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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Acorn Lodge</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Acorn Healthcare Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Ballykelly, Cashel, Tipperary</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>24 November 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000188</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0030887</td>
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About the designated centre

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

The premises is a single storey, purpose-built centre established in 2001. It is constructed in an “H” type configuration on a large elevated site. The name of the provider is Acorn Healthcare Limited. The centre is registered to accommodate 50 residents and provides care and all residents bedroom accommodation is provided in single bedrooms, each containing en suites with assisted toilet, assisted shower and wash-hand basins. Bedroom accommodation is provided in two wings and each wing also accommodates a linen room, sluice room, a non-assisted bathroom and a nurses’ station. The stated aim of the centre is to provide person centred care and services to residents that is informed by evidence based practice and a commitment towards continuous quality improvement. The centre caters for residents of all dependencies; low, medium, high and maximum care needs, and provides 24 hour nursing care. The centre caters for adults over 18 years of age, both male and female with varying conditions, abilities and disabilities. These include persons requiring extended or long term care as well as those who require respite care or convalescence, dementia and cognitive impairment; residents with physical and sensory impairments and residents who may also have mental health needs. In addition, the centre caters for residents requiring Percutaneous Endoscopic Gastrostomy (PEG) feeds or special diets, subject to and in conjunction with, the support of the residents' General Practitioner (GP). The centre currently employs approximately 48 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, administration, catering, and maintenance staff.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 45 |
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:

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<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>Tuesday 24 November 2020</td>
<td>09:00hrs to 17:00hrs</td>
<td>Helena Grigova</td>
<td>Lead</td>
</tr>
<tr>
<td>Tuesday 24 November 2020</td>
<td>09:00hrs to 17:00hrs</td>
<td>Caroline Connelly</td>
<td>Support</td>
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What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a very nice place to live with plenty of choice in their daily lives. Staff promoted a person-centred approach to care and were found to be kind and caring. Inspectors met with a large number of residents present on the day of the inspection and spoke in more detail with approximately 10 residents and also met two visitors who were on a compassionate visit during the inspection.

The inspectors arrived to the centre unannounced in the morning and staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature checks. Following an opening meeting the person in charge accompanied the inspectors on a tour of the premises where they also met and spoke with residents in their bedrooms and in the various day rooms. The inspectors saw that the centre was set out in four different corridors. The person in charge showed the inspectors an area they had set aside as an isolation area if they were to have an outbreak of COVID-19 in the centre. She had kept four bedrooms empty that could be used with a separate entrance and facilities for staff. There was a large central communal area which included a number of day rooms, the main dining room, a library, a smoking room and a lovely oratory. Resident bedroom accommodation was provided in single occupancy en-suite bedrooms. Many bedrooms were seen to be much personalised and homely with furnishings, art work, photographs and soft furnishing brought from home. A number of residents who spoke with the inspectors told them they were very proud of their bedrooms and loved the privacy it provided them. One resident told inspectors she like to stay in her room and enjoyed making jigsaw puzzles. Inspectors saw a large table was provided with the puzzle in process. A completed jigsaw was framed on the bedroom wall. Residents told inspectors they liked looking out at the view from their window of the lovely grounds and the local countryside. During the morning residents were seen relaxing in various day rooms and some were having a relaxed breakfast. Other residents were seen to move freely around the centre and some were accompanied by staff as required. The corridors were sufficiently wide to accommodate walking aids and wheelchairs, handrails were readily available for residents use. The inspectors saw that there was hand sanitisers at the entrance to the centre, on entrance/exit to all bedrooms and staff rooms. However, inspectors identified a lack of sanitisers on the corridors and in the communal areas and this is discussed under infection control.

The centre was seen to be very homely, well decorated and very clean throughout. There were a variety of pictures on the corridors providing points of interest and some tactile pictures for residents with dementia to enjoy. There was a wall of staff certificates of training to provide assurances to residents of staff’s qualifications. Day rooms were seen to be homely with fireplaces, televisions and one room contained two tables set out for activities including for card playing. Inspectors saw residents enjoying cards games in the afternoon. There was good
banter seen and heard and residents were keen to add they were not playing for money but were still very competitive anyway. Residents told the inspectors they looked forward to their game of 25 or whist which they had played at home. Other activities were seen to take place included hand massage, exercise group and music. Residents were keen to tell the inspectors about the various activities that took place and described the arts and crafts, music and bingo which was a favourite with many residents. They described how they were currently watching a series of old musicals which they discussing afterwards and reminisced about. Residents were very complimentary about the centre and were proud of their environment. They spoke very highly about the food and described the choice they had daily. A number of residents described the lovely home baking and the desert trolley that contained a large selection of deserts to choose from daily. The inspectors observed the dining experience at lunch time and saw that there were two meal sittings. The first setting was for residents who required more assistance and the second for more independent residents. Both sittings were in the lovely bright dining room where tables were set with white table clothes and appropriate table settings. Meal times were observed to be a social unhurried experience and inspectors saw the food was appetising and well presented. The desert trolley that the inspectors had been told about lived up to its description and was seen to be enjoyed by all.

