



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	07 October 2019
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0027210

About the designated centre

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

Lourdesville Nursing home is located in the environs of Kildare town and close to many areas of interest including the Curragh, Curragh race course, Japanese Gardens, the National Stud and accessible shopping. The centre was originally operated as a private maternity unit and has been developed and extended over the years. Bedroom accommodation over two floors, includes single and twin bedrooms with one multi occupancy bedroom. The first floor is accessible via a passenger lift and a stairs. Communal accommodation includes a large dining/day room, conservatory, quiet room, small dining room and smoking room. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front, with ample parking to the front of the centre. The centre accommodates 46 residents, male and female, over the age of 18 of varying dependencies, for long and short term stays. Twenty four hour nursing care is provided to cater for various needs including, dementia and people with chronic mental health needs, rehabilitation, palliative care, respite, convalescence and post operative care. The registered provider is a sole trader and employs approximately 31 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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
07 October 2019	09:30hrs to 16:00hrs	Liz Foley	Lead
07 October 2019	09:30hrs to 16:00hrs	Paul McDermott	Support
07 October 2019	09:30hrs to 16:00hrs	Susan Cliffe	Support
06 October 2019	20:50hrs to 22:30hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

Inspectors spoke with residents during the inspection; those residents that could not express their own views were represented by a family member. Residents felt safe in the centre and were very complimentary of all staff. Residents told the inspectors they had choice in their daily lives for example, they could choose what time they got up and retired at, choice of home cooked meals and some residents had choice over how they spent their day. Several residents said they would like more social activities as they felt the day was long and they were often bored. Most residents enjoyed the live music sessions which were provided three evenings per week. Residents and families knew how to make a complaint if warranted. Residents and family told inspectors they were welcome in the centre any time.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013 by three inspectors of social services, one of whom is a specialist estates and fire safety inspector.

Concerns regarding fire safety in the centre are ongoing since an inspection on 19 February 2019. Following lengthy engagement with the provider who failed to provide assurances about fire risks, another inspection of the premises took place on 8 May 2019. The level of risk had not changed between these inspections and no significant steps had been made to mitigate or eliminate the risks.

Some improvements were found on this inspection in relation to the ongoing fire risks. A fully addressable fire detection system had been installed throughout the centre and the emergency lighting had been upgraded. Additional staff had also been rostered on duty at night time and residents had been vacated from the first floor of the premises. Works had commenced on site to address the fire safety matters identified in the fire safety risk assessment including the installation of fire doors, the subdivision of the centre into smaller sub compartments, and providing adequate fire containment throughout the centre. The inspectors were informed by the provider that the upgrade works were due to be completed by the middle of November 2019.

While it was clear to inspectors that the provider had begun to address the concerns raised during the previous inspection not enough progress had been made to assure them that the service was compliant with regulations.

Ongoing non-compliance's were found in the governance and management of the

centre. This had a significant impact on the quality and safety of the service with further issues found in the centre's risk management, cleanliness, infection control, activity provision, staff supervision and training. Three immediate action plans were issued on inspection to ensure that residents safety and their care and welfare was maintained. Two of these actions were completed before inspectors left the centre and the provider undertook to complete the third immediately. Quality and safety improvement systems in the centre were ineffective. Obvious risks had not been identified by the service and therefore were not being managed. Key quality indicators such as resident feedback, the cleanliness of the centre and provision of activities were not being audited. The service was being provided without any effective safety or quality management system and this resulted in an unsafe environment where vulnerable residents lacked adequate stimulation.

There were insufficient resources to provide recreational and occupational activities to all residents in accordance with their interests and capacities. Resources were also required to ensure the premises and equipment were in a good state of repair.

Regulation 15: Staffing

In the interim of completion of the fire safety works the registered provider had identified that a minimum of 5 staff were required to safely evacuate residents from the centre and had committed to staffing the centre to this level. However there was three hours during each 24 hour period where staffing numbers dropped to four (2000hrs to 2200hrs and 0700hrs to 0800hrs). The registered provider acknowledged this deficit and undertook to review this immediately.

