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>Sunhill Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>LSJ Care Ltd</td>
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<tr>
<td>Address of centre:</td>
<td>Blackhall Road, Termonfeckin, Louth</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>15 December 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004450</td>
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<td>Fieldwork ID:</td>
<td>MON-0030740</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.

Sunhill Nursing Home is situated in the picturesque village of Termonfeckin, Co. Louth, and within 7 minutes drive from Drogheda town centre. The designated centre is registered to accommodate 92 residents, both males and females, over the age of 18 years who require long-term, short-term and transitional nursing or personal care. The centre provides care for a range of needs including general care of the older person, care of the client with physical disabilities, palliative care, acquired brain injury and dementia care. Accommodation consists of 74 single ensuite bedrooms and 9 twin ensuite bedrooms. All bedrooms are situated on the ground floor and the majority of bedrooms have access to an enclosed garden space. Communal facilities include 5 dining rooms, 9 sitting rooms, Memory Lane Cafe, hairdressing salon and 5 internal garden areas. The objective of the centre is to provide person-centred care to residents by supporting every aspect of their care requirements, while celebrating the diversity of residents and staff as a group and respecting the unique identity of each individual.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 86 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Tuesday 15 December 2020</td>
<td>10:00hrs to 17:00hrs</td>
<td>Naomi Lyng</td>
<td>Lead</td>
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<tr>
<td>Wednesday 16 December 2020</td>
<td>08:00hrs to 14:00hrs</td>
<td>Naomi Lyng</td>
<td>Lead</td>
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What residents told us and what inspectors observed

From what residents told the inspector, and from what the inspector observed, Sunhill Nursing Home was a pleasant and comfortable place to live. While contact with residents was somewhat limited due to the COVID-19 restrictions in place at the time of inspection, the inspector was able to spend periods of time on each of the three units (Baltray, Seapoint and Sandpit) and communicate with approximately 20% of the residents living in the centre. The general feeling expressed to the inspector was that the centre was a good home, and that residents generally had control over how they spent their time.

The centre had experienced three COVID-19 outbreaks prior to the time of inspection, and residents spoke about the impact the pandemic had had on their lives. One resident spoke of the loneliness of not being able to see their family, and the sadness of not being able to visit them in their homes at Christmas. Another resident spoke of the loss of a friend who had passed away in the centre earlier that year, and how they greatly missed their company. One resident spoke of the frustration of being “cooped up” and their desire to go on outings as they had done previously. However, all residents that communicated with the inspector reported that they felt safe and well cared for in the centre during the pandemic. This sentiment was also reflected in the summary findings of the resident’s questionnaire that was carried out by the centre in September 2020. Residents reported that staff spoke with them individually about the COVID-19 virus and the restrictions in place, and records showed that the COVID-19 pandemic and relevant precautions had been discussed in a resident meeting.

The centre is a large one storey building surrounded by landscaped grounds and gardens. Most of the bedrooms have direct access to one of the five enclosed garden areas. These garden spaces were well laid out, with outdoor furniture and attractive plants and shrubs in place, and one space was observed to contain a chicken coop. One resident was observed gardening on both days of the inspection, and another resident told the inspector that they greatly enjoyed watching the hens roaming around. Residents had been assisted to plant a flower pot for each of their doorways as part of an activity session, and a resident showed the inspector where they had placed their pot outside so they could watch it grow. However, the inspector observed that one of the enclosed garden spaces did not have sufficient furniture or decoration to ensure it was a pleasant and comfortable space for residents to enjoy. The registered provider representative reported that this area had been identified as requiring improvement and that the planned project had been postponed due to the COVID-19 pandemic. However, no temporary measures had been put in place to address this.

The centre had a homely and festive appearance, and the walls were decorated with Christmas decorations, photographs of residents and information about life in the centre. For example, the inspector observed professional photographs taken of residents and staff standing at a social distance from each other outside the centre.
by a local artist displayed in the reception. Residents’ bedrooms were tastefully decorated and cosy, and the inspector observed that bedrooms were personalised with the residents’ pictures, photographs, Christmas cards and treasured possessions. There was sufficient furniture in the bedrooms to ensure resident belongings were safely stored, and some residents had chosen to use their own bedding. There was a tv in every bedroom, though this was observed to be shared in twin bedrooms and therefore potentially restricting residents’ ability to watch a programme of their choice. The inspector observed that while the residents living in two of the twin bedrooms inspected appeared content and comfortable in their surroundings, the configuration of these bedrooms did not ensure that the residents’ privacy was maintained at all times. This is discussed further under Regulation 17: Premises. The inspector was unable to inspect all of the twin bedrooms due to the COVID-19 restrictions that were in place.

