



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Swords Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Mount Ambrose, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0000181
Fieldwork ID:	MON-0034760

## About the designated centre

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

Swords Nursing Home is a purpose-built facility which can accommodate a maximum of 52 residents. The centre provides long term residential, respite, convalescence, dementia and palliative care to a mixed gender of 18 years old and over. Care is provided to those of low, medium, high and maximum dependency. The main objective of Swords Nursing Home is to ensure the continued delivery of high quality consistent person-centred care to all residents. Their philosophy is based around a quality of life and quality of care for residents. They use a multifaceted approach to care to achieve this. Accommodation available to residents include eight twin and 36 single bedrooms some of which have bathrooms en-suite. It is located in the countryside within five kilometers of Swords village.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	37
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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
Wednesday 10 November 2021	09:15hrs to 17:15hrs	Manuela Cristea	Lead
Wednesday 10 November 2021	09:15hrs to 17:15hrs	Marguerite Kelly	Support

## What residents told us and what inspectors observed

Overall, the inspector observed that the residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff who knew them well and were responsive to their needs. The feedback from the residents was that they were happy and content. The staff were observed to deliver care and support to the residents in a manner that was kind and respectful. However, this inspection also identified opportunities for improvements in a number of areas as detailed under their respective regulations.

This unannounced one day inspection was carried out after the centre had recovered from a recent outbreak of COVID-19. This designated centre had remained free from COVID-19 throughout the pandemic, however between August and October 2021 the centre experienced a significant outbreak of COVID-19 which saw over 40 residents and more than 30 staff testing positive with the virus and in which sadly some residents died. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak had been declared over by public health. On arrival to the centre, the inspectors were guided through a rigorous protocol and safety checks, including temperature control, sanitising hands and confirmation that they were free from any signs and symptoms of COVID-19.

The inspectors acknowledged that staff and residents had been through a traumatic time. In conversations with the inspectors, some staff voiced their sadness that despite their hard work at keeping the residents free from COVID-19 throughout the previous 18 months, a recent positive case detected in August 2021 had resulted in a devastating outbreak in the centre. The outbreak was widespread and occurred after all residents and staff had been vaccinated against the virus. Staff also told inspectors that they were supported and additional resources were put in place to enable them to provide good care during the outbreak; others staff mentioned that they were provided with alternative accommodation when they had tested positive themselves and this helped to ease their own anxieties in respect of protecting their families.

Throughout the inspection, the inspectors communicated with more than eight residents who all reported very high levels of satisfaction with how they were cared for in the centre and commended staff for their attention and kindness. One resident said that staff were so quick at responding that 'you could not fault them'. All residents said that the food was lovely and plentiful, that they had plenty of activities to keep them occupied during the day and that they had no complaints in respect of anything. Some of the residents who had recovered said that they were fortunate to not have had major symptoms but that they had full trust in how the staff looked after them throughout and that the medical and nursing care was very good.

One resident said that they had been in the centre previously on a short-time respite basis, and that they made the decision themselves to come in for long-term care

afterwards, as they felt safer and happier in the centre. They said that they were pleased with their how staff cared for their clothes, their personal possessions and the cleanliness of their rooms. Bedrooms were observed to be clean and spacious and personalised with residents' belongings, photographs and souvenirs. Personal emergency evacuation plans for each resident were observed available in their room together with manual handling assessments. The corridors were compartmentalised with suitable fire doors, however some of the compartments were large and required review, especially as not all bedroom doors were fitted with self-closing devices. This is discussed under Regulation 28.

The centre was appropriately designed and well laid out to meet the needs of the residents. It had a central hub in a circular style from which seven corridors diverged named after famous streets in central Dublin. Single and twin bedroom accommodation was provided on these corridors, which were beautiful decorated with streetscape signs and brightly coloured doors. Some of the bedrooms were closed off and identified for isolation areas as a contingency in the event of residents developing signs and symptoms of COVID-19. In addition there were numerous communal spaces where residents could choose to spend time socialising together, and quiet spaces for those who wished more privacy. These included an Oratory, a TV relaxation room, a visitors' area/ sitting room and a large cinema room. The dining room was spacious and tables had been appropriately laid out to support social distance. Residents also had unrestricted access to a large enclosed garden and a smoking room.