Residents told inspectors that the current visitor restrictions were difficult for them but said the person in charge and staff had been very accommodating in allowing visitors in for compassionate reasons. The inspectors saw visiting taking place during the inspection. Other residents described the window visits and how the person in charge had put up canopy’s outside their bedroom windows to protect their visitors from the elements. Some garden visiting had also been facilitated ensuring PPE was used and social distancing maintained.

Residents and relatives spoken to were complimentary about staff saying that staff are excellent, friendly courteous and understanding. Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Inspectors also observed some very person centred interactions with staff and residents in resident’s rooms and in the communal areas. A number of residents spoken with stated that they enjoyed living in the centre with one resident saying "it is the best thing I did moving here, I have a lovely family outside the centre but I have another lovely family inside the centre". Another resident said "staff are great they are full of fun and keep you going". All residents spoken to were very complimentary about the person in charge one gentleman described her as a "fantastic lady who would do anything for you", another said "she is always around you can go to her with anything and she will sort it for you". A number of residents spoken to described staff as kind and attentive and that when you call the bell they will come. The inspectors saw that residents' nails were painted and their hair was done, one of the care staff had taken on the role of hairdressing in the absence of the hairdresser being able to come into the centre. Residents said this was very important to them and they liked to look well for photos and interactions with their families. Relatives said communication with the centre during the COVID-19 pandemic has been good and they received regular communication from the centre. During the inspection there appeared to be adequate staff to meet residents needs however the inspectors found that staffing levels and skill mix required review.
particularly at night when there was only one nurse on duty from 22.00hrs to care for up to 50 residents. There was also no segregation of staff into separate areas to ensure separate teams of staff work in areas to avoid contact with all residents.

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

**Capacity and capability**

This inspection was an unannounced risk-based inspection completed in one day. The last inspection of the centre took place in March 2019. The inspection was carried out to follow up on issues raised on the last inspection and to review infection prevention and control measures in light of the COVID-19 pandemic. This centre had a good history of compliance with the regulations in the past.

The inspectors acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the residents COVID-19 free.

The governance structure operating the day to day running of the centre consists of the person in charge who is also the provider of the centre, supported by an assistant director of nursing, registered nurses, activities staff, care staff, kitchen, household, cleaning, laundry and maintenance staff.

A sample of staff files were reviewed and included all of the documentation required by Schedule 2 of the regulations. All staff had An Garda Síochana vetting disclosures in place and all staff nurses had up-to-date professional registration with An Bord Altranais agus Cnáimhsceachais na hÉireann.

The inspectors observed good communication between staff and residents and staff were seen to be caring and responsive to residents needs. There was a sufficient compliment of staff to meet the personal care needs of the residents. Staff were knowledgeable and interacted with residents in a kind and courteous manner. Regular staff meetings and shift handovers ensured information on residents’ changing needs was communicated effectively. Some improvements were required in the allocation of registered nurses to each shift to ensure that there was a minimum of two registered nurses on duty on every shift.

The inspectors saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre. The management team had established links with the public health team and HSE lead for their area. The team had identified an area for isolation and cohorting of residents. The area could
accommodate four residents in four single bedrooms and could be extended if required. These single bedrooms had en suite toilet and shower facilities. All residents that are transferred from the acute setting as well as new admissions to the centre are isolated for 14 days as part of the risk management processes in place to minimise the spread of the virus. The contingency plan in place outlined that separate staff would be specifically allocated to care for residents in this area in the event of an outbreak of COVID-19.

A record of incidents occurring in the centre was reviewed by the inspectors and found to be well maintained and comprehensive.

While systems were in place, findings indicated that strengthening of the supervision and oversight of care delivered was required to ensure that all aspects of the service delivered were meeting regulatory requirements. The details of actions required outlined under the regulations below.