There were a number of communal rooms in each unit for residents to use depending on their choice and preference. This included sitting rooms, quiet rooms, dining rooms, a library room, a reflection room, the ‘Memory Lane Café’ and a parlour room with a non-alcoholic bar area. Residents were observed enjoying these facilities on their own or in small groups. The inspector observed one of the large sitting rooms being used for a socially distanced sing-a-long session, and it was evident that residents were greatly enjoying themselves as they sang and laughed loudly with the staff. There was a quiet and content atmosphere observed in some of the smaller sitting rooms, and residents were observed watching the news, reading books or the newspaper, and doing crossword puzzles.

There was a sheltered outdoor smoking hut situated in one of the enclosed garden areas, and residents were observed coming and going to this facility regularly, independently or assisted by staff, throughout the two day inspection. The inspector observed that appropriate measures were put in place to ensure residents’ safety while using this facility. This included the provision of suitable and accessible fire fighting equipment, and ensuring that each individual resident had a risk assessment and smoking care plan in place.

Staff told the inspector that the residents had been cohorted into “pods” based on natural friendships and interests for small group activities. This was to ensure residents had opportunities to engage in meaningful activities of their choosing in a safe manner during the COVID-19 pandemic, while respecting those who wished to remain in their own bedrooms and preferred to engage in one-to-one activities. The weekly activity schedule was displayed throughout the centre so that residents could plan their day around activities they would like to partake in. Activity staff completed an assessment of residents’ interests and capabilities on admission to the centre, and this was observed to be updated as required. There were two activity coordinators working on the day of inspection and they showed the inspector artwork and crafts that residents had completed over the year. Activities and events were observed to be planned around residents’ interests and suggestions, and the inspector found evidence of resident consultation in development of the activity programme.

Residents were observed taking their meals in their own rooms, or socially distanced
in the dining rooms, and a choice of refreshments was observed to be made available at different times of the day. There was a menu available with different options for residents to choose from and this was changed on a regular basis. Staff were observed to assist residents in a discreet and respectful manner, and a pleasant and enjoyable experience was created in the dining areas. Residents gave mixed opinions to the inspector with regards to the quality, choice and quantity of the meals provided. Some residents were very complimentary about the food offered and reported that they were "always happy with it", while one resident reported that the food was “alright” and another resident reported it was “okay”. A review of the records of a resident meeting held in January 2020 where there was approximately 20% attendance, showed that one resident found that the dessert options were limited, one resident disliked the meal choices and wanted condiments to be made available on the dining room tables, and one resident found the meals to be bland. Records from this meeting also showed that residents were consulted with in relation to what meals they would like to see available on the menu and that this information was provided to the catering staff.

Visiting in the centre was restricted during the COVID-19 pandemic in line with national guidance, and the centre was preparing for family visits over the Christmas period. The inspector observed a number of socially distanced window visits taking place on the first day of inspection, and the evident enjoyment residents experienced at seeing their loved ones. Compassionate visiting was observed to be facilitated on an individual basis as required to ensure the needs of residents approaching the end of their lives were met. Phones, tablets and the internet were made available to residents to ensure they had access to suitable communication devices and technology as they needed, and staff were observed to assist residents to make video contact with their loved ones. The centre had continued to promote resident contact with their local community despite the COVID-19 restrictions, and the inspector observed that an office had been made available to store the large quantity of Christmas care packages which had been provided by local businesses and schools for residents.

Residents were generally observed to move around their own unit as they wished, and the inspector observed a number of positive interactions between staff and residents as they passed each other on the corridor or in the communal spaces. Residents were clearly familiar with staff, and were seen addressing staff in a friendly and sometimes playful and affectionate manner. Residents told the inspector that staff were helpful, kind, caring and attentive, and one resident spoke about how the staff were "great fun" and helped the days pass in an enjoyable way. Staff were observed to be knowledgeable in regards to residents’ needs and interests. For example, one resident was observed to have attempted to leave the centre through a fire exit door, which set off an alarm. Staff were prompt to respond and to reorientate the resident to their location, chatting to them in an easy and familiar manner and offering activities and refreshments that they knew the resident usually enjoyed to distract the resident from the noise of the alarm. Another resident was observed exercising on a corridor, and the inspector observed staff providing encouragement as they passed them. Some residents were observed to enjoy sitting around the nurses’ station so they could chat to staff as they went about their daily duties. While staff were generally observed to promote residents’
independence in a risk responsive manner, some areas of restrictive practice in the
centre required improvement and is further discussed under Regulation 7:
Responsive behaviour. In addition, on the first day of the inspection the inspector
observed that some risks, such as unsecured storage of hazardous items on
corridors where residents were wandering, and broken equipment in a communal
bathroom, had not been identified or addressed by staff. This is discussed under
Regulation 26: Risk Management.