In general the premises was well-maintained and the inspectors observed that Talbot street corridor had been upgraded more recently. Nevertheless, a number of improvements were required in respect of premises which are described under regulation 17. Some of these were recurrent findings. While the provider had taken action to address the odour linked to the sewage system in respect of a communal bathroom, the smell was still evident on the day of inspection and was not conducive to a pleasant environment for the residents.

Residents were observed to be enjoying the activities in the activities rooms which was sufficiently staffed at the time of inspection. One resident who spoke with the inspectors said 'everyone is so nice and kind' and that they were very happy living in the centre and wanted to say a big thank you to all the staff who cared for them so well during the outbreak. The interactions between staff and residents were observed to be very courteous and person-centred and a relationship of trust was evident.

A residents' survey had been completed in 2020 which indicated consistently high levels of satisfaction with the service, staff and overall care. Monthly residents' meetings were taking place and minutes showed that any issues raised by the residents were followed up in a meaningful manner by the management team. These meetings were well-attended and topics discussed included visiting arrangements, infection prevention and control, activities and food choices.

Staff spoken with were knowledgeable about the residents, their food and fluid preferences and requirements, the falls prevention measures and their pressure care

needs. When asked which residents required frequent repositioning to prevent pressure damage to their skin, staff were able to identify those residents as per assessment. However documentary evidence to support these practices had not been completed on the morning of inspection. The person in charge advised that turning charts were completed retrospectively in the morning as a measure to ensure staff adhered to infection prevention and control procedures during the provision of morning care and reduce the risk of cross-contamination. Nevertheless, location charts for residents identified at risk of absconsion had not been timely completed and this posed a significant risk in the event of such an incident occurring. The person in charge provided assurances before the end of inspection that this had been addressed, however a review of care documentation and supervision arrangements was necessary to ensure residents received safe care in line with their assessed needs.

Inspectors observed staff engaging with residents in a kind and sensitive manner and a positively happy atmosphere was evident. Residents appeared well dressed and well groomed. Residents said "I like the food, and it's great here" and that they were supported to enjoy a good quality of life with interesting things to do during the day. Throughout the day residents were observed engaged in lots of activities such as singing and music, bingo games, quizzes as well as sensorial activities in a dedicated room for those residents that required a quiet and less stimulating environment. While the centre was in need of some refurbishment work in a number of areas, in general it provided a suitable and safe environment for residents.

Although there were no positive or suspected cases of COVID-19 in the centre at the time of inspection and there was 100% vaccination rate among staff and residents, visiting continued to be restricted to one area and taking place by appointment only. As a result of this, there were only a small numbers of visitors on the day and the inspectors only met with a few of them.

The visitors' feedback in respect of care and staff was that they were 'second to none' and that although they accepted the requirements for booking in advance they were looking forward to a day where they could see residents' bedroom, as they had not had that opportunity yet since the admission to the centre.

Staff were observed adhering to infection prevention and control practices such as the uniform policy, monitoring staff temperatures arriving and during the working day, good hand hygiene practices and social distancing measures at break times.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspectors found that this was a good centre with a caring team of staff

who worked hard to provide safe and appropriate care and support to residents. Although the provider had made great efforts to appropriately resource the centre, maintain a safe environment and keep the residents safe, the inspectors found that improvements were also needed in the areas of staffing, governance and management, premises and infection control, which were interdependent.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to assess their contingency arrangements in the event of another outbreak in the centre. The registered provider is Mowlam Service Unlimited Company and the centre had a good history of regulatory compliance.

The person in charge had recently been appointed in the post and effective arrangements were in place to ensure they were well supported in their role, including twice weekly visits by a healthcare manager. In addition a system of peer mentoring was in place where a person in charge from another sister centre belonging to the group visited the centre on a weekly basis and provided advice, coaching and guidance as required. A range of audits were carried both in respect of the quality of care (such as nutrition, medication management, care plans and clinical documentation, falls management, wounds) as well as environmental, hospitality, hygiene and infection prevention control audits. While these audits were effective at identifying areas for improvement, the implementation of the action plans in respect of the audits' findings was protracted.

