Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ros Aoibhinn Nursing Home
Name of provider:	Aidan Sawyer
Address of centre:	Irish Street, Bunclody, Wexford
Type of inspection:	Announced
Date of inspection:	28 August 2018
Centre ID:	OSV-0000276
Fieldwork ID:	MON-0024918

About the designated centre

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

Ros Aoibhinn is located on the outskirts of Bunclody. The centre can accommodate 30 residents in four single and 13 twin rooms. There are two floors and most of the residents are accommodated on the ground floor, where communal accommodation includes two sitting rooms, a dining room and a conservatory. Accommodation on the first floor comprises one single and three twin bedrooms and is accessible by a stair lift. Ros Aoibhinn provides 24-hour nursing care to both male and female residents over 18 years of age. Long-term care, convalescent and respite care is provided to those who meet the criteria for admission.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
28 August 2018	09:00hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead
28 August 2018	07:30hrs to 16:30hrs	Mary O'Donnell	Support
28 August 2018	09:00hrs to 16:30hrs	Paul McDermott	Support

Views of people who use the service

Residents were positive about the care and support they receive in the centre. Some residents said they could not wish for better. They were particularly complimentary about the staff and individual staff members were favourably mentioned. Residents reported they felt safe in the centre, and that staff were very kind and approachable. Inspectors were told of the range of choice that was offered in relation to how people wanted to spend their time, for meals and snacks, and generally how they spent their days. Residents were satisfied that they were supported in their religious practices and a number of residents were particularly pleased that they can attend weekly Mass in the centre.

Residents enjoyed reading the daily news paper and some completed the crossword puzzle. Residents told inspectors that activities took place in the afternoons and many of them enjoyed bingo.

Residents felt their privacy and dignity was respected, with staff being courteous, and always asking permission before entering bedrooms or delivering any support required.

Capacity and capability

This was an announced inspection. Inspectors followed up on information which raised concerns about fire safety, safeguarding and management of the designated centre. The findings of this inspection, are that the registered provider has not ensured that there are appropriate systems and processes in place to underpin the safe delivery and oversight of this service. The provider did not have adequate fire safety arrangements in place and serious fire safety risks were identified. The provider was required by the office of the Chief Inspector to take urgent action to address fire safety risks to residents. Vetting disclosures, as required under the 2013 Regulations and the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, were not in place for all staff.

Compliance with 11 regulations which underpin capacity and capability was assessed on this inspection, seven of which were found to be non-compliant.

Staff turnover was significant in 2018 and the provider had recruited new staff to fill any vacancies created. The registered provider had failed to ensure that all staff had Garda Vetting on place before they commenced employment. On the day of the inspection, inspectors required the registered provider to take the necessary action to address this regulatory non compliance. The provider took appropriate action and

confirmed that all other staff had Garda Vetting in place.

The registered provider had failed to ensure that all residents were provided with accommodation appropriate to their needs in the event that emergency evacuation was required. There was no evidence that residents had been appropriately assessed to safely mobilise and use the chair lift. A fire drill had not been carried out to determine if residents on the first floor could be safely evacuated. Personal evacuation plans for two of the residents stated that they required a wheelchair and two staff to support them in an emergency. This created a significant risk especially at night when there were only two staff members on duty in the centre. An urgent action plan was issued to the provider to ensure the safety of these residents. Additional staff were put on night duty to mitigate the risk and residents who required the assistance of two staff members to mobilise were moved to accommodation on the ground floor.

Recent changes were made to the management team. In June 2018 a new person in charge was appointed and a new clinical nurse manager was recruited, who deputises for the person in charge. The new person in charge and the clinical nurse manager work full-time from Monday to Friday. The provider had failed to ensure that the person in charge met the regulatory requirements.