The inspector observed a number of posters displayed around the centre with
information regarding hand hygiene, the COVID-19 virus, flu vaccines, the centre’s
complaints procedure, resident advocacy groups, and the centre’s safeguarding
officer contact details. Orientation boards were displayed in prominent locations to
assist residents to orientate themselves to the day, date and month. Residents
communicated to the inspector that they did not have any complaints, but felt
comfortable in raising any concerns they may have with staff. The inspector
reviewed documentation from two resident meetings that had been facilitated in
January and October 2020, and observed that residents had brought up concerns or
issues that they had. For example, one resident reported that they felt some staff
could be noisy when they completed the safety checks at night. Another resident
complained that the previous Christmas dinner had been served with gravy on it,
and that residents had not been offered a choice on whether they wanted sauce or
not on their meal. While the person in charge (PIC) reported that this feedback had
been reviewed and addressed, these informal complaints had not been documented
in line with the centre’s complaints policy. This meant that it was not clear
what action had been taken and whether or not the resident who had raised the issue
was satisfied with the outcome.

The inspector observed that a number of infection prevention and control measures
were in place in the centre in response to the COVID-19 pandemic. This included
staff wearing appropriate personal protective equipment (PPE), increased frequency
of cleaning of communal areas and frequently touched surfaces, signage outside
bedrooms where residents were self-isolating, and twice daily monitoring and
temperature checking of staff and residents. The inspector observed that staff were
social distancing appropriately while on their breaks, and were compliant with the
centre’s uniform policy. The inspector observed that bedrooms and communal areas
generally appeared clean and tidy, and there was housekeeping staff available on
each unit. However, the inspector found that some non-resident areas such as
staff rooms and utility areas required improvement to ensure they met relevant
infection prevention and control standards. This is discussed further under
Regulation 27: Infection Control.

In summary, this was a good centre with a responsive team of staff delivering safe
and appropriate person-centred care and support to residents. The areas that
require further improvement, as identified on inspection and highlighted under this
section, will be discussed further in the report.

**Capacity and capability**
This was a short-term announced risk inspection carried out following three COVID-19 outbreaks being declared in the centre in April, July and August 2020. Inspectors requested a number of documents and records prior to and during inspection, in order to assess the centre’s compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and to assess the centre's preparedness for a COVID-19 outbreak. The inspector also reviewed the information submitted by the provider as part of the provider’s application to renew registration of the designated centre.

Sunhill Nursing Home is operated by LSJ Care Ltd, of which there are two company directors. The centre has a strong history of responsiveness and compliance with the regulations, and there were no areas of non-compliance identified on the two previous inspections. Areas that were identified as requiring improvement on this inspection included governance and management, infection prevention and control, premises, risk management, complaints procedures, individual assessment and care planning, and restrictive practices. These areas are detailed in the report under the relevant regulations.

The provider had a clearly defined management structure in place, as outlined in the centre's statement of purpose, and the lines of authority and accountability were clear within the centre. The inspector observed that there was a strong team-based approach in the centre, with effective channels of communication between senior operational staff. The registered provider representative (RPR) worked full-time in the centre in an operational management capacity. The person in charge (PIC) was responsible for the daily operations and was supported in her role by an assistant director of nursing, clinical nurse managers, nursing staff, care staff, activity coordinators, a housekeeping supervisor and housekeeping team, catering staff and maintenance staff. A number of staff reported to the inspector that they felt greatly supported by the RPR and PIC during the COVID-19 outbreaks experienced in the centre. The inspector learned that the PIC had covered some nursing shifts during a time of significant staff shortages due to staff being required to self-isolate, and that the RPR, who was also a qualified nurse, had deputised for the PIC to reduce the risk of disruption to services. Management were also observed to have taken on the role of communicating with all residents’ families in relation to the initial COVID-19 outbreak, in order to reduce pressure on nursing and care staff during a very busy period.