Various committees had been established to drive the quality improvement agenda of the centre, including a falls prevention committee, restrictive practices committee, infection prevention and control, health and safety committee to name a few. However, the minutes from the various committee meetings were repetitive and did not evidence proactive responses to identified areas.

Staff had received appropriate training for their role and were found to be knowledgeable and confident in their practices. Appropriate staffing and supervisory arrangements were in place in respect of care and nursing staff. However, although an active recruitment process was in place and external cleaning contractors were being sourced and due to start the day after the inspection, the housekeeping resource staff required review. Although there was an identified Infection prevention and control (IPC) lead on site there was no identified suitably qualified infection prevention and control support to help manage IPC risks within the centre.

Communication with staff occurred regularly at formal meetings and informally at the daily safety huddles in which pertinent health and safety issues were raised. All staff who spoke with the inspectors confirmed that they felt very supported, and that they could raise issues readily with the person in charge and felt their views would be listened to.

A sample of records reviewed showed that improved oversight to the management of records was required to ensure that they were accurately and contemporaneously completed as further detailed under regulation 21. Nevertheless, a sample of four staff files reviewed provided good assurances that all required documentation had



been appropriately obtained prior to taking up employment, including an Garda Siochana (police) vetting and evidence of professional qualifications and registration with relevant bodies as applicable.

An annual review for 2020 had been completed. It included a full review of the quality and safety of care delivered to residents and evidence from the residents' satisfaction surveys completed.

A sample of three complaints were reviewed and found that they had been managed and responded to in line with local procedure and the complaints process. A procedure was in place for referral of complainants who were not satisfied with the outcome of investigation to the centre's appeals process.

#### Regulation 14: Persons in charge

A new person in charge had been appointed in the centre in the previous month. They met the regulatory requirements in that they were a full-time registered nurse with the required experience in the management of older person and had a post graduate qualification in management.

The person in charge demonstrated good knowledge of the residents and regulatory responsibilities and a commitment to continuously improve the quality of care provided by the service

Judgment: Compliant

#### Regulation 15: Staffing

While there were sufficient nursing and care staff available in the centre to meet the needs of the residents, the cleaning and housekeeping resources required review. The centre was heavily reliant on agency staff in this department, which did not ensure continuity, oversight and assurances that the appropriate cleaning processes and procedures were consistently followed. Dedicated laundry staff were in place three days of the week, however, a review of records showed that on some days housekeeping staff performed dual tasks such as cleaning and laundry. This was not appropriate and required review.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Staff were appropriately supervised and supported. Training in infection prevention and control procedures including COVID-19 precautions and practices were ongoing to mitigate risk of COVID-19 infection and in preparedness for an outbreak.

Judgment: Compliant

### Regulation 21: Records

Practices in respect of recording resident's care required strengthening and review to ensure records were accurately maintained, contemporaneously completed and they reflected the care provided. For example the turning charts for residents' assessed at risk of impaired skin integrity were completed retrospectively in the morning, to allow for the provision of personal care.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems to ensure the service was safe and appropriately monitored were not sufficiently robust to ensure identified issues via the audit route were effectively and timely responded to. A number of action plans from audits were overdue, and while the inspectors accepted that the centre had just come out of a significant outbreak of COVID-19, improved focus and oversight was now required to monitor safety and ensure continuous improvement

There were staff meetings discussing infection prevention and control, however the minutes seen by the inspectors on the day appeared to be copied and pasted as the discussions and actions were exactly the same, only the reviewed date was altered to the next month. For example the health and safety committee or the infection prevention and control committee. Improved oversight was required to ensure all care records were completed in a timely manner and supported the high standard of evidence-based nursing generally provided in the centre.

Systems and resources in place for the oversight and review of infection prevention and control practices required review as all processes were not effective as further detailed under regulation 27. For example there were no safety data sheets available in the housekeeping room and the three spill kits were observed to be out of date.

