



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

## Issued by the Chief Inspector

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| Name of designated centre: | Talbot Lodge Nursing Home              |
| Name of provider:          | Knegare Nursing Home Holdings Ltd      |
| Address of centre:         | Kinsealy Lane, Malahide,<br>Co. Dublin |
| Type of inspection:        | Unannounced                            |
| Date of inspection:        | 18 December 2020                       |
| Centre ID:                 | OSV-0000182                            |
| Fieldwork ID:              | MON-0031333                            |

## About the designated centre

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

The designated centre provides 24- hour nursing care to up to 112 residents of all dependency levels, male and female who require long-term and short-term care that includes transitional, convalescence and respite care. The centre is a modern single story building divided into three areas: Castle, Estuary and Seabury. Accommodation is provided in 72 single and 20 twin bedrooms, some of which have en-suite facilities. There are a number of communal facilities available for the residents including six sitting rooms, three dining rooms, one activity room, a large Café, an oratory and a hairdresser facility. The nursing home is situated in a tranquil setting located near the town of Malahide and set in spacious grounds and landscaped gardens. The stated philosophy of care is to provide a person-centred approach, empowering and supporting residents to be as independent as possible and to live meaningful and fulfilling lives.

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

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| Number of residents on the date of inspection: | 98 |
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                       | Times of Inspection     | Inspector       | Role |
|----------------------------|-------------------------|-----------------|------|
| Friday 18<br>December 2020 | 09:00hrs to<br>18:00hrs | Manuela Cristea | Lead |

## What residents told us and what inspectors observed

The inspector spoke with more than 12 residents on the day who were unanimous in their praise of the staff and their efforts to ensure they had everything they needed. They all commented on how 'terribly nice' and kind staff were, and how 'they could not do enough for you'. A few residents also mentioned that sometimes there were staff shortages and that although the staff worked extra hard they had to wait for their calls to be answered. Residents were empowered and reported that they would not hesitate to complain if they had an issue. Minutes of residents meetings showed that the issue of staff shortages had been openly discussed with the residents at one of the regular meetings.

Residents were satisfied with the standard of care they received, the food, the programme of activities and how they were kept informed and consulted. They said that they had a good quality of life and 'nothing could be better if the visiting issue was resolved'. They understood the need for visiting restrictions and said that they felt safe in the centre and were confident in the staff's ability to protect them.

The inspector met with more than seven different visitors who had pre-planned arrangements to visit their relative on that day. The overall feedback from the relatives was very positive in respect of the care, facilities and staff. However, the detrimental impact of visiting restrictions on both residents and families was mentioned by every single person who communicated with the inspector. This was a highly emotional subject and some relatives became visibly upset when describing their fears that their loved one was lonely, or perhaps they did not eat or take their medication. Some referred to 'the worry of not knowing' as being worse than the fear of the virus. Every single visitor and resident who spoke with the inspector said that they were looking forward to a time when they could see and hug their loved one freely. Despite the high anxiety caused by these restrictions, the vast majority of visitors acknowledged that they were necessary to keep their loved one safe and were very complementary about the centre's efforts in keeping the centre free from the COVID-19 virus.

Compassionate visiting was arranged for residents who could not communicate via technology and there were several dedicated areas created to facilitate such visits: this included a visitors' booth with Perspex screening, a large Oratory, and dedicated spaces in the large lobby at the entrance in the centre. In addition, window visiting was permitted and the inspector observed moving encounters between residents and their loved one, including a small birthday celebration encounter between mother and daughter.

Relatives reported that they were satisfied with how they were kept informed of any changes in the residents' condition and that throughout the pandemic there had been regular and consistent communication with management, which eased their anxieties.

Throughout the day the inspector observed residents engaged in activities, meal times, medication administration rounds and physical exercises. All interactions between residents and staff were courteous and kind and it was evident that staff knew the residents really well. Different activities were happening in different units throughout the day and the inspector observed resident participating in 'Fit for life' exercises, engaged in a sensory therapy session, doing quizzes and talking about current affairs, watching a movie and listening to a concert. Residents looked well-groomed and neatly dressed and confirmed to the inspector that their privacy and choices were respected by staff.

