



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

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| Name of designated centre: | Villa Marie Nursing Home |
| Name of provider: | Villa Marie Nursing Home Limited |
| Address of centre: | Grange, Templemore Road, Roscrea, Tipperary |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 16 July 2020 |
| Centre ID: | OSV-0000437 |
| Fieldwork ID: | MON-0029823 |

About the designated centre

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

Villa Marie Nursing Home is a family run nursing home on the outskirts of Roscrea town which has been renovated to a high standard in the last few years. The aims of the centre are: a) to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes personal choice, health and and b)to provide a high standard of care in accordance with evidence-based best practice. The centre strives to provide a living environment that as far as possible replicates residents' previous life style, to ensure that residents live in a comfortable, clean, safe environment. The nursing home can accommodate up to 31 residents in both single and double bedrooms many of which are en suite. Both male and female residents with the following care needs are catered for: General care, Long term care, Respite care, Early Dementia care, Alzheimer's care, Disability care, Stroke patients, Convalescence care and Holiday stay. Nursing care is provided 24hours a day. We engage a wide range of trained staff and allied health care to support your needs. The range of needs extends from independent / low /medium/ high and maximum care. Residents will be over 18yrs of age. A pre-admission assessment will be carried out to determine that the centre can cater for any specific needs. In order to enhance the care provided and enable you to fulfil your personal social and psychological needs a range of medical, social, spiritual and physical needs are catered for. All meals are freshly prepared daily by our catering staff. Choice is offered at every mealtime. All specialist dietary needs catered for. Daily activities are available within Villa Marie Nursing Home. A residents' council meeting is held once per month where any issues may be discussed and resolved. All residents or their representatives are welcome to attend. Your input will be requested on any matters that may potentially affect your daily life including development of your personal care plan. Villa Marie Nursing Home provides a very high quality service to all our residents. If you feel the need to make a complaint you can do so with confidentiality assured. We operate an open visiting policy in Villa Marie Nursing Home, however, we ask all visitors to use sign in book on entering and leaving, and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

28

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 16 July 2020 | 10:30hrs to 17:30hrs | Mary O'Mahony | Lead |

What residents told us and what inspectors observed

Residents who resided in Villa Marie Nursing Home told the inspector that they were happy with activities, the staff, their accommodation and the food. They said they were relieved that the centre had remained free of the COVID 19 virus. They had been advised on hand washing and on physical distancing. Residents were very pleased that the national guidelines on visiting had been amended and that their visitors were now allowed back on a phased basis. They spoke positively with the inspector about how they spent their days in the centre and they were seen to be happily occupied during the inspection. Residents were aware of role of the inspector and the inspection process. Documentation relating to residents' survey results and residents' council meetings were reviewed. This indicated that a range of issues were discussed and addressed where possible.

The meals were carefully presented with a choice at each meal. They said that their likes and dislikes were known and that their dietary needs were met. Residents informed the inspector that there was attentive medical care available and they said that they felt safe in the centre. Staff kept them up to date with news from the community, particularly at the time of the COVID 19 precautions when visits were restricted. Residents said that they were supported and encouraged to maintain communication with family members by video-call and mobile phone throughout the last three months. They had personalised their bedrooms with the help of family and staff. Daily newspapers were available. Residents said that the centre felt homely and they enjoyed the company of other residents in the sitting and dining rooms. A socially distanced group were seen to play a competitive game of "boccia" (a type of indoor bowls) during the inspection. They had choice in their daily routine in relation to getting up, mealtimes and bedtime. The well furnished and nicely planted garden areas were accessible all day. Residents spoke with the inspector about the hairdressing service which was available throughout the "lockdown", as the activity coordinator was also a trained hairdresser. Residents were delighted with this service and they stated that they always felt a sense of well-being when they had their hair done. The inspector found that residents were very well groomed and both the men and ladies took great pride in their appearance.

Residents said that staff were supportive and they were thankful for the kind care they received. The management personnel said that residents were enabled to fulfil their potential taking into account their different abilities. Residents spoke with the inspector about the daily events which kept them occupied and they spoke about upcoming celebrations. They particularly liked the previous visits from local schools due to the inter-generational communication and interactions which they said kept them feeling young. They were hopeful that these visits would recommence in the future.

Capacity and capability

Villa Maria was a homely, resident-centred nursing home where care was led by an effective, knowledgeable management team. This ensured that high quality care was delivered. There were clear lines of accountability and authority established, with an appropriately qualified person in charge. The owner was a senior nurse and the registered provider representative (RPR) also worked in the centre and supported the team in delivering quality care. Throughout the inspection the management team were found to be responsive and forthcoming in relation to any issues identified by the inspector. The centre engaged in continuous improvement through regular training, auditing and data analysis, such as, for falls and nutrition needs.