A review of staffing was also required to ensure that the needs of all residents were being met particularly in relation to regulation 9 Residents' rights.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records requested for staff working in the centre on the day of inspection were not provided. Consequently it is unclear if staff had access to appropriate training.

Staff members described their participation in training in fire safety and evacuation drills which was ongoing. Such essential training requires continual review and audit to ensure all staff are knowledgeable about the changes that are being implemented including the new fire detection and alarm system and evacuation

procedures.

Staff training deficits were identified in activity provision and infection control. These were impacting on the care and welfare of residents and required review.

The systems in place to ensure that staff are supervised were very poor and required review. Poor staff supervision was a significant contributing factor to inadequate standards of hygiene in the centre, inadequate infection control and inadequate provision of activities for residents with advanced needs.

Judgment: Not compliant

Regulation 23: Governance and management

The systems in place to manage this centre were weak and ineffective impacting on many areas of resident care and resulting in increased risks to the safety and well being of residents and staff in the centre. During the course of this inspection three immediate action plans in relation to resident and staff safety were issued, these identified under regulations 26 Risk management and 27 Infection control.

Ineffective management was evidenced by the high level of regulatory non-compliance found on this inspection including;

1. failure to recognise and respond to significant risks to resident safety associated with the construction underway to address fire safety deficits
2. failure to recognise that the centre was not clean
3. poor oversight of infection control
4. ineffective systems of audit
5. ineffective staff supervision

In addition there were insufficient resources to meet the recreational and occupational needs of residents particularly those with advanced needs and the provider failed to recognise that the premises required refurbishment or that worn furniture and equipment required replacement.

Record keeping was poor; meeting records lacked agenda's, time bound action plans, identified persons responsible for the actions and there was no evidence of learning identified. As a consequence there was no system in place to ensure that required information was disseminated effectively among staff. For example, a new fire detection system was installed however some staff were unable to interpret or use the system. In the event of an emergency this could potentially delay the response time and put residents and staff at further risk.

Judgment: Not compliant

Quality and safety

Accumulated risks in the centre impacted on the quality of life of residents living there. Residents were living in a centre which was visibly dirty. Equipment, furniture and areas of the centre were in disrepair. Residents were exposed to safety risks from the building works currently ongoing and were at risk of cross infection from the identified risks associated with shared equipment and poor infection control systems. Risks associated with fire safety were improved but ongoing.

While the fire detection and alarm system had been upgraded throughout the centre it was observed that some staff were unable to obtain key information on alarm faults from the fire alarm panel. From speaking with staff it was apparent that the alarm repeater panel was not being effectively used by staff in response to the activation of an alarm. A fire detection and alarm zoning floor plan of the building was not displayed next to the fire alarm panel or repeater panel.

The emergency lighting system had been upgraded since the last inspection. However, it would require further minor adjustments and the installation of some additional lights following the completion of the ongoing sub compartmentation works.

Healthcare was generally good with the needs of most residents met with regard to GP care and access to specialist services and treatments in the centre. However inspectors observed that basic elements of personal grooming were not tended to for several female residents. Care plans required some improvements in order to guide staff in the provision of social care to residents. Interactions observed between residents and staff were kind and staff were familiar with the needs of residents and described person-centred care interventions.

Residents were not always provided with opportunities to participate in activities in accordance with their interests and capacities. Residents who could participate in group activities had opportunity to do so and some of these residents enjoyed the activities offered. Live music, bingo, arts and crafts, and exercise sessions were offered weekly and enjoyed by residents. However residents with advanced needs were often not provided with opportunities to participate in activities as the centre did not have the expertise or staff resources to do so.

Feedback was not regularly sought from residents on the quality and the organisation of the service provided therefore residents' views were not informing the service in which they lived. While some residents told inspectors they were satisfied living in the centre, inspectors found the service was paternalistic and valued the opinion of family over that of the resident. A major shift in the culture

and organisation of the service was required in order to bring the centre into basic compliance with the regulations.