The centre had experienced a significant outbreak between 03 April 2020 and 04 June 2020, where 42 residents and 31 staff were confirmed to have contracted the COVID-19 virus. While the centre had a contingency plan in place for potential staff shortages, this plan was initially overwhelmed on 24 April 2020, when the centre received confirmed COVID-19 results for 19 staff and 25 residents at once. One staff member reported that it had been a "chaotic" experience, as a number of staff who had received COVID-19 confirmed results were asymptomatic and were working in the centre at the time, preparing to serve lunch to the residents. Management reported that this was a scenario that they had never envisioned taking place, and spoke about the panic and the worry experienced by staff and residents during the
initial outbreak. However, the inspector was assured that staffing gaps were addressed satisfactorily by that evening, and that unsolicited information received by the inspectorate in relation to the centre’s compliance with 'Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities' was found to be unsubstantiated. Sadly, six residents who had contracted the virus during the outbreak, of which one of whom had contracted the virus in an acute hospital, passed away in the centre.

Following the outbreak, the management team had completed a comprehensive review of the centre’s preparedness and response to the COVID-19 outbreaks, and appointed an independent person to act as auditor. There was evidence of resident, residents' families, and staff consultation through a series of questionnaire surveys. The review included evidence of learning and an appropriate action plan was completed based on its findings.

There were sufficient resources to ensure effective delivery of care in the centre, and this was reviewed in line with the changing needs of the residents. The provider had sufficient quantities of personal protective equipment (PPE) available on-site for both staff and resident use, and two wall-mounted hands-free thermometers had been acquired for timely and safe monitoring of staff temperatures during work hours. The inspector also observed that the provider had sourced alternative accommodation for staff where needed, and that some staff had spent a period of time living away from their families in order to ensure they could meet the needs of residents in the centre safely.

The inspector examined actual worked rosters and spoke with a number of staff in relation to staffing levels during an outbreak of COVID-19 in the centre, and found that where staffing shortages had occurred, this had been addressed through the acquirement of agency and relief staff. There was a staff nurse rostered to each unit 24 hours a day, with a supernumerary clinical nurse manager available for care oversight and supervision seven days a week. The inspector observed that two new staff nurses had recently been employed by the centre and were in the process of induction. There was designated household staff rostered for each unit daily, and a household supervisor was in place to provide oversight and support.

There was a system in place for monitoring and tracking all training completed by staff, and the inspector observed that staff were facilitated to attend appropriate mandatory training. This included safeguarding residents from abuse, safe moving and handling procedures, infection prevention and control (IPC), and fire safety training. Gaps were identified in restrictive practice training as discussed under Regulation 7. Management were focused on ensuring staff had completed updated and refresher IPC training in relation to COVID-19. This included hand hygiene practices, donning and doffing (putting on and taking off) of personal protective equipment (PPE) and timely identification of residents with COVID-19. Staff spoken with on inspection were knowledgeable on the signs and symptoms of COVID-19 and appropriate escalation procedures. Six staff nurses had completed training in taking COVID-19 swabs and were able to take swab tests promptly as required. In addition, two staff nurses had been facilitated to engage in ongoing postgraduate
IPC training. These staff members were identified as IPC leads and were engaged in the supervision of staff IPC practices in the centre.

The inspector reviewed a sample of staff files and these were observed to meet regulatory requirements, including a vetting disclosure in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012. There was evidence of appropriate induction for newly employed staff, and the inspector reviewed records of the annual staff appraisals and found these to be comprehensive.

There was an updated complaints policy available. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly by the nominated complaints officer, and in the main it was documented whether or not the complainant was satisfied. Informal complaint management required review and is discussed further under Regulation 34: Complaints Procedures. There were no open complaints on file for 2020.

There was an annual review of the quality and safety of care delivered in 2019, which included a review of complaints received, management of falls, wound care and flu vaccine uptake in the centre. Residents were consulted in this review through the provision of resident satisfaction surveys in March and October. There was a quality improvement plan in place for 2020, however some of the plans including the building of an extension to the centre had been postponed due to the COVID-19 pandemic.

**Registration Regulation 4: Application for registration or renewal of registration**

The provider submitted a completed application to renew the registration of Sunhill Nursing Home six months before the registration was due to expire.