Staff meetings and detailed handover reports ensured that information on residents' needs was communicated in an effective manner. Staff were appropriately trained and supervised. The inspector reviewed the records of staff training, policy updates and minutes of meetings. A training matrix was maintained which indicated that staff had received training appropriate to their roles. The inspector spoke with a number of staff. They were aware of their reporting duties in relation to the general welfare and protection of residents. The inspector found that an appropriate number and skill-mix of staff were on duty during the inspection to ensure that timely, effective care was available to residents. Complaint records were maintained on the electronic recording system. They were seen to be managed appropriately and learning was discussed. Residents were provided with contracts on admission which contained details of care arrangements and fees due.

Copies of the standards and regulations for the sector were on display in the staff room. This meant that staff were aware of these and were familiar with the process of regulation. Records required by Schedule 2, 3 and 4 of the regulations were securely stored and easily retrievable. A sample of residents' records such as care plans and nursing records was seen. Maintenance records were in place. Issues in relation to fire safety and residents' rights were addressed under the Quality and Safety dimension of this report.

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The annual fees and registration renewal fees were paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked in the centre five days a week and was very familiar with the needs of residents. She fulfilled the regulatory requirements for a person in charge. She was knowledgeable of the regulations and standards and was responsive to the regulator. She engaged in continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were adequate and staff were seen to attend to the needs of residents when required. The staff roster was reviewed and this correlated with the number of staff on duty on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Policies on staff recruitment and training supported comprehensive induction, including a supervised probationary period. The person in charge and the registered provider representative (RPR) assured the inspector that Garda Síochána (GV) vetting clearance was in place for all staff prior to them taking up their respective roles.

Staff had undertaken mandatory training. They had also attended training appropriate to their roles and responsibilities. For example, kitchen staff had attended training on food safety and nursing staff had attended training on medicine management. Staff appraisals were carried out on an annual basis. A sample of staff files were reviewed. These were seen to be very well maintained. Copies of completed appraisal forms and the induction programme were available in the files. The induction programme was seen to include an explanation of fire safety protocol and an introduction to key policies such as, the policy on the prevention of abuse and confidentiality.

Judgment: Compliant

Regulation 19: Directory of residents

This document was correctly maintained and it contained the required details such as, the resident's admission date, the name of a contact person and the resident's

general practitioner details.

Judgment: Compliant

Regulation 21: Records

Records were securely stored, complete and easily accessible: for example, a sample of staff files was seen to be in compliance with regulation and comprehensive pre-admission information was available in residents' files.

Judgment: Compliant

Regulation 22: Insurance

The inspector saw that appropriate insurance cover was in place for the centre. This had been renewed in June 2020.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust governance and management system in place which included:

- regular staff meetings
- defined management structure
- a programme of staff supervision and performance improvement
- a system of audit
- trending of complaints and falls.

Evidence was seen by the inspector that learning was communicated to staff following these audits and the new information was applied to practice.

- Management, staff and resident meetings were held regularly, minutes were recorded and actioned.
- Management staff and nursing staff were involved in auditing, supervising care plan updates and medicine management.
- A programme of training was ongoing to include training in end-of-life care and infection control.
- The risk register was updated weekly, all staff had the required Garda vetting (GV) clearance in place and policies and procedures were reviewed on a three-yearly basis or as required.

- The annual review of the quality and safety of care had been undertaken for 2019 and this readily available.
- Maintenance records were maintained for all equipment in use for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was compliant with the regulations in relation to the information to be contained in such a document. This included the aims and ethos of the service as well as information on the rights of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications on specified events and occurrences had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were documented and follow-up was recorded. The process for making a complaint was displayed at the entrance to the centre. Advocacy information was displayed and this independent service was accessible to residents. Details in relation to access to the ombudsman for older people, were included in the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies had been updated within the required three year time frame and these policies were seen to be implemented. For example, the policy on supporting residents with dementia was used to guide staff in implementing care plans for relevant residents. In addition, the policy on infection control processes and on

visiting, in the context of the COVID 19 risks, had been revised, adopted and implemented by staff.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents was seen to be of a high standard which consequently supported residents' welfare, comfort and happiness. Residents spoken with confirmed this with the inspector.