Previous inspections had identified high levels of non-compliance and the provider had engaged an external consultant to put a robust system in place to monitor the quality of care delivered, but the new managers were not sufficiently familiar with the system to operate it effectively. Records showed that weekly checks were carried out to check oxygen cylinders, to ensure that mattress settings were correct and that ski sheets (for evacuation) were on all the beds. Inspectors examined weekly data on key performance indicators which showed that the incidence of falls and wounds was low. The weekly audit of call-bell response times indicated that staff responded in a timely manner when residents required attention. A system of annual audits was also in place to monitor that the standard of care delivered was safe, appropriate and consistent. The new management team did not have the relevant knowledge or experience to undertake audits as part of a continuous quality improvement system.

Inspectors were not assured that there were sufficient staff available to meet the needs of residents and to deliver the service described in the centre's statement of purpose. Healthcare staff were engaged in laundry and kitchen duties and the activity coordinator, who according to the statement of purpose worked full-time, actually worked for four hours from Monday to Friday. The feedback from staff and residents was that activities did not take place when the activity coordinator was not on duty. Inspection findings indicated that a staffing review was warranted to ensure that there were sufficient staff on duty to ensure that a safe standard of care was delivered and to meet the social needs of residents.

The provider had made resources available for staff training and e-learning programmes were used for many of the mandatory staff training events. However, the findings of this inspection is that there was insufficient supervision to ensure that staff understood the topics and that learning was implemented in practice. For

example, staff attended manual handling training and all staff had recently completed an e-learning manual handling awareness programme; however, inspectors observed that a number of staff did not know how to apply a sling in order to execute a hoist transfer.

The provider had made resources available to provide assistive equipment. Service records and receipts were provided as evidence that equipment was regularly serviced. New wheelchairs had been recently purchased. The centre was nicely decorated and well-maintained, both internally and externally. Inspectors noted that colour contrast was used in bathrooms to support people with dementia or those with visual impairment. In addition, inspectors noted that there were adequate supplies of food, toiletries for residents and personal protective equipment for staff. The provider representative confirmed that the provider was not a pension agent for any of the residents.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full time in the centre. She had the necessary qualifications but lacked three years management experience which is a requirement for the role.

Judgment: Not compliant

Regulation 15: Staffing

There was a nurse on duty at all times. Inspectors were not assured that the number and skill-mix of staff was appropriate, having regard for the needs of the residents and the size and layout of the centre

Judgment: Not compliant

Regulation 16: Training and staff development

Generally, staff had access to appropriate training. However, supervision was inadequate to ensure that learning was implemented in practice.

- Healthcare staff did not have training to meet the activation and social needs of residents.
- The person in charge and Clinical Nurse Manager (CNM) did not have training to operate the auditing system.
- Not all staff had attended mandatory training and some refresher training

was overdue.

- Staff would benefit from a training programme on dementia and behaviours that challenge where they could engage, ask questions and apply the learning to their care for residents in the centre.
- Stronger supervision was required to ensure that new learning was applied in practice.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which held all the required information.

Judgment: Compliant

Regulation 21: Records

Staff files did not contain the Garda Vetting disclosures required under Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that there were appropriate systems and processes in place to underpin the safe delivery and oversight of this service. Fire safety arrangements were inadequate and serious fire safety risks were identified which required urgent action by the provider.

The provider appointed a person in charge who did not meet regulatory requirements.

The provider prepared an annual review in January 2018 in consultation with residents. The annual review was available to residents

Judgment: Not compliant

Regulation 24: Contract for the provision of services

There was a contract in place that set out the terms of residents' stay in the centre. However, when inspectors enquired about additional charges which were included in an addendum to the contract, it was unclear what additional charges applied to the resident who had signed the contract. The costs included dietetic services which are provided free to the designated centre and chiropody services, which medical card holders are entitled to access without a charge. The provider stated the costs only applied to people who were not entitled to have these services free. Individual residents require clarity about any additional services for which they incur an additional charge.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose. The statement of purpose required amendment to include the following information;

- the dependency level of residents to be accommodated on the first floor.
- staffing arrangements were not accurately described. The activity coordinator worked part-time but the statement of purpose stated that the activity coordinator worked full-time in the centre.
- the description of the centre's accommodation was not accurate.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications were submitted to the Chief Inspector within the agreed time lines, with the exception of a notification about a recent loss of power. The person in charge undertook to submit the notification following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. Residents and relatives spoken with were clear about the procedure, and information was displayed clearly about

the process to follow. Where complaints had been made they were followed up and actions were taken to make improvements if identified as necessary.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures as set out in Schedule 5 were in place but some policies were not fully implemented. For example the policy on the recruitment, selection and vetting of staff.