The inspector observed that the general environment was clean, bright, well-maintained and met residents' needs. Communal areas were appropriately decorated and the Christmas music and decorations helped to create an uplifting atmosphere of festive spirit and celebration for the residents and staff.

## Capacity and capability

This was an unannounced risk inspection following an increase in the numbers of unsolicited information received by the Chief Inspector of Social Services in respect of staffing and the quality of care provided to the residents. Since the last inspection in August 2019, there had been 11 instances of unsolicited information received, which had been followed up by the inspectorate and comprehensive assurances received from the provider in respect of the issues identified. The findings of this inspection show that this was a good centre which was striving to deliver a high standard of care to the residents living there. However, despite managements' ongoing efforts to recruit staff, the high staff turnover and staffing shortages were impacting on the staff's ability to consistently provide a high standard of quality care. The inspector followed up on the action plans from the last inspection and found that they had been completed by provider.

The registered provider was the Knegare Nursing Home Holdings Limited and the person in charge, supported by the the General manager of the service facilitated the inspection. The designated centre had a good history of regulatory compliance. Since the last inspection there had been a change in the governance and management arrangements as the centre had been taken over by the Brookhaven Healthcare Group. While this inspection identified further need for improvement in respect of staffing, supervision, governance and management, complaints, healthcare and infection prevention and control, there were no urgent or immediate risks identified.

The inspector also reviewed the centre's preparedness and contingency plan for COVID-19. The plan was comprehensive and provided clear guidance on the management of suspected and confirmed outbreaks. There were clearly identified roles and responsibilities and identified public health and community infection control links. Outbreak management details included cohorting and isolation

protocols and a robust strategy to communicate with families. There had been two outbreaks of COVID-19 in the designated centre since the beginning of the pandemic. They both were well-managed and contained so that the transmission of the virus was limited. As a result during the outbreak in May 2020 one resident contracted the virus and in the outbreak in September two residents and one member of staff contracted the virus.

Based on observation, conversations with staff and residents and a review of staffing rotas, the inspector was not assured that there were sufficient staff numbers with the right skill mix on duty at all times. This related in particular to the healthcare assistant and supervisory staff. While the staffing ratios were calculated using validated dependency assessment tools, there were numerous shifts left uncovered. On the day of inspection, one healthcare assistant and one household staff were absent and not replaced. Staff confirmed that this was a common occurrence and that short-notice absences were often not replaced. This was verified in the rosters that were submitted to the inspector following the inspection which showed a significant numbers of gaps in the staffing levels since July 2020.

In addition, the operational management structure in the centre had been dramatically depleted and did not align with the centre's statement of purpose. The statement of purpose listed additional clinical nurse managers CNM3 and CNM2 roles to support the person in charge and provide support and supervision to nursing and care staff. At the time of the inspection a General Manager was working in a full-time capacity in the centre and was proactively supporting the person in charge. The person in charge was also supported by a recently appointed assistant director of nursing. At the time of inspection, there was only one clinical nurse manager who was working as a staff nurse and who did not have any dedicated supervisory time. Given the size and layout of the centre, the inspector was not satisfied that such arrangements were adequate to ensure appropriate monitoring and oversight of care and services, including at night and during weekends.

The inspector acknowledged that the provider was committed and willing to provide a safe and quality service for the residents living in the centre and was actively recruiting for 14 healthcare assistants. The provider informed the inspector that despite a significant recruitment campaign, sourcing staff remained very challenging and protracted. There were plans for international recruitment in 2021, which would see a significant number of nurses joining the organisation, as well as the use of external agencies to supplement for the healthcare vacancies. In addition, the provider confirmed that they had voluntarily agreed to stop taking new admissions until the staff resource was stabilised.

The inspector found that there were good governance arrangements at organisation levels and the registered provider representative was supportive and visited the centre on a regular basis. Minutes from the weekly management meetings with the registered provider representative and showed good levels of service oversight. They had a preset agenda where all relevant issues in respect of the safety and welfare of residents, staffing, resources, complaints, accidents and incidents were discussed. Infection prevention and control featured as a standing agenda item at

local governance meetings.