Residents' health care needs were promoted through ongoing medical assessment using a range of clinical assessment tools. These assessments included skin integrity, prevention of malnutrition, falls and cognitive ability. Residents' care plans were developed with resident input where possible. This input was documented in the sample of care plans reviewed. Care plans were seen to be person-centred and based on the holistic needs of residents. The inspector found evidence that plans were implemented and reviewed on a four-monthly basis to reflect residents' changing needs.

Residents' social care was enhanced by the choice of meaningful activities available to meet their preferences and choice. An activity staff member was on duty from Monday to Sunday coordinating a wide range of activity sessions. Residents told the inspector that they particularly liked the boccia, bingo, art, music, infection control training and quiz. The person in charge met with residents daily and supported them during the COVID 19 pandemic with updates and reassurance. Residents' civil and religious rights were respected. Residents confirmed that they had voted in the recent elections either in the centre or in their local polling station. Mass was video linked from the local church on Sundays. Residents in the centre were seen to have access to newspapers, individual mobile phones, radio and television. Residents said this had a positive impact on well-being and enhanced their feeling of family and community involvement at the time of the crisis when visits were restricted.

The inspector found that there were adequate fire safety measures in the centre, in terms of staff fire drills, fire safety certification and fire safety training. Risk management was supported by the development and use of a dynamic risk register. This was seen to be updated annually and as necessary, particularly in relation to the risks posed by the COVID 19 pandemic and the impact on residents' emotional well-being of the restriction on visitors.

In summary: residents' rights and safety were safeguarded by robust health and safety management as well as a person-centred ethos which ensured safe care:

- assessment for the use of bed-rails and alternatives where possible
- medicine management reviews and audit

- attentive medical and allied health care
- staff recruitment policies including induction and appraisal
- training in mandatory areas such as the protection of residents and fire safety arrangements
- access to external advocacy and residents' council meetings
- the provision of meaningful activities, a range of well-planted outdoor areas
- choice at meals, communal sitting areas and choice of bedtimes
- comfortable interlinked communal rooms and large dining area
- a conservatory, suitable for social visiting
- location within the community and the links established with local schools and local community organisations

Regulation 11: Visits

In general, visitors were always welcome. The COVID 19 pandemic had greatly impact on this policy. However, alternative means of contact with friends and family had been established during the crisis. Residents had access to visitors from a distance such as, through their windows and also through video and WhatsApp links. New more lenient guidelines were now in place: visitors were facilitated to visit for short periods at a social distance, while wearing suitable personal protective equipment (PPE) such as masks. During the inspection the inspector saw that this system was well established with a steady stream of visitors coming and going at their allotted times.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate space to store personal items and to personalised their bedrooms with photographs, pictures and items of furniture. Laundry was outsourced and this development had resolved complaints about missing laundry, according to the person in charge. Residents were seen to have access to a variety of outfits within the spacious wardrobes.

Judgment: Compliant

Regulation 13: End of life

End of life wishes were recorded for the majority of residents. A policy was in place

to guide best practice. The inspector could clearly identify which residents had chosen various interventions at end of life. The inspectors saw that a large numbers of 'thank-you' cards were on display expressing thanks for the attentive and kind care at this time in residents' and their families' lives.

Throughout the pandemic visitors had been facilitated to visit any resident who was at end-of-life within the precautions set out such as the wearing of appropriate PPE.

Judgment: Compliant

Regulation 17: Premises

The centre consisted of a single-storey building which had been extended over a period of years to accommodate 31 residents. The external walls were faced with grey stone which lent an air of modernity to the building. There were adequate parking spaces on the grounds and the entrance was welcoming. COVID 19 precaution leaflets were on display for staff and visitors.

It was a comfortable, warm and homely place inside:

- Residents' accommodation consisted of 17 single bedrooms and 7 double bedrooms.
- The two new 'extension' wings were tastefully decorated in a modern style with lamps, mirrors and large, colourful pictures displayed in the halls.
- Bedrooms were seen to be decorated in an individualised and personal manner.
- A number of residents had en-suite bedrooms, while there were adequate shower, toilets and a bath for the use of other residents.
- Communal rooms were furnished with comfortable armchairs and the dining tables were set with tablecloths and flower arrangements.
- Large TVs, radios, a selection of books, CDs, DVDs and board games were on display in the communal rooms and bedrooms and were easily accessible to residents.
- The visitors' conservatory area faced out onto the patio area.
- The patio was furnished with large raised beds planted with an impressive display of colourful plants. S
- Seating areas were located around the gardens and these were seen to be in use at various times during the inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents were happy with the food and the choice on offer. There was a three-week menu cycle available to residents. This meant that there was a variety available as well as some predictability, as some residents had specific favourites. On the day of inspection the inspector spoke with residents after dinner. They said that the meal was very tasty and they enjoyed the bacon, cabbage and white sauce. Dessert was served to residents followed by a cup of tea. Residents who had specific needs were helped with their meals. Residents were offered choice as to the dining venue, for example, one resident liked to dine alone in the sitting room and this was respected.