Many of the housekeeping staff had recently left, and the centre were relying on agency staff whilst recruiting. Although employed staff had completed mandatory

and relevant training to support them in their role, there was no evidence that the cleaners had received formal training in cleaning methods, procedures and chemical use.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

An up-to-date centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed.

Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies and procedures in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

## Quality and safety

Overall the inspectors found that residents were supported to live a good quality of life and received a service which largely met their needs. While no immediate risks were identified on this inspection, improvements were required in respect of premises, visiting arrangements, fire safety, healthcare oversight and implementation and infection prevention and control measures.

Residents had good access to medical and allied health care services. Resident's individual care plans were developed based on individualised assessments and provided good details in respect of the interventions required to meet residents' needs. Residents at risk of losing weight were weighed on a weekly basis and appropriately referred to support services as needed. While timely assessments and reviews were in place, improved oversight of care practices was required to ensure a

high standard of evidence based nursing was consistently provided and that residents at risk of absconsion were appropriately supervised and monitored.

Residents had access to a range of services, including Old Age Psychiatry Services, gerontologist and additional expertise such as diabetic specialists, dietetics, optician and chiropody. Residents had access to weekly occupational therapy and a physiotherapist visited the centre five days a week and provided one to one as well as group activities. A general practitioner (GP) visited the centre twice weekly and out of hours medical cover was in place.

There were a number of wounds in the centre and a pressure ulcer register had been created to ensure appropriate oversight. Residents had access to tissue viability nurse or the vascular team as required, and appropriate assessment, care plans and wound management charts were in place. A recent initiative saw the introduction of wound care champions to promote skin integrity.

Palliative care support was available to residents when required, and although none of the residents living in the centre were actively at the end of life, records showed there were good arrangements in place to assist decision- making and support good practice in end of life care.

Residents reported feeling safe in the centre however the visiting arrangements required immediate and full review as the continued restrictions on visits adversely impacted on residents' rights.

While the overall environment was pleasantly decorated, clean and homely, a number of areas as listed under regulation 17 required improvement. Although the provider had made efforts to address some of the previously identified issues such as the heating and ventilation in the centre, these issues had not been resolved and continued to have a negative impact on the residents living in the centre.

A risk management policy and risk register was in place and maintained. A process for hazard identification and assessment of identified risks relating to residents and to the centre were recorded and subject to review. Risks identified were outlined and the plan in place to control these risks was clear.

There was evidence of appropriate preparedness should the centre experience a second outbreak of COVID-19. A comprehensive contingency plan had been put into place to minimise the risk of residents or staff contracting a COVID-19 infection, and records showed that the plan had been reviewed in October 2021. All staff had received training in infection prevention and control and systems were in place to test staff and residents who presented or reported symptoms of COVID-19. This plan supported early recognition and containment of suspected cases of COVID-19.

There was good evidence of fire safety measures in place to protect the residents which included appropriate servicing, testing and maintenance of fire safety building and equipment. Staff who communicated with the inspectors were confident and knowledgeable of what to do in the event of fire and had taken part in weekly fire drills to ensure they had the practical skills required to safely evacuate the residents. Nevertheless, additional improvements were required to further enhance the fire

safety arrangements in place as further detailed under regulation 28.

### Regulation 11: Visits

Arrangements were not in place for residents to receive visitors in private, in line with current public health guidance. At the time of inspection visits only happened by appointment and in a dedicated communal area that had been arranged for this purpose. While a risk assessment had been completed in May 2021, it had not been updated with current changes in guidance that recommended normalising visiting arrangements. Prolonged restrictions or limitations to visits were not necessary at the time of inspection given the vaccination status of staff and residents.

Judgment: Substantially compliant

### Regulation 13: End of life

Arrangements to support effective end-of-life care were in place including comprehensive end-of-life care plans that met residents' holistic needs, specified resident's wishes and religious and cultural preferences, advanced directives and anticipatory prescribing arrangements. The designated centre had good links with palliative care community services. Records showed that residents' families were involved in the care planning process.