There was a comprehensive monthly auditing system in place and key performance indicators were collected on a weekly basis. While there was effective oversight and good governance systems in place to monitor the service provision, further improvements were required to ensure the auditing system in place was sufficiently robust to allow trending and monitoring of the quality and safety of care and services.

The registered provider had access to specialist infection prevention and control expertise if required. The person in charge was the dedicated lead for infection prevention and control in the centre and was completing regular hand hygiene, environmental and infection control audits. A housekeeping supervisor oversaw the cleaning department and monitored the practices of the cleaning team. However, in addition to compensating for staff shortages, the inspector found that they did not have any supernumerary time to perform their supervising duties and actually oversee staff practices. For example, the inspector identified dusty equipment in a room that had been signed off as terminally clean. This is further detailed under Regulation 27.

Records showed that staff had attended mandatory training and relevant infection prevention and control training. Staff confirmed to the inspector that their temperature was monitored twice daily in line with Health Protection and Surveillance Centre (HPSC) guidance. Staff were aware of the requirement to report any signs and symptoms that they may have and not to come into work if they became unwell.

Generally, the complaints were well-managed, however some improvements were required to ensure they were responded to in line with local policy. The overall feedback from families and residents was positive.

## Regulation 15: Staffing

The staffing levels in the centre on the day of the inspection were not sufficient to meet the assessed needs of the residents. There had been a significant increase in staffing turnover levels since September 2020, and at the time of inspection there were at least nine full-time vacancies for the healthcare assistant role. Although some absences were covered by agency staff or the centre's own staff working overtime the inspector was not assured that these arrangements provided adequate and sustainable cover to compensate for the staffing levels required. Furthermore, these vacancies impacted on the continuity of care for residents and the providers' COVID-19 contingency plans for the management of a potential outbreak in the centre.

A minimum of one registered nurse was on duty at all times, in line with the regulatory requirements.



Judgment: Not compliant

### Regulation 16: Training and staff development

There were arrangements in place for staff to access the mandatory training which included the following: Fire safety awareness, Safeguarding training, Manual Handling and Infection Prevention and Control. The staff training records showed that mandatory training requirements were up to date.

Training records confirmed that 100% of staff were up to date with infection prevention and control training which included hand hygiene, personal protective equipment (PPE), standard precautions and COVID-19 training.

Registered nurses had completed training in cardiopulmonary resuscitation (CPR) and medication management. All nurses working in the centre had an active registration with the Nursing and Midwifery Board of Ireland (NMBI).

The inspector found that there were robust induction programmes for the new staff and that staff appraisals and performance development plans were completed. However, given the size and layout of the centre, the supervision arrangements at the time of inspection were weak and required full review to ensure practices were consistent and appropriately supervised. This related to the supervision and management of both nursing and household departments. For example, while dedicated housekeeping supervisory roles had been appropriately identified, the inspector was not assured that the arrangements in place were effective. A nominated cleaning supervisor had been appointed, however they did not have any supernumerary time for supervising duties, and in fact they were part of the daily roster of cleaning staff with a full list of cleaning duties to complete.

Judgment: Substantially compliant

### Regulation 23: Governance and management

At the time of inspection, the centre was not adequately resourced in terms of staffing to deliver care in accordance with the statement of purpose. The inspector accepted the verbal assurances from the provider that they had voluntarily ceased new admissions until the staffing levels were stabilised. In addition, the inspector was satisfied that the provider was committed to recruit into the vacant positions, with a confirmed plan in place for the beginning of 2021.

Staff working in the service were aware of their responsibilities and to whom they were accountable. However, while there were clear lines of responsibility and accountability at individual, team and service level, the inspection found that the governance and management arrangements in the centre required strengthening to

ensure they were sufficiently robust. While senior staff were available on call at night and at weekends there were no senior staff rostered to be in the centre at these times to supervise the care and services that were provided for residents. A full review of supernumerary management cover arrangements was required to ensure that senior staff were available at night and at weekends to guide and support staff in the provision of care.