Regulation 17: Premises

Areas of the centre were in disrepair for example,

- a window in the smoking room was broken,
- several fly screens throughout the centre were torn,
- paint was peeling from some walls,
- damp and mould was obvious on some ceilings,
- a hole in the floor at an external exit provided provided potential access for vermin to the centre
- wires were left exposed in parts of the centre.

In addition some equipment and furniture was found to be worn and in need of replacing. The first floor of the centre was not currently used to accommodate residents due to identified increased fire risks. Access to the first floor of the centre required restriction to ensure residents were safe as this area was not supervised.

While a maintenance diary was being used by staff to record identified maintenance issues, the follow up actions were not recorded or documented so it was unclear if or when the identified maintenance issues were resolved.

Construction works were in progress to improve fire safety in the centre. This registered provider undertook to review the overall condition of the premises following completion of these works.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a reactive approach to risk management in the centre. Several obvious risks were identified by inspectors during the inspection which had not been identified by the service. Two urgent compliance plans in relation to resident and staff safety were issued on inspection;

1. An unprotected chop saw and other building equipment and materials were easily accessed by vulnerable residents in the centre's sun room. In addition dust and dirt created by the works was entering the centre from this area.

2. A corridor leading to a linen store where construction works were ongoing was open to residents. Several risks to residents were found in this area including construction dirt and debris, knife blades, a saw and trip hazards.

Immediate compliance plans were issued to restrict access to these areas to maintain the safety of residents in the centre. Both areas were restricted during the inspection.

General oversight of risk management was poor with evidence of this discussed further under regulations 15 Staffing, 16 Training, 17 Premises, 27 Infection control and 9 Residents' rights. Systems were not in place to identify, mitigate or eliminate risks in the centre. Risks in relation to fire safety were ongoing since February 2019 and although works were now underway the totality of the identified risks had yet to be mitigated.

Judgment: Not compliant

Regulation 27: Infection control

Procedures for the prevention and control of healthcare associated infections in the centre required immediate review. Throughout the centre inspectors observed accumulated dust, cob-webs and dirty equipment. High risk areas such as the sluice room were unclean. Shared bathrooms were unclean with accumulated dirt on tiles, sinks, walls and floors. Several shared toilets and commodes throughout the centre had organic matter visible on them. An immediate compliance plan was issued to deep clean a shared bathroom which the inspectors found to be unfit for use by residents living in the centre. The provider undertook to sufficiently deep clean this bathroom before residents used it.

The sluice room in the centre was found to be unclean on the day of inspection; the area was very dimly lit but despite that there was visible dirt on all surfaces including the sink, walls, floor, rack for holding clean commode pots and urinals and used linen trolleys. Another trolley which was used to transport clean and used linen together was found to have black mould in the linen bag attached to the side of the trolley. The use of this trolley was not in line with best practice due to the increased risk of cross infection from the used linen to the clean linen stored beside it.

Taps on the hand washing sink in the sluice room were domestic taps and did not support staff in good hand hygiene practices. There was no hand soap or personal protective equipment for staff to use in this high risk area. There was no detergent spray to use to clean and decontaminate shared commodes or shared equipment available in this area.

Alcohol hand gel dispensers were visible throughout the centre however the majority of these were empty and access to hand washing sinks was limited. One hand washing sink observed by inspectors was found to be so dirty it was not fit for use

by staff.

There was no deep cleaning schedule in the centre and there were no environmental hygiene or infection control audits completed therefore the registered provider was not assured that the procedures in place were sufficient and consistent with the standards for the prevention and control of healthcare associated infections.

The accumulated risks identified impacted on the care and welfare of residents living in the centre and on staff safety and required immediate review.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspectors were satisfied to see that the provider had begun to address the concerns raised during the previous inspection but not enough progress had been made to assure them that the service was compliant with regulations and that fire safety arrangements adequately protected residents from the risk of fire in the centre and ensured their safe and effective evacuation in the event of a fire.

The centre did not meet the requirements of the regulations in the following areas:

The registered provider did not provide adequate means of escape.

- While works were ongoing to subdivide the existing compartments and corridors, the distance between cross corridor doors along some escape corridors exceed recommended distances.
- A number of final exit doors were key locked, with keys located in break glass units next to the doors. In many cases the final exit doors open back into the building, against the direction of escape.