**Regulation 15: Staffing**

Inspectors reviewed three weeks rosters and found that staffing levels required review. At the time of this inspection Inspectors found that the centre was not sufficiently staffed in preparation for an outbreak of COVID-19. There was only one nurse on duty from 22.00 to 08.00am and staff were not assigned to teams to contain the spread of infection but they worked with all the residents. The one nurse on duty for the night shift provided care for up to 46 residents and also supervised the care staff providing care to residents throughout the centre. This would be particularly problematic if there was a resident at end of life requiring nursing care. The person in charge assured the inspectors she would look into this. She told the inspectors she had contingency arrangements in place to provide continuity of care by using agency nurses and care staff in the event that a significant number of staff were out sick.

Two cleaning staff were working in the centre from 08:00 to 15:00 and the centre was seen to be very clean, however it was not clear who was allocated to clean the high touch areas for the evening.

**Judgment:** Not compliant

**Regulation 16: Training and staff development**

Training records were not up to date on the day of the inspection. An additional training matrix was sent to the chief inspectors office post the inspection. However,inspectors found that record of fire training delivered by an authorised person showed that this was last delivered in September 2018. The action for this is
under regulation 28 Fire precautions.

Infection control training was provided and this training focused on timely identification of residents with COVID-19 infection, hand hygiene, donning and doffing (putting on and taking off) of personal protective equipment (PPE) procedures and public health guidance to prevent and control COVID-19 infection. The person in charge conducted audits and spot checks of hand hygiene and infection control practices to ensure good practice and that PPE was used and disposed of in line with national guidelines. However, the inspectors observed that not all staff implemented the required infection prevention and control policies at all times. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance) which would be further discussed under regulation 23 Governance and management and regulation 27 Infection Control.

The inspector reviewed a sample of staff files and found that there were robust recruitment and selection processes in place to ensure that the required references and Garda vetting were in place for staff before they started working in the designated centre.

Judgment: Compliant

**Regulation 23: Governance and management**

There were systems in place to monitor the quality and safety of the service and to ensure residents' quality of life in the centre. A commitment to continuous quality improvement was evident. An ethos of person-centered care and resident empowerment was evident in staff practices and attitudes. There was a system in place to monitor the quality and safety of the service. The clinical effectiveness of the service was also closely monitored with frequent collation and analysis of key clinical parameters from computerised system such as falls by residents, dependency level measurement, infections and antibiotic use. Operational and clinical audits formed part of the regular oversight and monitoring process. The infection control audit was revised to include an environmental audit, hand hygiene and the appropriate use and disposal of PPE. In addition, the most recent version of guidance for Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities was available for staff on the electronic care system.

Judgment: Compliant

**Regulation 31: Notification of incidents**
A record of accidents and incidents involving residents in the centre was maintained. All incidents of serious injury to residents were notified to the Health Information and Quality Authority (HIQA) as required within the specified regulatory timescales. However, not all incidents had been reported in writing to the Chief Inspector as required under the regulations within the required time period. This notification was in relation to three monthly information required to be submitted to the chief inspector, on the fire alarm activation. Inspectors requested for this notification be submitted retrospectively which it was done.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There was an up to date complaints policy and procedure to inform staff when managing complaints and concerns. This procedure was on display in the reception area of the centre and identified the nominated complaints officer and also included an independent appeals process as required by legislation. Residents who spoke with inspectors had been informed about the complaints policy and knew how to make a complaint. There was a system in place to facilitate the recording of complaints on the computerised documentation system. Complaints were seen to be investigated and appropriate action taken to rectify the issue complained about.

Judgment: Compliant

**Quality and safety**

Residents’ lives had been significantly impacted by the COVID-19 restrictions. Overall, the inspector found that the care and support residents received was of a good quality and ensured that they were safe and well supported. Residents’ medical and health care needs were met.

The person in charge ensured that all operational risks were documented in the centres risk register. Risks identified in the risk register where further discussed at management and staff meetings and actions taken to address the risk were appropriate.

The environment was homely, clean and well-maintained. The dining room was bright, spacious and well laid out to ensure social distancing could be maintained. The inspectors observed the dining experience and saw that residents appeared to
enjoy their food, and that assistance was provided in a discreet and dignified manner.

In recognition of the enhanced requirements for meaningful engagement and stimulation during the pandemic when residents could not meet with their visitors, dedicated staff had been allocated to ensure residents’ social needs were met. Visits to residents had been facilitated in line with Guidance on visitations to residential care facilities.

All residents had a care plan which provided clear guidance on how to most effectively support residents with their assessed needs. The inspectors reviewed a sample of care plans for current residents and found consistent good practices. Residents responsive behaviours were well managed and they were well supported by staff. Residents' responsive behaviours did not negatively impact on the quality of life of other residents in the centre.