Judgment: Not compliant

Quality and safety

Overall, residents' nursing and healthcare needs were met. Residents had good access to medical services including acute hospital and psychiatry services and a high standard of nursing care. While clinical governance was responsive to issues identified, non-clinical issues required significant improvement. Risk in the centre was not proactively managed, for example, fire safety and infection control practices were not of a standard to ensure the safety and welfare of residents. The provider was required to take immediate action to address fire safety risks. Improvement was also required to ensure the provision of meaningful activities that met the interests and capabilities of residents, including residents with dementia or those who were unable to participate in group activities.

The overall layout and design of the ground floor met residents' needs and residents had sufficient space in their bedrooms and facilities to meet their needs. However accommodation on the first floor was only suitable for residents who required minimal assistance to mobilise. The first floor was accessed by a chair lift and there were steps leading to two en suites. Residents on the first floor were not assessed to determine their mobility status. Two residents with high dependency needs were accommodated on the first floor and this impacted on their safety and their right to freedom of movement.

A review of residents' care documentation demonstrated that their nursing care and healthcare needs were appropriately assessed and reviewed on a regular basis. Residents' medicines were safely managed, reviewed by their general practitioner (GP) and administered as prescribed. Overall, residents had access to allied health professionals but residents did not have timely access to community allied health professional services. One resident had waited for over a year for the community occupational therapist to do a seating assessment. It was not clear if the registered

provider had followed up on the delay following this referral. Residents incurred a charge for physiotherapy and chiropody as community services were not provided in the area.

Residents' nutrition and hydration needs were met. With the exception of residents' breakfast meals, residents were provided with meals at regular intervals. The provider had ensured that the dining experience for residents was positive with spacious dining facilities and appropriate staff assistance as necessary. The menu had been evaluated by a dietitian and food served appeared wholesome and nutritious in sufficient quantities and was prepared to meet residents' dietary needs and preferences. Inspectors noted that the night staff served breakfast to the majority of residents before 07:30 hours. This was discussed at the feedback meeting and the person in charge undertook to review this practice.

Residents had access to information including local newspapers. A residents' guide was prepared and made available to residents.

The extent to which residents could undertake personal activities in private was compromised by the absence of privacy locks on bedroom doors and some toilets and shower rooms.

Some infection prevention and control practices did not reflect best practice and increased the risk of infection in the centre. Cleaning equipment was not appropriately stored and the arrangement for segregation of soiled and or contaminated linen from clean linen did not reflect best practice. A designated cleaner's room was not provided. Systems were not in place to ensure the regular flushing of en suites and baths which were not in use. Staff were unable to operate the bedpan washer and decontamination practices described by staff, did not reflect best practice.

Regulation 10: Communication difficulties

Residents with medical conditions that affected their verbal abilities had their needs assessed and their care plans detailed their support needs including assistive technology. Ophthalmic services were provided on site.

Judgment: Compliant

Regulation 11: Visits

Residents' visitors were welcomed into the centre and some residents were visited by family and friends on the day of inspection. Access to the centre was controlled

by staff and a record was maintained of all visitors. A visitors room was available to facilitate residents to meet their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to retain control over their personal possessions and finances. Sufficient storage was provided for residents to store their clothing and possessions. A lockable space was made available to them if they wished to store valuables securely. Residents' personal clothing was laundered in the centre as they wished and returned to their satisfaction.