As a result of the reduction in the management structure, the inspector was not assured that the service was appropriately monitored at all times in order to ensure a consistent and safe service was provided. For example, the management had not identified that staff did not regularly check and record residents' temperature on a twice daily basis in line with centre's COVID-19 contingency plan.

Nevertheless, this inspection found that the leadership and management provided by the person in charge and general manager ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives. As a result, the ethos of person-centred care was evident in staff practices and attitudes.

There were quality assurance systems in place to monitor the quality of care and services, however, while they provided a measure of quality assurance, these were not always sufficiently robust to identify areas for improvement. This is evident by the findings of this inspection in respect of environment and infection prevention and control improvements that had not been identified by management in the centre.

The annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and contained a quality improvement plan.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The centre had an up-to-date procedure in place for the management of complaints. The complaints procedure was displayed in the centre for residents, relatives and visitors' information. However the policy and procedure did not identify the person nominated to oversee that complaints were appropriately responded to in the designated centre. Nevertheless, a review of documentation and discussion with the person in charge, provided the inspector with assurances that this role was clearly established and operational in practice.

A complaints log of all complaints was maintained in the centre and relevant documentation regarding each complaint was logged, and investigated promptly. With few exceptions, the complaints were responded to in line with the complaints process.

A suggestion box was available at the reception, and the inspector found that anonymous issues reported via this route were appropriately followed up in line with local policy.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the quality and safety of care provided to the residents was of a good standard. The inspector saw evidence of individual residents' needs being met. However further improvements were required in respect of healthcare and infection prevention and control to ensure that residents' safety was maximised and that they received the highest standard of evidence-based care.

The designated centre was homely, warm and comfortable. Communal rooms were beautifully decorated for the festive season. In general, the communal areas were of sufficient size to safely accommodate the number of residents who were using them. However, the seating and social distancing arrangements in place for residents at mealtimes were not optimal and in line with current guidance. This was addressed on the day by the general manager.

A number of infection prevention and control measures had been implemented to ensure the safety of the residents, staff and visitors. The centre was clean overall, and residents confirmed that their rooms were cleaned on a daily basis. Records were completed by housekeeping staff in line with local policies.

While there were good levels of compliance with the national standards in infection prevention and control, this inspection identified areas for improvement that could further enhance the quality and safety of care provided, the specifics of which are detailed under Regulation 27.

All residents who spoke with the inspector confirmed that they felt safe and their experience of living in the centre was positive. Residents' rights were upheld and the activities programme was varied and interesting. The inspector observed residents relaxed and engaged in various stimulating activities throughout the day.

Maintaining communication with residents and families formed part of the designated centres' contingency planning and the records showed effective arrangements were in place. The layout of the centre facilitated outdoor visits to take place in a safe manner. Scheduled indoor visiting was also facilitated in line with guidance with several visitors attending the centre on the day of inspection.

Overall the health care needs of residents were being met. However the inspector found that residents were not being monitored for signs and symptoms of COVID-19 in line with current guidance. Records showed that residents had timely access to medical care and other allied health professionals such as physiotherapy,

dietetics, speech and language therapy, occupational therapy, dental services and chiropody in order to meet their ongoing needs.

From a review of a sample of residents' care plans, and discussions with residents and staff, the inspector found that the nursing and medical care needs of residents were assessed and that appropriate interventions and treatment plans were being implemented. A suite of validated clinical risk assessments was completed for each resident in areas such as falls prevention, pressure and skin integrity, malnutrition risk, oral care and pain management. Residents' skin and pressure area care was closely monitored and managed with support from the centres' own tissue viability nurse.

Restrictive practices were robustly assessed, monitored and reviewed on a regular basis. The number of restrictive practices was low, with seven residents using bedrails at the time of inspection. Following feedback from staff, further training in dementia and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had been arranged for January 2021.

Medicine management systems and process in the centre were safe and informed by evidence-based policies. The inspector observed the lunchtime medication administration round. While safe practices were evident, the inspector recommended a review of practice to ensure that residents' mealtime experience was undisturbed and truly 'protected' in line with local policy.