The daily progress notes were comprehensive and care plan reviews contained input from the resident's general practitioner (GP) and allied health services such as, for example, the dietitian or speech and language therapist as required.

Special arrangements were in place for residents who were at the end of their life to receive visitors in a respectful and private manner and in line with infection control precautions. At the time of inspection, there were no residents actively receiving end-of-life care.

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to care for residents in an informed respectful way that ensured their dignity was respected.

**Regulation 11: Visits**

The centre normally operates an open visiting policy but due to the COVID-19 pandemic the centre was currently closed to visitors except in exceptional and compassionate circumstances for end of life. Garden and window visits had been facilitated and inspectors saw that the provider had put a number of glass canopy's outside residents bedroom windows to protect visitors from the elements when visiting.

Residents psychological well being was risk assessed and inspectors saw that compassionate visits were facilitated for wellbeing reasons as well as for end of life. The inspectors met visitors in the centre during the inspection. Staff were also committed to ensuring residents and their families remained in contact by means of technology and other video and telephone calls.

**Judgment: Compliant**
## Regulation 17: Premises

The premises was a single storey, purpose-built centre established in 2001. It was constructed in an "H" type configuration on a large private elevated site with landscaped gardens. Residents’ bedrooms were accommodated on two wings to the left and right of the main reception area. All bedrooms were single, en suite with assisted toilet, assisted shower and wash-hand basin. Communal facilities provided for residents included a dining room, day room, drawing room, library, smoking room and prayer room. The surrounding grounds and gardens were attractively planted and very well maintained. Gardens and seating were situated to the front of the building, residents also had access to a further secure garden area with pathways and seating that was directly accessed from the dining room and smoking room. There was ample personal storage in all bedrooms for residents' belongings and bedrooms were seen to be personalised. Residents' bedrooms allowed for adequate manoeuvring space for the use of assistive equipment. Overall, the decor was clean, homely and the premises was well maintained throughout.

The inspectors noted that access to the centre and to areas such as sluice rooms and the laundry room was by a face recognition technology to prevent staff touching door handles.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk management policy met the requirements of the regulations. The health and safety statement had been reviewed and the emergency plan was up to date. Health and Safety issues were well maintained in the centre. Also, residents individual risks were identified and control measures were in place to mitigate these risks. A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements.

Arrangements that were in place for the reporting, investigating and learning from incidents such as falls, medication errors and near misses. However, where an un-witnessed fall was recorded and resident sustained a head injury continuity in neurological observation were seen to be missing as directed in centre's policy.

Judgment: Substantially compliant
Regulation 27: Infection control

The provider had contingency plans in place for the management of an outbreak of COVID-19 and had identified an isolation areas in the centre should it be required. One of the nurses had taken on the role of infection control lead for the center and provided training and advice to staff on hand hygiene, donning and doffing of PPE and other aspects of infection control. There was appropriate infection prevention and control signs on display throughout the centre. Staff supported safe communication between residents and visitors. There was ample signage to remind people to stay safe, and staff wore safety badges as a reminder to maintain social distancing. There was a system in place for swabbing staff for COVID-19 infection, to align with national guidelines. A digital scanning system had been introduced at the entrance to actively monitor staff and visitors’ temperature in a contact-less manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. Residents temperatures and oxygen saturation were also recorded twice daily.

However, some improvements in infection control practices were required as discussed in regulation 15: Staffing and in regulation 23 Governance and Management and as outlined below.

- Gel dispensers were installed in each bedroom, but they were not available in corridors and communal areas.
- Inspectors noted that staff in the centre used only one staff room and one changing room and were not assured that all staff was able to adhere to social distancing guidelines at all times.
- Cleaning staff told inspectors they sanitised frequently touched surfaces twice a day till 3pm, but it was not clear whether this was performed again after 3pm.
- Prepared cleaning solutions on household trolleys were not dated, therefore there was no procedure for discarding unused solution at the end of each day.
- Although the centre was very clean and all bedrooms were cleaned daily, the deep cleaning schedules required review to show when a full deep clean of each room was completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspectors noted that the means of escape and exits, which had daily checks, were unobstructed. Records of daily, weekly and quarterly servicing records were complete up to date. The inspectors noted good practices in relation to fire precautions induction process in
place to ensure staff were knowledge of the fire precautions in the centre. All residents had personal evacuation plans.

