



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ros Aoibhinn Nursing Home
Name of provider:	Ros Aoibhinn Limited
Address of centre:	Irish Street, Bunclody, Wexford
Type of inspection:	Unannounced
Date of inspection:	23 July 2019
Centre ID:	OSV-0000276
Fieldwork ID:	MON-0027270

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 10 twin and three single bedrooms. With the exception of one single and one twin bedrooms, 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:	21
--	----

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
23 July 2019	11:00hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead
24 July 2019	09:00hrs to 14:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Residents and their relatives who spoke with the inspector expressed high levels of satisfaction with the service provided and quality of life in the centre.

Some residents said they particularly liked living in the centre due to its location within the community they lived in previously and it was close to the town and their families. Some residents and their relatives commented on the centre being small as being very positive for them.

Residents who spoke with the inspector stated they were comfortable and were happy in the centre and did not want anything changed. They said there was a relaxed atmosphere in the centre. Staff were kind and caring and commented 'staff here would do anything to help me' staff were always patient and kind' and staff were 'the best in the world'. The inspector observed fun and laughter between residents and staff.

Relatives commented about the improved levels of confidence and contentment they saw in residents since coming to live in the centre.

Some residents who spoke with the inspector said they were satisfied with the care they received were aware of their care plans. Residents said they felt at home in the centre and they enjoyed and were interested in the activities available to them. Residents said they felt safe and staff were always kind and respectful towards them. Residents who spoke with the inspector said they were comfortable and content in the centre.

Residents told the inspector that they knew the person in charge and staff by name. They confirmed that they could make a complaint and singled out various staff members they would be happy to talk to regarding any dissatisfaction they experienced with the service provided.

Capacity and capability

This was an unannounced inspection and was the first inspection of the centre with the new provider, Ros Aoibhinn Nursing Home Limited. The designated centre comprises the ground floor of the premises only. The inspector assessed compliance with the Regulations and followed up on notifications submitted to the Office of the Chief Inspector and confirmed that the issues notified were appropriately managed. Unsolicited information received by the Chief Inspector in March 2019 regarding staff shortages and unskilled staff on night duty were not substantiated on this

inspection.

The provider and person in charge expressed and demonstrated their commitment to bring the centre into compliance with the Regulations, to ensure the service was safe and provided to a high standard. The inspector found that works were substantially completed on the ground 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, including residents with dementia.

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.

There was a system in place to monitor the quality and safety of the service and residents' quality of life and several examples of improvements made to enhance the comfort of residents' living environment and to ensure they had a meaningful life in the centre. This monitoring process was temporarily suspended to update the centre's policies and procedures and to improve the quality of the audit tools. However, recommencement was necessary to ensure provide assurances regarding the quality and safety of the service and to inform continuous improvements in the centre.

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. 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 supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and legislative requirements.

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.

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. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. These records and staff who spoke with the inspectors confirmed that staff were facilitated to attend up-to-date mandatory training which was facilitated by accredited trainers.

Staff were also facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre. All staff in the centre were facilitated to attend training in dementia and in managing and supporting residents with responsive behaviours. Since the last inspection in August 2018, a training programme was put in place to ensure care staff had skills in providing meaningful sensory based activities and to develop and inform their skills in this area of resident care. The centre's activity coordinator was skilled in providing accredited sensory focused activity programmes.

All staff were supervised in accordance with their roles. Staff training needs were informed by residents' needs and annual appraisals completed by the person in charge and assistant director of nursing.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained and made available to the inspector on request. The directory of residents contained all information for each resident as required by the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined by the inspector and contained the information required 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. Inspectors received assurances that all staff working in the centre had completed An Garda Siochana vetting disclosures.

Further information was required in the records of emergency evacuation drills examined by the inspector. Further detail was needed in the following areas:

- the compartments that the simulated evacuation occurred from and to were not referenced,
- simulated number of persons evacuated during the drill did not reflect a full compartment evacuation,

Daily records of each resident's condition and treatments received was maintained by night and day staff. A register of any restrictive procedures used in residents' care was also maintained and available to the inspector.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre's governance and management structure was clear and the roles and responsibilities of senior management were defined. Monthly management meetings were convened and appropriate records maintained. A standing meeting agenda included risk management and works to the premises. Meeting minutes referenced review of actions in improvement plans and risk assessment of ongoing works to enhance fire safety and the current premises. Measures to ensure that sufficient resources were provided to meet residents' needs were also included.