Judgment: Compliant

### Regulation 17: Premises

While the premises was appropriately laid out to meet the needs of the residents, the inspection found that the following issues required review and improvement:

- The heating and ventilation system in the centre required review.
- As in previous inspections a musty smell was noticed within the some of the bathrooms and showers. The centre have worked hard to find the cause but unfortunately this had not been rectified on the day of inspection. This was a repeated finding which directly impacted resident's daily experience.
- The hot water temperatures were cool or cold during the day in a number of areas; this also posed a risk of Legionella
- A proactive maintenance programme and refurbishment of some areas in the centre was required to ensure premises were kept in a good state of repair. For example the storage presses in the clinical room were in very poor state;

other wooden surfaces were also damaged and in need of painting and repair.

- Appropriate equipment such as dressing trolleys was not available

Judgment: Substantially compliant

## Regulation 26: Risk management

An up-to-date safety statement, current risk register and risk management policy was in place.

The centre's risk management policy included the measures and actions to control the risks specified in regulation 26(1)(c). An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

A serious incident review post outbreak was in a draft format at the time of inspection and the provider agreed to submit that when it was completed.

Judgment: Compliant

## Regulation 27: Infection control

While many examples of good practice were observed on the day, further opportunities for improvements in the following areas were required to ensure adherence to the National Standards for infection, prevention and control in the community services:

- Some areas of the centre were not cleaned to an acceptable standard.
- There were minimal housekeeping procedures to guide staff to clean the centre. The current system was a checklist indicating areas were cleaned. Deep cleaning procedures and enhanced terminal cleaning procedures were not available. This lack of guidance and oversight was clearly impacting on the standards of cleaning in the centre.
- Equipment was seen to have the 'I am clean sign' but visually were not clean.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre and these did not comply with current recommended specifications for clinical hand hygiene sinks.
- There were many examples of cupboards, doors, walls and surfaces with flaking paint chipped or peeling surfaces and chipped wood making cleaning of these surfaces impossible. Particularly the surfaces in the clinical room

required urgent review.

- There was storage of inappropriate items in the dirty utility room (sluice room) such as footstools.
- Clinical waste bins required to be locked and consistent tagging of sharps bins was needed to support effective contact tracing
- Inspectors observed several instances where shared toiletries and hairdressing equipment appeared to be in use.
- The laundry did not have a one-way system (a dirty to clean journey) needed for the safe processing of clothes and linen.
- A tray was required underneath the draining rack for equipment in the dirty utility room to prevent the risk of cross-contamination and transmission of infection. For example, the inspectors observed wet bedpans and urinals from the bedpan washer dripping directly onto commodes which were stored underneath the rack

Judgment: Not compliant

### Regulation 28: Fire precautions

Improvements were required in the following areas:

- Most bedroom doors did not have self-closing devices. Although staff were trained and knowledgeable in the evacuation procedure, which included closing of all bedroom doors behind to contain the spread of fire and smoke, this was a mitigating arrangement and the system required prompt review to ensure full compliance with fire safety.
- Oxygen cylinders were observed inappropriately stored in one of the rooms which posed a risk of fire
- Weekly fire drills were carried out including simulated scenarios of the largest compartment (which included 12 beds) with night time staffing levels. However, as that compartment had not been fully occupied, the fire drills only included the evacuation of up to seven residents. The evacuation times of those residents did not provide sufficient assurances that the staff could safely evacuate that compartment at full capacity in under five minute.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' assessments were completed and care plans were in place to reflect their assessed needs. Assessments and care plan reviews took place four monthly or more frequently if required. The care plans were very person-centred and detailed and included extensive descriptions of resident's likes and dislikes, needs and the

specific therapeutic interventions required to address those needs.

Each resident had a COVID-19 care plan in place and there was evidence of active surveillance for signs and symptoms with twice daily temperature checks in place.

There was evidence of residents being involved in the development of their care plan and their review.