**Judgment**: Compliant

**Regulation 14: Persons in charge**

The person in charge (PIC) was a suitably qualified nurse and had been in her position since 2009. She had a management qualification and the required experience required for her role. She worked full-time in the centre, and demonstrated a strong working knowledge of the regulations and national standards on inspection. Residents communicated with were familiar with the PIC and her role and responsibilities.

There were deputising arrangements in place in the event that the PIC was unwell or was required to self-isolate.
Judgment: Compliant

**Regulation 15: Staffing**

There was adequate staffing levels to meet the needs of residents, having regard to the size and layout of the designated centre. Each of the three units had designated staff, with the exception of activity coordinators, to prevent the crossover of staff within the centre. Management had recognised the need for increased activity staff to ensure the safety and social needs of residents were being met, and informed the inspector that a third activity coordinator was due to recommence employment in January 2021.

Judgment: Compliant

**Regulation 16: Training and staff development**

The inspector observed that staff had access to appropriate training, and were supervised as needed to ensure residents’ care needs were met in accordance with best practice. Staff were observed to have access to the national guidance in relation to the COVID-19 pandemic, and were alerted by the management team when changes occurred to this guidance.

Judgment: Compliant

**Regulation 23: Governance and management**

There were management systems in place to ensure that services provided in the centre were safe and consistently monitored. This included spot checks of staff practices, clinical and environmental audits, and reviews of care provision and risk management on each unit. However, these systems required improvement to ensure their effectiveness in some areas including infection prevention and control, risk management, complaints procedures and restrictive practices. This is discussed further under the relevant regulations.

Judgment: Substantially compliant

**Regulation 24: Contract for the provision of services**
Management had revised the contracts for provision of services in the centre in February 2020 and were observed to now include the type of accommodation and room number agreed with the individual resident. The inspector reviewed a sample of resident contracts and these were found to meet regulatory requirements.

**Judgment:** Compliant

### Regulation 3: Statement of purpose

There was an updated statement of purpose (SOP) available in the centre and this contained the majority of the Schedule 1 requirements. However, changes were required to ensure the SOP contained information regarding the certificate of registration, and accurately reflected facilities offered in the centre. This was addressed by the provider and a revised SOP was submitted to the inspectorate on the day following inspection.

**Judgment:** Compliant

### Regulation 34: Complaints procedure

Procedures regarding the management of verbal informal complaints required improvement to ensure it met regulatory requirements. For example, the inspector observed that records of resident issues and concerns captured at resident meetings did not provide information on the action taken, outcome of the investigation and whether or not the complainant was satisfied with the outcome.

**Judgment:** Substantially compliant

### Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reviewed and updated within the previous three years. In addition, relevant policies including admission of residents to the centre and end of life care, had been updated to reflect the COVID-19 pandemic and public health guidance. Policies and procedures were observed to be accessible and readily available for staff to review.

**Judgment:** Compliant
Quality and safety

The provider was keen to provide a good quality service, and the inspector found that residents were generally supported and encouraged to have a good quality of life which was respectful of their wishes and preferences. Residents’ needs were being met through good access to healthcare services, and opportunities for social engagement and activities which met their interests and capabilities. The management team was observed to be responsive in their arrangements to manage risks within the centre and protect residents from harm. However, some improvements were required in infection prevention and control (IPC) arrangements, oversight of restrictive practices, documentation in relation to risk management, and the layout of the premises to ensure that it meets the needs of all residents. This is discussed further under the relevant regulations.

Residents told the inspector that they felt safe and well cared for in the centre, and they recognised the efforts staff were making to protect them from the COVID-19 virus. There was ongoing surveillance of staff and residents for the symptoms of COVID-19 and the inspector observed that twice daily temperature checks were taking place. Wall mounted hand sanitisers were stationed at key areas, and there was clear signage throughout the centre reminding staff and residents about appropriate cough etiquette, hand hygiene and PPE. The cleaning policy in the centre had been reviewed and updated twice in 2020, and there was now twice daily cleaning of communal areas, frequently touched surfaces and residents’ bedrooms. A housekeeping supervisor provided oversight and support to the housekeeping team, and new members of staff received a comprehensive induction. There was evidence of bed pan washer maintenance, and legionella risk assessment was being managed by an external service provider.

Staff were observed to be courteous and respectful in their interactions with residents, and were seen to request consent before assisting residents with their care and knock on doors prior to entering residents’ bedrooms. Staff spoken with on inspection were knowledgeable of individual residents’ needs, and were keen to support residents to exercise choice in their day-to-day lives. Staff displayed good knowledge of what to do in the event of suspected or alleged abuse.