The Malnutrition Universal Screening Tool (MUST) was used to evaluate each resident's risk of malnutrition. Residents were weighed monthly and this was documented in residents' care plans.

Meals were modified if required and staff were found to be knowledgeable of residents' preferences, likes and dislikes.

Allergens were listed on the menu board and diabetic and gluten-free meals were provided.

The dietitian was contactable if required to provide advice of dietary intake or fortified meals. Input from the dietitian was seen in residents' personal care plans

Judgment: Compliant

Regulation 26: Risk management

The risk register was populated with the management of risks for each area of the home. This was updated regularly and augmented when required. For example, a range of risks associated with the COVID 19 pandemic had been added to the register. These included, the use of PPE, staff uniform policy, and visitors' arrangements. There was an updated health and safety statement in the centre and the emergency plan included the name of personnel to contact in the event of an emergency. Individual risk assessments had been developed, for example, for any resident who was a smoker, who was at risk of falls or any resident who was at risk of choking.

An audit had been completed in relation to health and safety management in the home. Actions which were identified had been completed. A maintenance book was used to identify any hazard and these issues were addressed diligently. The maintenance staff member attended the centre 12 hours a week, and as requested. This meant that issues were addressed without delay and the upkeep of the centre was an ongoing project.

Judgment: Compliant

Regulation 27: Infection control

Infection control policies and procedures had been augmented since the COVID 19 pandemic crisis to take into account the highly contagious nature of the virus:

- The person in charge explained the daily contact with the health service executive (HSE) in relation to establishing an appropriate supply of PPE, infection control guidelines and ensuring that best practice was being employed when cleaning the centre. This was acknowledged as very helpful.
- Staff had been re-trained in correct hand washing technique, donning and doffing PPE and physical distancing.
- The HSE and the health protection and surveillance centre (HPSC) guidelines were accessible to staff and the guidelines were seen to be followed in practice.
- Staff spoken with were found to be knowledgeable of correct practice and they were all wearing masks and hand washing appropriately on the day of inspection.
- The centre was seen to be visible clean and there were colour-coded clothes in use for floor washing.
- The current 'COVID 19 era' process for cleaning a room on discharge of a resident was clearly set out and evidence of effective staff communication was evident in the minutes of staff meetings.
- Residents were isolated on admission for a period of two weeks, as set out in the national guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

Daily, weekly and monthly fire safety checks were carried out and recorded. An L1 (recommended) fire safety system was in use, according to information on the fire equipment servicing certification. Fire exit signs were maintained and fire exits were easily identified. Suitably qualified fire safety personnel attended the centre to lead and advise on evacuation drills and techniques. These drills were recorded. The required quarterly fire alarm and emergency lighting service was documented. Staff spoken with were aware of what to do in the event of a fire and the protocol was displayed in the hallways of the centre. A new fire alarm control panel had been installed and staff were familiar with this. An outdoor 'smokers' hut had been made available.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were generally well managed and subject to audit. The local pharmacy was attentive to the centre. Controlled drugs were managed in accordance with an Bord Altranais guidelines. Allergies were recorded and GPS had indicated when a resident's medicine was to be crushed.

Nevertheless the inspector found that there were a number of medicines still on the medicine trolley which were no longer in use. In addition, there were a small number of medicine boxes which did not have a resident's name attached. This issue was addressed immediately by the person in charge: she rang the pharmacist, who came to the centre within ten minutes and removed the unused medicine. The person in charge stated that audit would be improved to include these checks in the future.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were person-centred, detailed and relevant. There was information within the care plans which guided staff on the protocol to be followed for example for a resident with dementia or a resident who had trouble sleeping.

Care plans were reviewed on a three-monthly basis, and when required and they had been discussed with residents or relatives if appropriate.

Documentation was recorded on an electronic system which was easy to navigate. Paper records were also available in which written medical directions were seen. The inspector saw that a wide range of medical personnel had made entries in the care plans where relevant.

Judgment: Compliant

Regulation 6: Health care

Residents had access to responsive and attentive medical care. The general practitioners (GPs) and the pharmacist supported the nursing and health care staff to deliver person-centred care to residents. Dental, chiropody, psychiatric, a stoma-care nurse, infection control expertise and hospital care was also accessed for residents.

Residents confirmed that they had adequate health care support and felt that their

wishes were respected in this aspect of care.