The registered provider did not make adequate arrangements for maintaining the means of escape.

- Door closers fitted to bedroom doors required adjustment. It was observed that in many cases the final stage of door closing was very abrupt, with the potential to cause injury while in other cases the doors were not closing fully. The inspectors were informed by the provider that door replacement works are due for completion by the middle of November 2019.

Adequate arrangements had not been made for maintaining all fire equipment or building services.

- An ELCB board \ old style fuse board located within the kitchen, behind the

kitchen door was in a very poor state of repair.

All staff had not received suitable training in fire prevention and emergency procedures.

- While it was observed that a new emergency gas cut off switch was installed in the kitchen, staff spoken with were unclear about its location, purpose and operation.

Adequate arrangements had not been made for containing fires.

- While it was identified in the fire safety risk assessment that the existing fire containment measures, including the likely performance of the existing doors are inadequate, it was observed that works are in progress to address the fire containment issues and to replace the doors with fire doors. The inspectors were informed by the provider that all works are due for completion by the middle of November 2019.

Adequate arrangements had not been made for giving warning of fires.

- While the fire detection and alarm system had been upgraded throughout the centre it was observed that some staff were unable to obtain detailed information on alarm faults from the fire alarm panel.
- From speaking with staff it was apparent to inspectors that the alarm repeater panel was not being effectively used by staff to respond to the activation of an alarm.

Inspectors were not assured that adequate arrangements had been made for evacuating all persons in the centre in a timely manner with the staff and equipment resources available.

- While it was observed by inspectors that works were ongoing to subdivide the existing compartments it was still the case that some of the building compartments were very large and complex in terms of their physical size, layout, evacuation requirements and the number of residents accommodated within them. The inspectors were informed by the provider that all works required to sub divide the building compartments into smaller adequately protected compartments were due for completion by the middle of November 2019.
- From the review of the personal emergency evacuation plans it was observed that there were some discrepancies between the individual plans for each resident and the summarised schedule retained in the fire safety register.

While it was observed that the fire procedures are prominently displayed a zone plan had not been displayed next to the fire alarm panel.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A care plan had been developed for each resident within 48 hours of their admission. Validated nursing assessment tools were used, for example, to assess nutrition, risk of pressure sore development, dependence, cognitive ability and risk of falling.

Social care assessments were not informing care plans for residents' social care needs. For example, one resident who could not read due to poor eyesight had reading and watching TV as an activity despite a contradictory care plan for poor vision. Records were not kept regarding attendance or enjoyment of social activities in the centre therefore it was not possible for nurses to make an informed review of the suitability of social care interventions.

Judgment: Substantially compliant

Regulation 6: Health care

Improvements following a previous inspection in February 2019 were sustained. Residents now have routine observations to monitor neurological status following an unwitnessed fall. There was good access to healthcare services and residents were supported to retain the services of their own GP where possible. Residents were supported to access national screening programmes and other allied health care services as required, for example, dietician, chiropody and optician services.

Some female residents were noted not to have had basic grooming tended to. One resident with specialist optical needs had not been referred to the appropriate specialist service. The major impact of this was on the resident's quality of life as they were unable to watch TV or read. The person in charge undertook to follow this up.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were limited facilities and opportunities for residents to participate in activities in accordance with their interests and capacities. Residents who were able to participate in group activities enjoyed weekly arts and crafts, weekly bingo, twice weekly exercise class and mass if they chose to attend. There was live music three evenings per week which residents highly complimented, however one resident said she would like some 60's music as she did not enjoy traditional music. There were no scheduled activities on Thursday afternoon, Saturday or Sunday however if staff

had time they would provide unscheduled group activities, for example, a quiz or reminiscence.

Residents who could not participate in groups due to their advanced needs were not catered for. Long periods of inactivity were observed during the inspection. Staff who were responsible for activity provision on an opportunistic basis had not received training in the provision of sensory activities for residents with dementia. While these staff had a good knowledge of suitable group activities their knowledge of one-to-one activities was limited as was their time to provide activities. Staff did not have the capacity to provide regular one-to-one activities in addition to their caring duties. This required review.