There was a varied and interesting activity programme in the centre which was tailored towards residents’ interests and abilities. There was evidence of 1:1 social engagement and meaningful activity provision for those residents who were in isolation or chose not to engage in group activities. Visiting arrangements were facilitated appropriately in line with public health guidance, and residents were supported to maintain contact with their loved ones through access to communication devices and virtual technology.

The design and layout of the premises supported residents to have a good quality of life. All bedrooms in the centre had an ensuite facility, and the layout of the premises enabled residents to spend their time in a number of different communal areas.
areas, with good access to outdoor space. In the main, the centre was observed to be clean, warm, comfortable and pleasantly decorated and there was a preventative maintenance programme in place, which was overseen by the management team. Some staff and utility areas required further improvement to ensure they met IPC national standards.

Resident’s care needs were comprehensively assessed on admission to the centre, and person-centred care plans were observed to be in place with evident input from the resident, or the resident’s family where appropriate. There was a “my health profile” in place for residents which identified what residents enjoyed, the important people in their life, how residents responded to new environments and what can be done to support them in a person-centred way. The inspector reviewed a sample of care plans across the three units and found they were updated at intervals of four months, however further improvement was required to ensure care plans were consistently updated to reflect changes in residents’ assessed needs. This is discussed further under Regulation 5: Individual Assessment and Care Plan.

Improvements were also required in the oversight of restrictive practices to ensure the centre was promoting a restraint-free environment. The inspector observed from information notified to the inspectorate that there had been a small increase in the use of bed rails in the centre, and a review of documentation on inspection did not assure the inspector that less restrictive options were routinely offered or trialled.

Comprehensive and detailed COVID-19 care plans were in place for all residents. These care plans were observed to reflect the mental health needs of residents and measures to promote resident health during the pandemic, as well as documenting the arrangements in place if the resident was required to isolate or became unwell with the COVID-19 virus. There was evidence that these care plans had been developed in consultation with the resident, and where appropriate that resident’s family, and were updated appropriately.

Management had developed a COVID-19 risk register and it had been updated in December 2020 to reflect the change in national restrictions. The inspector observed that it included the risk of stress on staff, new cleaning agents that were in use in the centre, and the control measures in place to reduce these risks. Individual resident risk assessments were documented on an online record system and included falls risk, moving and handling, smoking risk and the risk of developing a pressure area.

The inspector observed that all staff had up-to-date fire safety training and this was ongoing via an external fire warden on the day of inspection. All residents had personal emergency evacuation plans in place, and fire safety equipment was maintained appropriately. Monthly fire drills were ongoing and included night time scenarios with reduced staffing. The inspector observed that the fire drills had been updated to prevent staff crossover between units during the COVID-19 outbreaks.
Visiting was observed to be restricted in the centre in line with public health guidance, *COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs)*. Window visiting was facilitated for all residents and the inspector observed a number of window visits taking place on the first day of inspection. Compassionate visiting was arranged on an individual basis as required.

**Judgment: Compliant**

### Regulation 17: Premises

The inspector observed that the layout of two twin bedrooms did not meet the needs of residents accommodated in these rooms:

- The furniture in one twin bedroom was laid out in such a way that a resident would need to encroach on the other resident's personal space in order to access their armchair.
- Where a resident had requested for their bed to be placed against a wall in one twin bedroom, the screening had not been reconfigured to ensure that the resident could carry out personal activities in private.

Additionally, one internal garden area was not adequately furnished or decorated to ensure it was a pleasant place for residents to access fresh air and engage in outdoor activities.

**Judgment: Substantially compliant**

### Regulation 26: Risk management

Risk management required improvement to ensure all risks were identified, assessed, and controlled through measures and actions in place in the centre. For example:

- the inspector observed unsecure storage of hazardous items, such as razors and nail polish remover, in two units //the inspector was informed on the 2nd day of inspection that these storage areas had been addressed.
- a communal accessible bathing facility was damaged with exposed wiring

The inspector observed evidence of incident reporting and investigation of incidents that had occurred in the centre. Of a sample of the incident reports reviewed, the inspector observed that one incident, where a resident had sustained an injury, did not identify potential external contributing factors, did not prompt an update of the resident's care plan to reflect changes in the resident's needs, and did not document recommendations or precautions in relation to the resident's care and support as a
result of the incident.