Judgment: Compliant

### Regulation 6: Health care

The location charts for the residents at risk or absconsion were not completed in a timely manner and appropriately maintained. While individualised assessments and care plans were in place for these residents which identified that safety checks required to be completed every 30 minutes, the inspectors were not assured that these interventions were consistently implemented in practice. On the morning of inspection the location charts had not been completed by 12 o'clock. This posed a risk to the health and safety of the residents assessed as at risk of absconsion. In addition, the location chart documentation required review to ensure it provided meaningful information in respect of where, when and by whom was the person at risk seen last, and ensure that a high standard of evidence-based nursing was consistently provided.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff were facilitated to attend training and were knowledgeable regarding safeguarding residents from abuse. Staff were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

The provider was a pension-agent for five residents and a separate account had been set up in line with guidance for the management of residents' personal finances.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Swords Nursing Home OSV-0000181

Inspection ID: MON-0034760

Date of inspection: 10/11/2021

## 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:</p> <ul style="list-style-type: none"> <li>• The Person in Charge (PIC) is supported by a regional Healthcare Manager (HCM) who visits the home regularly.</li> <li>• There is an Assistant Director of Nursing (ADON) who provides oversight to all departments, Staff Nurses (SNs) and Healthcare Assistants (HCAs), Catering and Housekeeping staff.</li> <li>• The PIC produces and monitors the staff roster for healthcare, catering and housekeeping services. The rosters are based on the required staffing for each department taking account of the number of residents, their dependency levels, care needs and preferences.</li> <li>• Staffing within the home is carefully and consistently monitored to ensure that there are always enough suitably qualified staff available in each department. Staffing levels are reviewed from time to time to maintain consistently high standards.</li> <li>• If staff are unavailable to work due to sickness leave, every effort is made to realign the rosters so that another staff member can cover the shift(s), but if that is not possible, agency staff are booked to replace the absent staff member.</li> <li>• There is an active recruitment process ongoing to fill vacant catering and housekeeping positions, and in the interim, we have secured a service agreement with a Contract Services company to provide suitable staff cover for these areas until such time as permanent staff can be recruited to fill these posts.</li> <li>• We make every effort to ensure that where possible the same contract/agency staff member is available to fill the vacancy to ensure consistency and continuity.</li> <li>• There is an induction procedure in place for all temporary agency or contracted staff, incorporating fire safety and induction on the policies and procedures required for the role they are covering. This includes a comprehensive Housekeeping Manual.</li> <li>• We will ensure that staff do not undertake dual roles, such as cleaning and laundry; contract/agency staff will be assigned to a designated area on each shift.</li> <li>• Rosters are produced in fortnightly cycles and are published in advance of the start date to ensure that staff are aware of their rostered shifts.</li> <li>• The PIC ensures that all staff understand their priorities each day in terms their role within the centre.</li> </ul>	

- The PIC and ADON provide advice, supervision, guidance and direction to ancillary staff and they ensure that the service provided is safe, appropriate and consistent.
- We are planning to outsource laundry services for the nursing home by the end of February 2022.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

- The PIC and ADON have conducted a systems review of the practices in respect of recording residents' care to ensure resident records are accurately maintained, contemporaneous and completed to reflect the care provided.
- Staff have been provided with portable electronic devices that allow them to log on to the electronic records system and record care delivery and checks at point of care.
- The PIC and ADON will monitor the completion of these records to ensure they are completed within the timeframe required.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- There is a clearly defined management structure in the nursing home. The PIC and ADON have significant experience in caring for older persons, and both have an appropriate management qualification in accordance with Regulation 23.
- The PIC is supported by the regional Healthcare Manager and Director of Care Services, both of whom are Persons Participating in Management (PPIM) for the nursing home. The Healthcare Manager visits the home regularly and is available for advice, discussion and consultation at all times.
- The PIC reports all key performance indicators (KPIs) on a weekly basis so that there is a good awareness of all risk, safety and quality issues as well as capacity and capability of the home.
- There is an audit schedule in place to monitor key aspects of care and appropriate quality improvement plans have been identified and implemented to address any areas of non-compliance.
- The PIC will monitor the completion of action plans from the audits, to ensure identified issues found have an effective and timely action plan in place and these are addressed in the agreed timeframe. The audit management systems are reviewed, and the action plans discussed at the Monthly Management Quality & Safety Meeting, attended by representatives from each department in the home.