Assessments of residents' social histories did not consistently inform social care plans therefore staff were not sufficiently guided to provide individualised social care. Participation and enjoyment of activities was not recorded therefore it was not evident that those activities provided were in accordance with residents' interests and capacities.

Residents were not regularly consulted with or participated in the organisation of the centre. Inspectors were told that residents meetings were held quarterly, however the most recent meeting was seven months ago in March 2019. There was no evidence that residents' feedback at this meeting informed the organisation of the centre.

Following a discussion with members of staff and senior management it was found that families were overly consulted with in relation to residents' choice and preference. This approach was not in line with a person-centred or rights based approach to care and found to be paternalistic.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lourdesville Nursing Home OSV-0000060

Inspection ID: MON-0027210

Date of inspection: 07/10/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels have been amended and as such the Register Provider has acknowledged the deficit with immediate effect in line with Fire Evacuation.</p> <p>Staff on duty: Time: 7.00 – 8.00 - 4 Staff</p> <p>Staff on duty with adjustment: 7.00 – 8.00 – 1 extra Care Assistant: Total staff 5</p> <p>Staff on duty: Time 20.00 – 22.00 – 4 Staff</p> <p>Staff on duty with adjustment: 1 extra Staff: Total staff 5</p> <p>Adjustment made 07.10.2019.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training Record: 16. 1 (a)</p> <p>The Registered Provider acknowledges the need to implement,</p> <p>Assess, and monitor training and staff development as per Regulation 16.</p>	

The Register provider will provide access to the appropriate training: -

- Fire Training 13th. & 20th. November 2019.
- Elder Abuse 30.10.2019
- Infection Control 31.10.2019
- HASSOP 05.11.2019
- Manual Handling. 13th. & 20th. November 2019

The Register Provider is delivering Training Modules in relation the following Elder Abuse, Infection Control by inhouse Trainer (Train the Trainer, Teaching Council, Registration up to date) annually or as required.

In house training will have a 3 Step Process

- Delivery of information (Training Module)
- Assessment of Information Delivered and
- Feedback from Staff.
- First Point Fire: - Manual Handling, CPR, Fire Drills.

Regulation 16 1(b).

The Registered Provider will ensure that Staff are appropriately supervised following the above Training and that such training is fully implemented within the centre. The monitoring of supervision will occur annually or as required of all staff assessing how the training information has been received, retained and implemented within the centre. Staff monitoring will occur by liaising with staff on ongoing interaction with management and staff personal within the centre.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Register Provider recognises there was oversights about resident's safety regarding the construction works underway within the centre. As a result, the register provider has now liaised with the construction contractors about such identified risks associated with the ongoing construction works.

Provisions have been made to address the following safety risks: -

Infection Control – in addition to the construction having secondary effect on the cleanliness of the centre the register provider has made the following provision: -

1. Construction Workers are now using "In and Out" Zones to exit and enter the centre resulting in a reduction of dust and debris being carried throughout the centre floors.
2. Construction workers have created working zones and Staff and Residents do not enter these Zones where possible. This reduces the risk of physical hazard to staff and residents with respect to any construction equipment which may be in use.
3. All manual and electronic hardware which may pose a potential risk to the safety of staff and residents when not in use are stored in safe zones sectioned off. Construction workers have been made fully aware of the centre's need to minimise risk to both staff and residents a more open communicative approach has been used to achieve same.
4. Healthcare Staff, Housekeeping Staff and Kitchen Personnel have been advised and have taken a more vigilant role and responsibility in minimising and preventing potential hazards for the welfare of all who work and live within the centre.