A number of residents were assessed as of medium to low dependency needs and these residents were seen to mobilise around the centre independently.

The dietitian, the physiotherapist and the occupational therapist were available by private referral. The centre had a physiotherapist who led weekly exercise classes as part of the service offered to resident. He also reviewed care plans, in relation to the safe mobilisation or movement of residents who required hoist use or walking aid use. This service had been suspended during the COVID 19 restrictions.

The inspector found that as a consequence of the good medical, allied health and nursing care a number of residents who were very ill on admission had improved greatly in relation to their mobility and food intake. For example, a resident who had required a type of tube feed for nutrition purposes was now supported to eat a normal diet.

Residents had their temperature recorded twice daily at present to ensure that all precautions were in place to prevent a COVID 19 outbreak. Staff were aware of the non-typical signs and symptoms of COVID 19 in the older population.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents with dementia had a comprehensive pre-admission assessment carried out to ensure that their needs could be met in this small nursing home setting. The inspector found that residents with dementia, who had been found suitable for admission, were settled in the centre. They were seen to be addressed with respect and patience if they became anxious as a result of the behaviour and psychological symptoms of dementia (BPSD).

Judgment: Compliant

Regulation 8: Protection

Staff in the centre had attended mandatory training in recognising and reporting allegations of abuse. A designated person had been identified to ensure that allegations of abuse were appropriately addressed.

Records relating to residents' finances were well maintained and were available on file. Invoices and receipts were maintained and residents were made aware of the fee structure and any expense in relation to medical items and so on.

The RPR gave an assurance that all staff had the required Garda (police) Vetting (GV) clearance in place.

Staff were seen to be aware of and implementing the national policy 'Towards a restraint free environment in Nursing Homes' and the use of bed rails was minimised. Alternatives to bed rails such as, 'floor' mats, were in place and decisions were reviewed regularly to ensure that the least restrictive option was utilised. Hourly checks of any resident who required a bed rail were recorded and risk assessments had been carried out for each person.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were protected during the current COVID 19 crisis. Residents' well-being was supported by staff interaction, family contact by phone and video calls as well as activities. Activity staff delivered a daily programme of meaningful and age appropriate activities. Documentation was seen which supported this.

An example of the activity records described a range of activities as follows:

- Mass was available through video-link and rosary was organised by residents.
- Newspapers were read and the news was discussed.
- The hand washing procedure had been demonstrated and they all participated in this.
- Social distancing and mask-wearing rational was discussed at meal times and at times of activity provision with residents.
- Garden walks were supported and resident engaged in gardening activities as well as having tea in the garden.
- 'Parachute' activity involved a large colourful sheet and a type of beach ball which maintained gross motor skills.
- Relaxation exercise sessions, arts and crafts and card playing had been revived during the pandemic
- Bingo was facilitated in small groups as the residents had requested this to be maintained.
- Boccia (Bowls) were very popular with competitions organised prior to the COVID 19 precautions.

The enthusiastic activity coordinator described how residents' mobility had improved through the regular supported exercises from the physiotherapist and the garden walks and dancing, which she facilitated. She spoke about promoting a culture of working together in a spirit of friendship.

The person in charge described incidences of great community involvement such as

letters of support from local children.

In the absence of advocacy arrangements due to the COVID 19 precautions the person in charge stated that residents' meetings and residents' surveys were held and issues arising were discussed and addressed. A sample of these were seen by the inspector.

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 | |
| Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan | 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 Villa Marie Nursing Home OSV-0000437

Inspection ID: MON-0029823

Date of inspection: 16/07/2020

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 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>A comprehensive Audit on Storage of Medication was undertaken by the Pharmacy on 22/07/20, including (but not limited to):</p> <p>Checking of all labels on medicinal products to ensure that the correct labels are in place which include instructions for use as per the Doctors Prescription for each resident.</p> <p>Checking of all items currently in stock to ensure that any medications that have been discontinued are returned to Pharmacy in a timely manner.</p> <p>Management of Medication trolleys / Medication Fridge / Medication storage press are fully compliant with Regulation 29 as of 22/07/20.</p> <p>The usual monthly audit is now supplemented by a weekly audit on Storage of Medication to monitor progress. The findings of this audit will be reviewed by the Director of Nursing / PIC weekly to ensure ongoing full compliance with Regulation Number 29.</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 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | Substantially Compliant | Yellow | 22/07/2020 |
| Regulation 29(6) | The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal | Substantially Compliant | Yellow | 22/07/2020 |

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| | products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product. | | | |
|--|--|--|--|--|