There was a system in place to monitor the quality and safety of care. Outcomes of residents' clinical care was measured on a weekly basis and comprehensively analysed by the person in charge. Audits completed were analysed with areas identified in action plans as needing improvement completed. The schedule for auditing areas of the service was suspended earlier this year to facilitate a full review of the centre's policies and procedures to ensure they underpinned evidence based best practice in the centre. The audit tools in use were also being revised to ensure they were robust in assessing service quality and safety. This revision required completion to facilitate the recommencement of service auditing in the centre and to provide comprehensive assurances regarding the quality and safety of the service and residents' quality of life in the centre.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents to inform service improvements for 2019.

Judgment: Substantially 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. However the part of the total weekly fee charged to residents in receipt of financial support under the Nursing Home Support Scheme was not stated. An additional fee was charged to each resident for activities. The activities to be provided for this additional fee were not clearly detailed and an option for residents to opt-out of these additional fees was not outlined.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised. 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. The centre's statement of purpose described the management structure, the facilities and the service provided.

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

Quality and safety

The health and nursing needs of residents in the centre were met to a good standard in the centre. Each resident's healthcare needs were 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. Community psychiatry and palliative care services were also available to residents as appropriate.

A member of staff with full-time designated responsibility for coordinating residents' activities had been appointed. This staff member was trained and skilled in facilitating meaningful activities suitable for residents in the centre. The majority of residents in the centre had dementia and many were unable to engage in large group activities. The activity programme was revised and appropriately focused on meeting residents' activity needs with one-to-one and small group activities. The varied programme of activities provided to residents including some opportunities to go on outings into the local community with assistance from staff or family members ensured their quality of life was optimised. Minor improvements were necessary regarding records of residents' level of engagement in various activities, to confirm the activities they participated in meet their interests and capacities.

The designated centre is at ground floor level. The building had a second floor which was not used by or accessible to residents. Residents' bedroom accommodation consisted of single and twin bedrooms, most of which had either en suite or shared toilet and shower facilities. The location of one twin bedroom necessitated residents in this bedroom having to travel a distance along the main corridor in the centre to access toilet and shower/bath facilities. The provider advised the inspector that plans were in place to address this. The layout and design of most bedrooms met residents' needs. However, in some twin rooms residents' privacy and dignity, access to their wardrobes and storage for personal items was not assured. Communal accommodation was spacious and was generally set out in an open plan arrangement. The provider was working to enhance definition and residents' comfort in these areas. 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 inspectors reported they felt safe in the centre and staff were knowledgeable regarding the procedures for managing incidents or suspicions of abuse and their responsibility to report. A no-tolerance approach to abuse of residents was demonstrated by the provider.

Residents were generally safeguarded from infection with the infection control procedures in the centre. Some improvements 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 in managing these behaviours. However behavioural support care plans did not reflect the care and support given by staff to residents. The use of physical restraint was under constant review and had reduced throughout the centre, however the use of chemical restraint remained high and improvements were required to address this.

While, the provider demonstrated a generally proactive approach to managing risk in the centre with measures and procedures in place to ensure residents health and safety needs were met, improvements were necessary to ensure all risks were identified and effective controls were implemented. The provider upgraded fire safety equipment and safety procedures to ensure residents were protected from the risk of fire in the centre. All staff were facilitated to attend fire safety training and evacuation procedures. Improvements were required to ensure staff were knowledgeable regarding compartmentation was necessary to provide assurances regarding safe placement of residents in the event of emergency evacuation.

Staff who spoke with the inspectors knew residents' well and were knowledgeable regarding their individual needs. A safeguarding policy was in place and staff were facilitated to attend appropriate training on safeguarding residents from abuse. The inspector observed that staff had developed good relationships with residents and were committed to ensuring residents were provided with a good standard of care. 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.

Residents' civil and religious rights were respected. Residents confirmed they were consulted with and enabled to participate in the organisation of the centre.

Regulation 11: Visits

An open visiting policy with protected mealtimes was in place in the centre. Visitors were welcomed and residents could meet their visitors in private if they wished in a comfortable sitting room area outside of their bedroom. Access to the centre was controlled by staff and a record of all visitors to the centre was maintained.

Judgment: Compliant

Regulation 12: Personal possessions

A laundry service was available in the centre for residents and their 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 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 storage space for their clothing and personal belongings in their bedrooms. The positioning of wardrobes in some twin bedrooms did not facilitate residents to have control and access to their clothing at all times. There was limited shelf space in many of the bedrooms for residents to display their photographs and ornaments.

Judgment: Substantially compliant

Regulation 17: Premises

Accommodation for residents was on the ground floor.

Improvements to the layout and design of residents' communal accommodation was in progress with refurbishment of a sitting room to include a cafe facility.

A new cleaner's room was provided in the centre with appropriate hand washing, storage and waste water disposal facilities.