Regulation 23 (a)

The implementation of Lourdesville Nursing Home Framework Monitoring Model 2018 (Social Interaction, Social Activities, Health and Wellbeing) will be implemented fully from 05.11.2019. This model aims to respect the rights and diversity of each resident by exploring the physical, behavioural, psychological, social, and spiritual needs of the resident. We aim to identify, assess, plan, and evaluate said needs by implementing appropriate measurement scales relative to the resident's capabilities and as such measure the resident's satisfaction levels, quality of life, and sense of personhood. The Framework Model will run on a six-monthly basis. Feedback from the assessments will form action plans to address any deficit needs that may be apparent on recognition of these deficits' changes L.N.H. aim to be made to improve the health and wellbeing of each resident. A monitoring system will be in operation which in turn will form part of our audit management system.

Our inclusion of our inhouse Activities Co-ordinator will provide the extra resources to facilitate the recreational needs of each resident according to their own capabilities and will play an integral role for the operational function of the above framework.

Regulation 23 (c)

The Register Provider will ensure that management systems are in place to ensure the service provided is safe, appropriate, consistent and effectively monitored.

Date of implementation: 18.12.2019.

Regulation 23 (d)

The Register Provider will ensure that there is an Annual Review of the Quality and Safety of Care delivered to the residents within the Centre.

Regulation (e)

The Register Provider will ensure that the Annual Review of the quality and safety of care delivered to residents will be prepared in consultation with residents and their families via Residents Meetings and review of the Residents Care Plans.

Regulation (f)

The Annual Review report is available and accessible to the resident.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As per regulation 17 the Register Provider has acknowledged the following which needs repair: -</p> <ul style="list-style-type: none"> • Window in Smoking Room repaired • Several Fly Screens throughout the centre torn, are removed from all areas except the kitchen • Paint was peeling from some wall. Centre being painted. • Damp and mould obvious on some ceilings, this is being renovated as contractors move on. • Hole in the Floor at an external exit provided potential access for vermin to the centre is repaired. • Exposed wires have been rectified. <p>Regulation 17 (2)</p> <ul style="list-style-type: none"> • With immediate effect 07.10.2019 general cleanliness of the centre will be upgraded on an ongoing basis. • On completion of all construction and renovation projects i.e. 22.11.2019 the registered provider undertakes the following plan of action:- <ol style="list-style-type: none"> a) Deep clean of the centre starting 23.11.2019 to 28.2.2020 including general cleaning will be on a continuous basis. b) Continuation of painting to 28.02.2020- upgrading of all areas throughout the centre. 	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: The Register Provider will ensure the Risk Management Policy set out in schedule 5 includes Hazard identification and assessment of risks throughout the centre as outlined in Regulation 15, 16, 17,27, 9. Time bound immediate with effect, (7.10.2019) Construction Work 22.11.2019.</p> <p>Regulation 26. (b) The Register Provider will ensure the Risk Management Policy set out in schedule 5 includes Hazard identification and assessment of risks throughout the centre as outlined</p>	

in Regulation 15, 16, 17,27, 9.

On completion of all construction and renovation projects i.e. 22.11.2019 and 28.02.2020 the registered provider undertakes the following plan of action:-

- a) Deep clean of the centre starting 23.11.2019 to 28.02.2020 including general cleaning will be conducted on a continuous basis.
- b) Continuation of painting to 28.02. 2020 - upgrading of all areas throughout the centre.

The Register Provider shall ensure Infection Control risks management is identified and measures put in place to control the identified risks: -

- c) 10 New Commodes
- d) Remaining commodes cleaned and sanitized.
- e) Sluice Room: New lever taps and new lighting fixtures, new panel upgraded.
- f) Hand gels refilled, paper towels replaced, apron dispensers installed.
- g) Provisions are being made to clean the centre with immediate effect and post construction works completed an action plan in place to deep clean the centre.

Time Scale: 28.02.2020

Regulation 26 1 (d)

The Register Provider shall ensure the Risk Management Policy set out in schedule 5 includes arrangements for the identification, recording, investigation and learning from serious instances or adverse events involving residents. Refer to L.N.H. Risk Register.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

The Register Provider has made provisions to ensure that procedures are consistent with the standards for the prevention and control of Healthcare and associated infections and as such has addressed the following areas:

1. Linen Stores, Linen Trolleys.
2. Commodes, Lever Taps
3. Bins and Hand Gel Dispensers
4. Apron Dispensers.
5. Sluice room renovated
6. Bathroom 104 being renovated in part 28.02.2020
7. Overall cleanliness of the centre being reviewed pre and post construction works.