## Regulation 11: Visits

The centre had arrangements in place for residents to receive visitors with measures implemented to reduce the risk of accidental introduction of COVID-19. A visiting protocol was available and actively updated in line with latest national guidance. Measures were taken in line with the Health Protection and Surveillance Centre (HPSC) *COVID-19 Guidance on Visitations to Long Term Residential Care Facilities*, to protect residents and staff during the pandemic.

In addition to window visiting, appropriate designated spaces had been created to allow for safe visiting while also respecting visitors' and residents' privacy. The registered provider communicated with all families on a weekly basis to provide them with updates.

All visits were pre-arranged and visitors had to sign-in, complete a visitor questionnaire (which included history relating to overseas travel, close contact and symptom history), and undergo a temperature check, hand hygiene and don a mask or gown as appropriate, prior to visiting. Information posters, and alcohol-gel hand hygiene points were clearly visible on entry.

Judgment: Compliant

## Regulation 27: Infection control

The inspector observed largely good infection control practices and hygiene standards implemented by staff during the course of inspection. There were clear protocols in place to detect signs and symptoms early in staff, such as twice daily temperature checks in line with guidance. On the day of inspection fortnightly serial swabbing of all staff was being carried out in the centre. The uptake of flu vaccination for staff and residents was very high, and a health promotion ethos was evident with regular education sessions for staff and residents on how to keep themselves safe.

The staff uniform policy and 'bare below elbow' protocol was adhered to and appropriate staff changing facilities were available. Face protection masks were worn by all healthcare workers at the time of this inspection. There were systems in place to ensure staff minimised their movements around the centre and they were assigned to different zones in the building. Hand hygiene and PPE advisory posters were displayed and alcohol hand rub gel was available and appropriately located at various points throughout the building.

There was a comprehensive policy in place and staff were knowledgeable of the standards for the prevention and control of healthcare associated infections. The centre had implemented preventative control measures in relation to water-borne infection and a formalised *Legionella* risk assessment had been carried out.

The designated centre was clean on observation, hygienic, free from odours and there were sufficient sanitary facilities for the number of residents. There were appropriate infection prevention and control signs on display around the centre to alert staff and visitors of high risk areas. Isolation precautions were observed during this inspection and appropriate signage to communicate isolation precautions and PPE was available outside rooms.

The household staff who spoke with the inspector were aware of their roles and responsibilities, the cleaning processes needed for the daily and terminal cleaning and the use of colour-coded cleaning cloths. A flat mop system was in place and the cleaning trolley was clean.

A planned auditing schedule for infection prevention and control, hand hygiene and environmental audits was in place, which included an action plan to address any identified shortcomings. Although the person in charge had completed a one day training in the infection prevention and control for the management COVID-19, from an infection prevention and control perspective this inspection identified the need for enhanced skillset, knowledge and on site expertise to ensure all practices in the centre consistently aligned to *National Standards for Infection Prevention and Control in Community Services, 2018*.

While there were many examples of good practice observed on the day, this inspection identified the need for further improvement in a number of areas as follows:

- The storage facilities required full review to ensure that there was appropriate segregation between clean and contaminated equipment at all times. For example clean supplies were stored on open shelves in the housekeeping room, where dirty cleaning brushes and the buffer machine was also stored; more than 10 clinical waste bins that were not in use were stored in one sluice facility resulting in potential contamination and blocked access to facilities.
- The cleaning, management and storage of residents' equipment required review; the inspector found that residents' washbasins were stored on a communal rack in some of the shared bathrooms and not in their own bedrooms. This was not an appropriate practice to prevent cross-contamination.
- Although the management of laundry had been outsourced to an external company, the linen skips where all laundry was collected required review to ensure they had appropriate covers for the safe transportation of linen throughout the centre.
- Residents' adherence to social distancing arrangements at mealtimes was not in line with HPSC guidance. This was addressed at the time of the inspection.
- Wear and tear was visible on some surfaces making them difficult to clean. The quality of some furnishings and fixtures did not always support effective cleaning.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews were carried out.

