor facilities in all weathers if they wished.

Each resident's activity needs were comprehensively assessed and individual plans were developed to meet each resident's social needs. An activity coordinator, with the support of a second member of staff ensured an activity programme was facilitated for residents over seven days. The activity programme was varied and meaningful and was clearly informed by residents' individual and collective interests and capabilities. Many of the residents in the centre had dementia and had meaningful individual sensory focused programmes designed to suit their capabilities provided on a one-to-one basis or in a small group. The activity coordinator demonstrated her commitment to ensuring all the residents had something interesting to do. This had a positive impact on residents quality of life in the centre. Detailed and informative records were maintained of the activities that residents participated in and their level of engagement. These records gave assurances that the activities provided for residents met their interests and capacities.

Signage to assist residents with accessing the centre was improved since the last inspection. The communal sitting room, conservatory area and two dining areas were in an open plan arrangement. These areas were generally defined by the way furnishings were arranged. The person in charge told the inspector of plans to make the the environment more dementia friendly. The refurbishment works will include furnishings, fittings and use of colour that reflected dementia friendly design principles to enhance comfort, familiarity and definition of these areas.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. All residents were provided with access to a telephone if they wished. Newspapers and magazines were also available to residents. Preparations

were underway to facilitate residents to vote in the upcoming nation election in a polling station in the centre.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	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 Ros Aoibhinn Nursing Home OSV-0000276

Inspection ID: MON-0026945

Date of inspection: 06/02/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Since the inspection additional shelf has been added to the sluice room for storage of clean bedpans and urinals and now it meets its stated purpose.</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:</p> <p>On the 7th February resident's Kardexes (prescription sheets) have been reviewed by the General Practitioner and now all state permissible amount of PRN medications over 24 hours period.</p>	

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 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	27/03/2020
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	Substantially Compliant	Yellow	27/03/2020

	the product.			
--	--------------	--	--	--