Date of completion of above 28.02.2020

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The registered provider has made adequate arrangements for maintaining the means of escape

The replacement of all fire doors is well advanced and will be complete by the 5th of November and all doors will be fully checked and addressed at that stage

- Adequate arrangements will be made for maintaining all fire equipment or building services

The fuse board and all associated wiring in the kitchen is being replaced and is almost complete and will be fully certified when complete

- The registered provider will ensure that all staff will receive suitable training in fire prevention and emergency procedures – 13th. & 20th. November 2019.

In relation to the gas cut off switch all relevant staff have been provided with extensive training and this will also include the fire alarm system

- Adequate arrangements have been made for containing fires and this will be reviewed in fire training

Fire compartmentation and the installation of the fire doors is well advanced and will be complete by the 6th of November and therefore the provisions for containing fires is well advanced

- Adequate arrangements will be made for giving warning of fires and this will be demonstrated during detailed training.

All relevant staff for the fire detection and alarm system and particularly in relation to the use of the main and repeater panels. The use of the repeater panel is to be incorporated into all future fire prevention training and all relevant evacuation training

- Adequate arrangements had been made for evacuation all persons in the centre in a timely manner with the staff and equipment resources available

The fire containment and compartment sub-division works are well advanced and will be complete by the 6th November and therefore all large compartments will be eliminated

and evacuation times will be within the required parameters

- The PEEPS for all residents will be reviewed and revised where relevant and the summary in the fire register to be updated
- While it was observed that the fire procedures are prominently displayed a zone plan has not been displayed next to the fire alarm panel
- Fire Technology to provide a zone plan beside both panels in the building

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Please refer to Regulation 23 (a) L.N.H. Framework Monitoring Model 2018. (Social Interaction, Social Activities, Health and Wellbeing). 05.11.2019

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The Registered Provider has made assessment provisions within individualised Care Plans i.e. Six Page "Personal Care" section to attend to individuals personal grooming needs and want preferences.

Regulation 6.1

The Person in Charge liaising with the GP has made referral for Residents with visual Impairment.

Regulation 6.2 (c)

The Person in Charge liaising with the GP has made referral for Residents with relevant health care service requirements.

The inspector has reviewed the provider compliance plan. This action proposed to

address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: please refer to Regulation 23 (a) L.N.H. Framework Monitoring Model 2018. (Social Interaction, Social Activities, Health and Wellbeing) 05.11.2019

9.2 (b)

Please refer to Regulation 23 (a) L.N.H. Framework Monitoring Model 2018. (Social Interaction, Social Activities, Health and Wellbeing).05.11.2019

9.3 (c)

Please refer to Regulation 23 (a) L.N.H. Framework Monitoring Model 2018. (Social Interaction, Social Activities, Health and Wellbeing).05.11.2019

9.3 (d)

Please refer to Regulation 23 (a) L.N.H. Framework Monitoring Model 2018. (Social Interaction, Social Activities, Health and Wellbeing). 05.11.2019

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The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	07/10/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	20/11/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	28/02/2020

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2020
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	Red	18/12/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	08/10/2019
Regulation 23(e)	The registered	Not Compliant	Orange	08/10/2019

	provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	08/10/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	28/02/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Red	28/02/2020
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for	Not Compliant	Orange	

	the identification, recording, investigation and learning from serious incidents or adverse events involving residents.			
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.	Not Compliant	Orange	28/02/2020
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	22/11/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	22/11/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Not Compliant	Orange	22/11/2019

	building fabric and building services.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant		22/11/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	20/11/2019
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	20/11/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Not Compliant	Orange	22/11/2019

	persons in the designated centre and safe placement of residents.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	05/11/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	07/10/2019
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires	Substantially Compliant	Yellow	09/10/2019

	additional professional expertise, access to such treatment.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	05/11/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	05/11/2019
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	05/11/2019
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	05/11/2019