Judgment: Substantially compliant

**Regulation 27: Infection control**

The inspector observed a number of areas that required improvement to ensure the centre was in compliance with infection prevention and control (IPC) standards, including:

- shared usage, and inappropriate storage, of slings
- corrosion on a number of taps and faucets, and rust observed on shower equipment, which did not allow for effective cleaning and sanitisation
- one staff changing area was observed to have a broken soap dispenser, damaged door surfaces and a toilet facility which required maintenance to ensure it could be effectively sanitised in line with IPC standards
- open hygiene products were observed in one communal bathroom
- the laundry room was untidy and the staff wash hand basin within the facility was found to be dirty and stained

Judgment: Substantially compliant

**Regulation 5: Individual assessment and care plan**

The inspector reviewed a sample of resident care plans and found that, in the main, care plans were person-centred, reflected residents' needs and were created in consultation with the resident. There was evidence of comprehensive assessments using validated screening tools, and that these were reviewed every four months.

Of a sample of care plans reviewed, the inspector observed that one resident’s care plan had not been updated to reflect relevant information identified following a risk assessment, and the resident did not have a care plan in place for all of their assessed needs. Additionally, one resident who was observed to have a bed rail applied on two nights did not have a bed rail care plan in place.

Judgment: Substantially compliant

**Regulation 6: Health care**

The inspector found that residents had access to appropriate medical support to
meet their needs. Residents could retain their GP of choice if they wished to, and a GP was observed to run clinics on-site on a weekly basis. The PIC confirmed there had been no disruption to GP services during the COVID-19 pandemic.

Residents were supported to access allied healthcare services as required, including chiropody, tissue viability nursing, dentistry, audiology, dietician, psychiatry of older age, palliative care and optician services. Where services had been restricted due to the COVID-19 pandemic, phone and video assessments and consultations had been provided. There was an on-site physiotherapy service available 10 hours per month, and this included a mobility clinic to promote resident independence and reduce the risk of falls.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Documentation of the use of restraint in the centre required improvement to ensure that the centre was in line with the national guidance, "Working towards a restraint-free environment." For example:

- the inspector observed that not all staff communicated with on inspection were able to identify all forms of restraint as restrictive practice use
- the least restrictive alternatives trialled were not consistently documented in resident restraint care plans
- it was not clear from the records available that one resident who was identified as being able to express his own needs, had been consulted with in relation to the use of a restraint
- bed rail checks at night were not consistently recorded
- there were gaps identified in restrictive practice training completed by key staff // the inspector acknowledged that this had been impacted by the difficulty in facilitating on-site training due to COVID-19 restrictions. However, alternative training methods had not been made available for staff as a temporary measure to address this training need.

Judgment: Substantially compliant

### Regulation 8: Protection

There was an updated policy on the prevention, detection and response to abuse available in the centre, and the inspector observed that all staff had completed training in the safeguarding of vulnerable adults.

The registered provider was pension agent for 21 residents, and records were
maintained by the registered provider representative and a financial accounts manager working in the centre. The inspector observed that individual records were available for each resident, and these were clear and accurate. A separate resident account was used for collection of pension monies in line with the requirements published by the Department of Social Protection (DSP).

| Judgment: Compliant |  |
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>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>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

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

- **IPC**
  - 2 of our staff (ADON + SN) are undertaking Post Graduate training in IPC at Cork University in order to ensure strong leadership to all of our staff in the field of IPC moving forward
  - 3 further Nurses will commence this course in Aug 2021 also
  - IPC team meetings are taking place monthly
  - HIQA IPC self assessment framework is being updated every 3 months as per guidance

- **Risk management**
  - XYEA audit system is being updated monthly or as required identifying all risks, interventions and outcomes.
  - We have moved our risk management review meetings to monthly

- **Complaints procedures**
  - We have placed the Residents meeting minutes as an agenda item on our Risk Management meeting monthly – to ensure all concerns raised are followed up and closed off as per our complaints policy.
  - We have highlighted to facilitators that residents meeting minutes first agenda item is to follow up any concerns and outcomes raised from previous meeting.
  - Any concerns will be reflected in the file maintained by the PIC
  - This provides two enhanced checkpoints to ensure we comply with regulation 34.