- The PIC will have oversight of all records in relation to minutes of meetings, to ensure that they accurately reflect the topics discussed and the action plans agreed.
- The systems and resources for infection prevention and control practices have been reviewed and these procedures have been included in the induction of permanent and temporary staff as per the nursing home's Infection Control Policies & Procedures and the Company Housekeeping Manual.
- Safety data sheets have been updated and are available in the housekeeping room.
- Spill kits have been replaced and a system of checking expiry dates has been put in place.

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:

- The PIC has reviewed visiting arrangements and they are now in line with current public health guidance.
- The PIC will ensure that a risk assessment is completed to ensure arrangements are in keeping with the most current recommendations in respect of visiting arrangements to residential care facilities.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A full review of the heating and ventilation systems in the nursing home will be undertaken and remedial actions/repairs will be implemented where indicated. This programme of works is anticipated to be completed by 31/03/2022.
- Significant works have been undertaken to eradicate this odour from the nursing home, with limited success to date. Further investigations and works are planned to address this matter and implement a permanent solution, and we anticipate that these works will be completed by 28/02/2022.
- This was addressed the day after the inspection and a faulty blending valve was replaced on 11/11/2021.
- Appropriate dressing trolleys have been ordered which will comply with infection prevention and control standards.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• A deep clean of the entire centre has been completed and a cleaning contractor has been engaged to provide a daily housekeeping service.</li> <li>• The PIC will ensure that all permanent and temporary housekeeping staff have been inducted to include the procedures they are required to complete as part of their role to maintaining standards of hygiene and cleanliness in the centre.</li> <li>• There is a Housekeeping Manual available for staff to use as a reference guide.</li> <li>• The system of record keeping has been reviewed and daily, deep cleaning and enhanced terminal cleaning procedures and records are in place and monitored by the PIC and ADON.</li> <li>• All wash hand basins that are not in compliance with the current recommended specifications for clinical hand hygiene will be replaced by 30/04/2022.</li> <li>• A full review has been undertaken of refurbishment of the centre and a Maintenance Plan has been put in place which includes replacement of unit/cupboard doors in the clinical room. This will be completed by 31/03/2022.</li> <li>• All items inappropriately stored in the sluice room have been removed. The PIC and ADON will monitor the ongoing standards in the sluice room as part of the regular Infection Prevention &amp; Control audit programme.</li> <li>• Clinical Waste bins have been obtained to ensure that they are locked and there is oversight to ensure that there is tagging of sharps bins.</li> <li>• The PIC has reviewed the storage of toiletries and the practice of shared toiletries and hairdressing equipment has ceased.</li> <li>• The Laundry Room layout has been reviewed and a one-way system (a dirty to clean journey) is planned to be implemented by 30/04/2022 to ensure the requirements for safe processing of clothing and linen is in place.</li> <li>• A drip tray has been installed underneath the draining rack for equipment in the dirty utility room.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• An extensive refurbishment and upgrade of the Nursing Home. As part of this programme of works, we will introduce 'Free Swing' door closers, but in the interim period it is planned to set in place fire safety management and procedures to ensure the doors are closed at night. We will install automatic 'door guard' closers as required, and we will ensure that doors that do not currently have a door guard are kept in the closed position at all times.</li> <li>• Inappropriately stored oxygen cylinders have been relocated to an appropriate designated storage area.</li> <li>• The PIC will ensure that weekly fire drills will be carried out, simulating night-time staffing levels. A fire drill record and learning outcome will be maintained.</li> </ul>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"><li>• The PIC has reviewed practices to ensure that the records of residents' care have been completed, accurately maintained and contemporaneous to reflect the care provided.</li><li>• Staff have been provided with portable electronic devices that allow them to log on to the electronic records system and record care delivery and checks at the point of care. These devices are used also for residents who are assessed as requiring regular location checks.</li><li>• The PIC and ADON monitor the completion of these records to ensure they are completed in the timeframe required and that they are high quality, evidence-based and consistently provided.</li></ul>	

## 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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	11/11/2021
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.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	30/04/2022



	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/12/2021
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.	Substantially Compliant	Yellow	31/12/2021
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.	Substantially Compliant	Yellow	31/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	31/01/2022

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
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	31/12/2021