The inspector observed good practices in how the medicine was administered to the residents. The nurse took time in ensuring the resident understood what they were taking and medicine was only signed for after the administration, which was in line with best practice. In between each resident the nurse decontaminated their hands using alcohol hand rub and good hand hygiene technique. Medicine that was to be administered in a crushed format was appropriately prescribed and dispensed.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

An assessment of the health, personal and social care needs of an intended resident was arranged prior to admission, to ensure resident's needs could be met in the centre.

A comprehensive assessment was completed within 48 hours of the resident's admission. Assessments included a range of validated assessment tools and this information was used to develop a care plan with the resident and/or their family. All care plans were reviewed at four monthly intervals, or sooner if residents' condition changed. The care plans were personalised and provided clear guidance to staff on the specific care needs and interventions required to support the residents.

Residents' daily progress notes were comprehensive, truly person-centred and detailed.

Residents, and where appropriate, their relatives or friends, were involved in the care planning and support decisions made.

Judgment: Compliant

## Regulation 6: Health care

Residents had very good access to a general practitioner (GP) who visited the centre twice weekly. Out of hours medical cover was also provided. Residents also had access to appropriate expertise in line with their assessed needs, which included access to specialist consultant in gerontology, psychiatry of later life and palliative services as required. A clinical nurse specialist in gerontology visited the centre on a regular basis.

Other relevant allied health professionals visited the centre and their input was incorporated into clinical risk assessments and care planning. A physiotherapist employed by the centre, visited and provided support to the residents three times a week. In addition, occupational therapists, speech and language therapists, dentists, dietetics and tissue viability nurse were also available on a referral basis. To avoid unnecessary transfers to hospital, access to mobile X-ray unit was also facilitated, where appropriate.

Some further improvements were required to ensure all nursing care practices in the centre were evidence-based, and that risk assessments and clinical observations actively and consistently informed the care provided. For example residents were not being monitored for changes in their vital signs which may indicate a risk of COVID-19 transmission, in line with current Health Protection Surveillance Centre (HPSC) *Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care*



*Facilities guidance.*

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

The inspector observed that residents in the designated centre looked calm and relaxed and the interactions with staff were kind and supportive. Staff were observed providing gentle reassurance and successfully employing diversion strategies in the least restrictive manner whenever residents displayed anxiety or restlessness. Residents' care plans detailed person-centred interventions in how to effectively support them.

While complying with the wider public health and infection control restrictions, the registered provider was ensuring that in as much as possible, residents lived in a restraint-free environment. In an effort to prevent and contain the potential spread of COVID-19 the centre had been divided into three distinct zones, and residents were restricted in their ability to move freely around the centre. Residents told the inspector that they found the restrictions burdensome, but they understood they were required for their protection.

A restraint register was maintained and the number of restraints were low, with seven bedrails in use at the time of inspection. Records showed that restraints were only used following a comprehensive risk assessment and there was evidence of alternatives trialled prior to their use.

Judgment: Compliant

### Regulation 8: Protection

Staff were trained and knowledgeable in safeguarding vulnerable adults and all residents reported that they felt safe and that they could talk to a member of staff if they had any concerns.

The centre did not act as a pension-agent for any of the residents at the time of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights



The inspector observed interactions of staff and residents and saw that residents were treated with kindness and respect. It was evident that they were familiar and comfortable in each others' presence. Observations demonstrated that staff knew residents' preferences and routines and these were facilitated in a caring manner.

Overall, residents' privacy and dignity was respected. Staff were observed to knock on residents' doors and wait before entering bedrooms. Residents were well-dressed and appeared comfortable and relaxed in their setting.

Resident's meetings were held regularly and records showed that resident feedback and suggestions were acted on. Residents were kept informed of the public health measures that were being taken in the centre to minimise risks associated with COVID-19. There were arrangements in place for residents to access an independent advocate to support them if necessary.