- **Restrictive practices**
  - Restrictive practice training is on our online training platform, all new staff will have now completed training – we have made this training an annual training requirement for all staff and we will also complete the HIQA self assessment restrictive practice document.
<table>
<thead>
<tr>
<th>Regulation 34: Complaints procedure</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</td>
<td></td>
</tr>
<tr>
<td>• We have placed the Residents meeting minutes as an agenda item on our Risk Management meeting monthly – to ensure all concerns raised are followed up and closed off as per our complaints policy.</td>
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<td>• We have highlighted to facilitators that residents meeting minutes first agenda item is to follow up any concerns and outcomes raised from previous meeting.</td>
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<td>• Any concerns will be reflected in the file maintained by the PIC</td>
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</tr>
<tr>
<td>• This provides two enhanced checkpoints to ensure we comply with regulation 34</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises:</td>
<td></td>
</tr>
<tr>
<td>• Following agreement with a resident, one bed was returned to its original placement where screening now fully ensures privacy</td>
<td></td>
</tr>
<tr>
<td>• A full layout review of all shared rooms was completed with reorganisations of furniture in 2 rooms to ensure personal space</td>
<td></td>
</tr>
<tr>
<td>• Plans for one internal garden space were delayed due to Covid-19. This space will now be completed</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 26: Risk management</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management:</td>
<td></td>
</tr>
<tr>
<td>• 26(1)(a) Damage to Nurse Call bell ceiling unit in the accessible bathing facility was repaired</td>
<td></td>
</tr>
<tr>
<td>• 26(1)(b) Full review of all care plans was undertaken by the CNM on each unit. Care plans are updated in accordance with regulation every 4 months, and are now audited by CNM’s as part of their monthly audit schedule on each unit. These are reviewed by the PIC / ADON at monthly risk management meetings.</td>
<td></td>
</tr>
<tr>
<td>• 26(1)(iii) lockable storage cupboard which had been left unlocked was re-organised with any hazardous items now stored in a staff only access area</td>
<td></td>
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</table>
### Regulation 27: Infection control

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<tr>
<th>Substantially Compliant</th>
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</table>

Outline how you are going to come into compliance with Regulation 27: Infection control:
- Slings allocated to each resident are now stored in their bedrooms – additional individual disposable slings are available for all respite residents.
- Full maintenance review of the building took place over the space of 2 weeks with detailed reviews of each area – checklist for maintenance staff has been updated moving forward to include soap dispensers / sanitary fittings and taps.
- Staff have been reminded to ensure hygiene products are properly stored in communal bathroom.
- Laundry room sink area has been re-painted and cleaning staff instructed to ensure the area is kept tidy on a daily basis.

### Regulation 5: Individual assessment and care plan

<table>
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<tr>
<th>Substantially Compliant</th>
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</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
- 5(3) The resident identified on inspection had their care plan fully reviewed. All appropriate assessments were in place however the care plan was updated to fully reflect all of their assessed needs.
- 5(4) All bed rail assessments were reviewed and all have appropriate care plans in place - these are now reviewed at risk management meetings monthly as well as when there is any change to a residents needs.

### Regulation 7: Managing behaviour that is challenging

<table>
<thead>
<tr>
<th>Substantially Compliant</th>
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</table>

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
- Restrictive practice training is on our online training platform, all new staff will have now completed training – we have made this training an annual training requirement for all staff and we will also complete the HIQA self assessment restrictive practice document.
- All bed rail assessments have been reviewed – all care plans are in place and reflect
| least restrictive alternatives as well as resident consultation  - these are now reviewed at risk management meetings monthly |
|• A review of all night time checks preformed – review of these will now form part of monthly risk management meeting |
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 17(1)</td>
<td>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/05/2021</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/04/2021</td>
</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>19/02/2021</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Date</td>
<td></td>
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<tr>
<td>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>01/04/2021</td>
<td></td>
</tr>
<tr>
<td>26(1)(c)(iii)</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 accidental injury to residents, visitors or staff.</td>
<td>Substantially Compliant</td>
<td>15/12/2020</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>01/04/2021</td>
<td></td>
</tr>
<tr>
<td>34(1)(f)</td>
<td>The registered provider shall provide an accessible and</td>
<td>Substantially Compliant</td>
<td>01/03/2021</td>
<td></td>
</tr>
<tr>
<td>Regulation 34(2)</td>
<td>The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident’s individual care plan.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/03/2021</td>
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<tr>
<td>Regulation 5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/03/2021</td>
</tr>
<tr>
<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/03/2021</td>
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<tr>
<td>Regulation 7(3)</td>
<td>The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>19/03/2021</td>
</tr>
</tbody>
</table>