However, the action plan from last inspection in March 2019 was not completed. Inspectors were not assured that residents could be evacuated in a timely manner from the largest compartment with the night time staffing levels. Also, records of fire drills did not include details of fire scenario, staffing levels used at the time of the drill, actions taken and learning outcomes. The provider was requested to undertake a fire drill and send into the chief inspector as soon as possible which she agreed to do.

Additionally as outlined under regulation 16: Training and staff development, all staff required updated fire training.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors saw that residents assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Residents assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspectors were comprehensive, personalised and person-centered. They were regularly reviewed and updated following assessments and recommendations by allied health professionals. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to psychological wellbeing and social isolation.

Judgment: Compliant

Regulation 6: Health care

Inspectors saw that residents were supported to retain the services of their own GPs. Records confirmed that residents were assisted to achieve and maintain good health through medication reviews, blood profiling and annual administration of the influenza vaccine.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy and chiropody. Inspector's also saw that residents had easy access to other community care based services such as dentists and opticians. A number of residents were
visited by the community psychiatric team and attended out patient appointments as required.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

There was a policy and procedure in place for the management of responsive behaviours. Staff were knowledgeable regarding residents’ behaviours and were compassionate and patient in their approach with residents. Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and person centred interventions to engage or redirect residents.

There were nine residents using bedrails as a form of restraint at the time of the inspection. There was evidence that when restraint was used there was an assessment done to ensure it was used for the minimal time and as a least restrictive method. The inspector saw that some alternatives to bedrails were trialled and the person in charge was actively reducing restraint and aiming towards a restraint free environment.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents' rights, privacy and dignity was respected by staff in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There were two activity co-ordinators and a varied and stimulating activities programme was in place with a number of activities held daily. During the COVID-19 pandemic residents told inspectors activity sessions, particularly cards and bingo and external activities in the gardens were particularly important to keep their spirits up. One-to-one sessions also took place to ensure that all residents of varying abilities could engage in suitable activities.

Residents had access to media and aids such as radio, televisions, telephone and wireless Internet access were also readily available. This was used to keep in contact with their families during the period of restricted visiting.

Residents were consulted with on a daily basis by the person in charge and staff. Currently there were no formal residents' meetings taking place but the person in charge discussed her plans to appoint one of the residents as chair and recommence meetings to get residents involvement. Resident surveys were undertaken including a survey with residents around communication and management of the centre.
during the pandemic and with visiting restrictions.

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:

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<thead>
<tr>
<th>Regulation Title</th>
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<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
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<td>Regulation 5: Individual assessment and care plan</td>
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<td>Regulation 6: Health care</td>
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<td>Regulation 7: Managing behaviour that is challenging</td>
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<td>Regulation 9: Residents' rights</td>
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Compliance Plan for Acorn Lodge OSV-0000188

Inspection ID: MON-0030887

Date of inspection: 24/11/2020

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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Not Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 15: Staffing: Additional hours for cleaning have been allocated for cleaning of high touch areas in the evening. Staff have been rostered to work in separate teams for each area and a second nurse will be rostered to work from 22.00 to 08.00 hours each night. As outlined in the feedback form, there were two nurses on duty on the day of the inspection in addition to the person in charge, who was not rostered to work as a nurse.</td>
<td></td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management: The person in charge has reminded all nursing staff, both at individual level and during the morning handover that neurological observations must be completed for each resident who has an unwitnessed fall. The person in charge or her deputy will ensure that neurological observations are carried out for each resident who has an unwitnessed fall.</td>
<td></td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control:</td>
<td></td>
</tr>
</tbody>
</table>
Gel dispensers have been installed on corridors and communal rooms. A changing area and staff room have been allocated for staff on each unit. Additional hours have been allocated for cleaning high touch surfaces in the evenings. The use and disposal of cleaning solutions is being carried out in accordance with manufacturers’ instructions. The cleaning schedule has been reviewed and amended to facilitate deep cleaning of each room on a monthly basis.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff in the centre have received fire training internally by a designated member of staff on an annual basis. Since the inspection we have sourced a fire specialist to provide fire training for staff going forward. We have completed a fire drill for the largest compartment with night time staffing levels as required by the inspector and have submitted same to the inspectorate. Going forward, records of fire drills will include the information specified by the inspectors during the inspection.</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>01/01/2021</td>
</tr>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>23/12/2020</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>23/12/2020</td>
</tr>
</tbody>
</table>
control of healthcare associated infections published by the Authority are implemented by staff.

| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. | Not Compliant | Orange | 23/12/2020 |

| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are | Not Compliant | Orange | 23/12/2020 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Substantially Compliant | 23/12/2020 |