The centre had two full-time activity coordinators who ensured that throughout the pandemic residents continued to enjoy a stimulating activity programme to prevent loneliness and isolation. All residents reported high levels of satisfaction with their opportunities for activities and meaningful engagement, with one resident saying that they 'did not have time to get bored'. The daily activity schedule was available on large colourful activity boards and residents also received a printed copy to ensure they did not miss any events. There was live music on a weekly basis and the provider had made appropriate arrangements to maintain residents' safety. Two musicians played in the dedicated visitor's booth, behind a perspex screen, and many residents told the inspector that they were looking forward to the next show. In addition, movie events were organised and the mass was live streamed via the internet.

Residents had access to information and news, and a summary of current affairs was printed and provided to residents for group discussions. Residents were supported to use telephones and video calls to keep in contact with friends and family particularly when the visiting restrictions were in place.

A recent residents' and families' satisfaction survey had been completed, which showed very positive feedback in respect of communication and the quality of care provided during and after the COVID-19 outbreak. Residents were overall satisfied with how they could exercise choice, although some mentioned that they were unhappy that they could no longer move around the centre to meet with residents from other units. It was evident that restrictions had an impact on residents' lives, however all residents confirmed that they were kept fully informed and understood the reason for the restrictions. Residents participated in regular education sessions on COVID-19 precautions and how to keep themselves safe.

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 15: Staffing                              | Not compliant           |
| Regulation 16: Training and staff development        | Substantially compliant |
| Regulation 23: Governance and management             | Not compliant           |
| Regulation 34: Complaints procedure                  | Substantially compliant |
| <b>Quality and safety</b>                            |                         |
| Regulation 11: Visits                                | Compliant               |
| Regulation 27: Infection control                     | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant               |
| Regulation 5: Individual assessment and care plan    | Compliant               |
| Regulation 6: Health care                            | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Compliant               |

# Compliance Plan for Talbot Lodge Nursing Home OSV-0000182

Inspection ID: MON-0031333

Date of inspection: 18/12/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

| Regulation Heading   | Judgment      |
|--|---------------|
| Regulation 15: Staffing  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:<br/>           Talbot Lodge Nursing will always endeavor to ensure full staffing arrangements within the centre. Due to Covid-19 we have several staff unable to work due to underlying illnesses and/or living with at risk individuals. We are constantly under pressure from absences due to contact tracing off staff with partners in other care facilities and hospital settings. During the pandemic we have also had staff move to positions in the Public Sector and roles within the Covid-19 swabbing and vaccination centers.</p> <p>Ongoing recruitment continues within the centre with interview occurring weekly.</p> <p>Post Inspection we have had the following staff commence employment:</p> <ul style="list-style-type: none"> <li>5 x Health Care Assistant</li> <li>1 x Household Assistant</li> <li>1 x Clinical Nurse Manager</li> </ul> <p>The following appointments have been made but await Garda Vetting/Compliance Paperwork:</p> <ul style="list-style-type: none"> <li>2 x Health Care Assistants</li> <li>1 x Housekeeping Staff</li> </ul> <p>We are awaiting 4 x Registered Nurses who are due in Ireland to completed RCSI Adaptation but are currently delayed due to issues with Visas/Permits to enter the country. This issue is being addressed at a National level by NHI.</p> <p>An new Person in Charge has been appointed and will commence in the centre in Mid-April 2021. When the new PiC commences in the centre the current Acting PiC will return to her Assistant Director of Nursing (ADON) Role. Our second ADON returns from Maternity leave mid-February allowing her acting replacement to return to their role of CNM.</p> |               |

Talbot Lodge continues to use Agency Supports to ensure the appropriate number of staff are on site to meet the needs to the residents. These staff are dedicated solely to talbot Lodge and are retained on a short-term basis to ensure continuity of care. They are included in our serial testing to protect the residents and other staff in the centre.

There has been no admissions in Talbot Lodge since December 4th 2020. This admission had been planned for since August 2020.

Previous to that the last admission had been August 20th 2020.

|   |                         |
|---|-------------------------|
| Regulation 16: Training and staff development | Substantially Compliant |
|---|-------------------------|

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

A review of the Housekeeping Department has taken place with the Household Supervisor now removed from the daily housekeeping staff compliment and now assigned only to the supervision of the team in a supernumerary capacity. Additional Housekeeping Staff have been hired in the center to ensure appropriate staffing levels are maintained to support this.