While the layout and design of many of the single and twin bedrooms met residents' needs, some twin bedrooms required review to ensure they meet residents needs as follows;

- One twin bedroom was used as single accommodation for a resident but space available in this bedroom was not optimised for this resident as a second bed remained in the room.
- One side of residents' beds in some twin bedrooms was against the wall and the space between these beds and screen curtains did not ensure residents' privacy and dignity needs could be met during assisted transfers in and out of bed.
- Space available to residents in their bed areas in some twin bedrooms did not enable them to sit out on a chair by their bed.
- One resident's access to their wardrobe was hindered as it was located in the bed area of another resident in one twin bedroom.
- Residents in a number of twin bedrooms used window ledges to display their photographs and personal items in the absence of adequate shelving
- Due to the location of residents' beds in some twin bedrooms, the switch to their reading light was not accessible to them.

A process was in place to ensure that maintenance issues were appropriately communicated and addressed in a timely manner. Arrangements were in place to monitor environmental temperatures in residents' communal accommodation, to

ensure temperature levels were consistently maintained as recommended by the National Standards.

While grab-rails were fitted on both sides of residents' en suite and shared toilets, a small number of showers used by residents did not have sufficient grab-rails fitted. This finding did not promote residents' independence and posed a risk of fall to vulnerable residents.

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

Some residents' beds did not have an accessible call bell in place, this finding was rectified before the end of the inspection but requires ongoing monitoring to ensure residents could summon assistance as necessary.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Records were maintained when residents were absent from the centre due to hospital admission or other planned leave. Evidence of documentation detailing residents' care needs on transfer to acute services for treatment and their discharge documentation on return was also maintained.

Judgment: Compliant

Regulation 26: Risk management

A safety statement was available dated for 2019. A recently updated risk management policy and risk register were in place and made available to the inspector. There was evidence that the risk register was regularly reviewed and updated with hazards as they were identified and assessed. Concomitant controls were described 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 evidence that the risk register was updated as an action from reviews done at this forum. For example, controls, including an upgraded fire alarm system and replacement of doors with fire resistant grade doors were implemented by the provider to ensure the risk of fire in the centre to residents' safety was mitigated.

The provider had arrangements in place to ensure all risks were identified and responded to through the centre's risk management process. However, this process requires strengthening to ensure that any works done in any part of the premises is consistently reviewed, risk assessed and that controls are put in place to mitigate any risk to the health and safety of residents' or others. For example, installation of

a new fire escape stairs from the first floor of the premises was in progress at the time of this inspection. A control consisting of yellow hazard tape around the building site did not provide sufficient assurances that unauthorised access by vulnerable residents or others would be prevented. This was identified as a hazard by the inspector and in response, the provider immediately installed rigid screening around the building site to prevent unauthorised access.

Each resident's moving and handling needs were assessed and documented. 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 and found to be safe and in line with recommended best practice procedures.

Judgment: Substantially 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 equipment in the sluice required review to ensure it met its stated purpose.

Although residents' clothing was managed and laundered as recommended by infection and prevention guidelines, the layout and design of the laundry area in the centre did not reflect the infection prevention and control standards.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures and procedures in place to safeguard residents from risk of fire. The provider confirmed that all works as outlined in a report dated 12 March 2019 completed by a person competent in fire safety following their assessment were completed on the ground floor. The confirmations submitted by the provider's engineers and certifications provided the required assurances to the Chief Inspector. Works on the first floor were in progress and additional assurances are required from the provider before the first floor can be registered as part of the designated. These are:

- Confirmation of compartmentation

- Risk assessment of the internal stairs and
- Proposals and completion of upgrade works on the external stairs.

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 assessed and included review of any issues that would potentially hinder or delay their timely evacuation such as their level of cognition or 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 zones was displayed by the emergency alarm panel. This plan did not clearly identify the fire compartmentation arrangements in the centre to clearly inform the emergency evacuation procedures in the centre. Staff who spoke with the inspector were also unclear on the compartmentation arrangements in the centre.

Several doors in the centre had been replaced with fire retardant grade doors. However, intumescent strips on one door designated as a fire retardant grade door on a corridor were painted over and therefore not effective in the event of a fire. The inspector was informed by the provider that new fire retardant doors were installed close by to provide effective compartmentation and this door was no longer a designated fire door for the purposes of compartmentation and was scheduled for removal. The provider's engineer should confirm the proposals in this regard and their satisfaction with same.

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

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission 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 described the actions staff must take to meet each resident's needs. Residents' wishes and preferences regarding their care was clearly evident the their care plan information. Sufficient detail was included to inform the frequency of care procedures and the optimal clinical parameters to ensure 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 also 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 recently updated 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. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew residents well. 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 effective person-centred de-escalation strategies. Residents 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. 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 to the back of the centre.