The Nursing Department is currently under review and arrangements are being put in place to allow for Clinical Nurse Managers to have allocated time off the floor.

Debriefs continue to occur with all staff on site daily to ensure compliance with all Infection Prevention and Control issues.

|  |               |
|--|---------------|
| Regulation 23: Governance and management | Not Compliant |
|--|---------------|

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

Talbot Lodge continues to ensure that the required staffing is planned for on a daily basis. Where deficits occur these are filled through the use of our own staff completing additional hours or through agency supports. Every effort is made to ensure staffing levels are maintained to a safe and appropriate level.

Recruitment is ongoing and new hires have been identified in Regulation 15 noted above.

All new staff are supported and trained and Talbot Lodge has a robust and comprehensive induction programme in place which is closely supervised and monitored by the PiC.

There is a clearly defined management structure in Talbot Lodge which will be further enhanced and supported in the coming weeks with the return of existing staff and the new appointment of a PiC. All staff are fully aware of the management structure and the escalation pathways. This has been discussed during daily briefings and this practice will continue. Families and residents are also fully aware of the management structure.

The Annual Review of the Quality and Safety of Care is underway in Talbot Lodge Nursing Home. A copy of this review will be made available to all residents.

The Registered Provider meets with the Management Team in Talbot Lodge at least weekly and formally monthly to review the staffing levels in the Nursing Home.

Weekly reports are provided to the RP in respect of the planned and actual hours worked for each department on a weekly basis.

|                                     |                         |
|-------------------------------------|-------------------------|
| Regulation 34: Complaints procedure | Substantially Compliant |
|-------------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A review of the complaints and complaints procedure has been undertaken by the General Manager. Training will be provided for staff in relation to the management of complaints. This training will also include a refresher on the centers complaints policy and the correspondence required when engaging with the complainant.

|                                  |                         |
|----------------------------------|-------------------------|
| Regulation 27: Infection control | Substantially Compliant |
|----------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 27: Infection control:

The storage areas for housekeeping have been reviewed within the center with additional storage areas identified to support a separate clean and contaminated area. The clinical waste bins identified as being surplus to requirement on the day of inspection have been removed and are appropriately stored elsewhere in the centre. Laundry skips with lids/coverings are being sourced currently and the ones in use will be replaced.

A Clinical Lead in IPC has been hired by the Group and commences in her role on

01.02.2021 and will be available to support the Team in relation to all IPC matters noted. All furnishings within the centre have been reviewed and those identified or assessed as being unsuitable for use due to wear and tear or inability to clean appropriately have been disposed of.

All residents continue to maintain social distancing where possible. This has been discussed previously with residents at the resident's monthly meetings and continues to be reiterated daily.

Regulation 6: Health care

Substantially Compliant

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

All residents within the Nursing Home have their Temperature/Oxygen Saturation taken and recorded at least twice daily.

This is supervised by the Clinical Nurse Manager on duty and overseen and reviewed daily by the Person in Charge.

## 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      | 01/04/2021               |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised.  | Substantially Compliant | Yellow      | 29/12/2020               |
| 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      | 01/04/2021               |
| Regulation 23(b)    | The registered  | Not Compliant           | Orange      | 01/04/2021               |



|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. |                         |        |            |
| 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 | 29/01/2021 |
| Regulation 27       | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.          | Substantially Compliant | Yellow | 29/01/2021 |
| Regulation 34(1)(c) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure,  | Substantially Compliant | Yellow | 04/01/2021 |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.  |                         |        |            |
| Regulation 34(1)(f) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. | Substantially Compliant | Yellow | 04/01/2021 |
| Regulation 34(1)(g) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.  | Substantially Compliant | Yellow |            |
| Regulation 34(3)(a) | The registered provider shall nominate a person, other than  | Substantially Compliant | Yellow |            |

|                 |  |                         |        |            |
|-----------------|--|-------------------------|--------|------------|
|                 | the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.   |                         |        |            |
| 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 | 08/01/2021 |