Judgment: Compliant

Regulation 8: Protection

Systems and procedures 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 participate and influence the running of the centre. Feedback from residents was valued. As the majority of current residents in the centre have a dementia, they were supported to express their views in frequent small group forums.

Staff made efforts to ensure 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. However, the layout and design of some twin bedrooms in the centre did not ensure that the privacy and dignity needs of residents needing assistive equipment to transfer in and out of bed was assured. This was due to the limited space available between residents' beds and privacy screen curtains in some twin bedrooms. In the absence of toilet and shower facilities within close proximity to one twin bedroom, residents were required to travel a significant distance along a main corridor to access these facilities. The provider had commenced fitting of a second television screen in some

twin bedrooms. However, residents' choice of television viewing and listening was not assured in the other twin bedrooms with one television available. 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.

Each resident's activity needs were comprehensively assessed and individual plans were developed to meet each resident's social needs. A new activity coordinator was appointed since the last inspection in August 2018 and with the support of a second member of staff, residents' activity programme was facilitated over seven days. The activity programme was also revised to provide activities in accordance with residents' interests and capacities and all staff were facilitated to attend in-house training on providing meaningful activities for residents. Many of the residents currently living in the centre had one-to-one or small group sensory based social engagement needs. The centre's new activity coordinator is trained in providing accredited sensory focused activities for residents and had a programme of one-to-one and small group focused activities in place. Records were maintained of the activities that residents participated in but needed improvement in terms of their level of engagement to provide assurances that the activities provided for them met their interests and capacities.

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

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. Residents were supported to vote in elections and referenda.

Judgment: Substantially 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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for Ros Aoibhinn Nursing Home OSV-0000276

Inspection ID: MON-0027270

Date of inspection: 24/07/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: As of 24th July 2019 all fire drills conducted in Ros Aoibhinn Nursing Home will include the compartments that the simulated evacuation occurred from and to and simulated number of residents evacuated during the drill to reflect the full compartment.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The auditing system is planned for revision and recommencement in September 2019.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All new contracts given to Residents / Representatives will clearly detail description of services provided for the additional fee and will also include option to opt – out from these services.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Registered Provider and Person in Charge are currently reviewing layout and design of some twin rooms to facilitate residents to have control and access to their clothing at all times. Shelves are being currently fitted in all bedrooms to allow residents more space to display their photographs and ornaments.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Since the inspection Resident has been discharged from the centre and twin room is back being used as a twin room. 2. Registered Provider and the Person in Charge are in process of reviewing layout and design of the Centre to ensure privacy and dignity needs are met and that resident have access and control of their clothing at all times. Review of layout will allow Registered Provider to recognize space for additional furniture in twin rooms. 3. Shelves are being currently fitted to all rooms to allow more space to display their photographs and ornaments. 	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Part of new / revised auditing system will be health and safety audit which will consist of identifying risks and hazard within the building and premises. This will strengthen the process of risk management in the centre.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The location of a storage unit for clean equipment in the sluice has been reviewed and unit has been relocated to meet its stated purpose. New laundry area is currently in preparation. Once completed will reflect the infection prevention and control standards.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Confirmation of compartmentation is currently in preparation. Once obtained, will be submitted to Health Information and Quality Authority. 2. Risk assessment of the internal stairs is currently being reviewed due to removal of the chair lift. Once reviewed, will be submitted to HIQA. 3. External stairs have been accepted as an interim measure until ultimately being replaced with a fully compliant stairwell and lift extension by Registered Provider's engineer (please find letter attached). 4. Plan identifying fire compartmentation of the building will be displayed next to the fire panel. 5. Intumescent strips on the door designed as a fire retardant grade door were replaced on 25th July 2019. Confirmation of satisfaction with this regard has been obtained from Registered Provider's engineer (please find letter attached). 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. Registered Provider and Person in Charge are currently reviewing layout and design of some twin rooms to ensure that the privacy and dignity needs of residents is assured. 2. Purchase of second television for twin rooms is still in progress. 3. Level of engagement is being assessed on daily basis to ensure that the activities provided for residents meet their interests and capacities. 	

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/10/2019
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain	Substantially Compliant	Yellow	31/10/2019

	his or her clothes and other personal possessions.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/10/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	24/07/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Substantially Compliant		30/09/2019

	accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant		30/09/2019
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant		30/09/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/09/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks	Substantially Compliant	Yellow	30/09/2019

	identified.			
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	30/07/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/10/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting	Substantially Compliant	Yellow	31/10/2019

	equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/10/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/10/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2019