Judgment: Compliant

Regulation 13: End of life

Residents were provided with an opportunity to make decisions and express their wishes regarding their end-of-life spiritual, psychological and physical care and where they wished to receive care at the end of their lives. This information was documented in a care plan which was regularly reviewed in consultation with residents or with their family, as appropriate. Residents had access to clergy from the different religious faiths as they wished. Single bedrooms were available for residents' privacy and comfort at the end of their lives. Arrangements were in place to facilitate residents' families to be with them when they were very ill.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the first floor did not meet the needs of residents with high mobility needs.

Inspectors found that assistive equipment, including hoists and pressure relieving mattresses was regularly serviced and in working order. The majority of residents had profiling beds which were tested and found to be in working order. Communication regarding maintenance issues required improvement. Staff told inspectors that the bed pan washer and the bath had been out of order for some time. At the feedback meeting the provider told inspectors that repairs had been carried out and they were both operational.

The layout and design of the centre was not in accordance with the centre's statement of purpose in that a designated cleaner's room and the laundry did not promote infection prevention and control in the centre.

Parts of the premises did not meet the requirements of the regulations or reflect residents' needs including;

- Grab-rails were absent or not appropriately placed in a number of residents' toilets and showers
- assurances were not provided that the stair-lift or steps to en suites met the needs of residents residing on the first floor
- parts of the floor covering on a circulating corridor was not safe
- floor surfaces in rooms 25 and 26 were uneven
- inadequate storage for cleaning equipment including the cleaning trolley
- the surface of some residents' chairs was damaged and some pressure relieving cushions required replacement.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' food and hydration needs were met to a good standard. Residents had access to a variety of fluids to meet their hydration needs Staff monitored and encouraged residents' fluid intake.

Residents were provided with a choice of hot meal at lunch and teatime. Residents told inspectors that they were satisfied with the meals provided and could have alternatives to the menu if they wished. The menu provided for residents was reviewed by a dietician. Residents were risk assessed for malnutrition and care plans put in place and implemented to address risks identified. Residents' weights were monitored and they were provided with timely consultation by a dietitian or speech and language therapist as appropriate. The recommendations made by dietary specialists were communicated to the chef and implemented by staff. Two linked spacious dining areas were provided for residents and there was sufficient staff available to assist residents with their meals as needed.

Judgment: Compliant

Regulation 20: Information for residents

The provider had arranged for a Residents Guide to be available in each resident's bedroom. The guide contained all the required information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The centre's directory of residents contained a section to record any temporary absences by residents. Staff were supporting a resident to meet their wishes to return to their home. All relevant discharge information was obtained for residents returning from a hospital admission.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy and risk register were available. The risk register detailed and set out the control measures to mitigate most risks identified in the centre. However, improvements were required to ensure all hazards in the centre were identified and associated risks were assessed and mitigated. For example, the following potential hazards were not identified in the risk register:

- uneven floor surfaces in rooms 25 and 26. The provider had recently addressed the floor in room 27.
- risk of falls to residents in showers in the absence of suitably placed grab rails.
- a damaged surface on wooden flooring on a circulating corridor posing a trip risk to residents.
- unprotected stairs which posed a risk of fall to vulnerable residents or others.
- unrestricted access to the kitchen/pantry area
- hand rails at some residents' toilets posed a risk of injury to residents due to their location.
- Inspectors also found that controls specified in the risk register to mitigate the level of identified risk were not consistently implemented. For example, arrangements for flushing of infrequently used water outlets was not completed for a bath in the communal bathroom.

There was an absence of evidence of regular health and safety reviews to identify and respond to potential hazards as part of the quality and safety monitoring system.

An accident and incident log was maintained for residents, staff and visitors. There was a low incidence of residents falling. Inspectors saw that residents' risk of falling was assessed on admission and regularly thereafter. Equipment was available and put in place to prevent serious injury to residents with assessed high risk of falling such as low level beds and foam floor mats. There were no residents with pressure related skin injuries at the time of this inspection. Some residents' pressure relieving

chair cushions needed replacing and the occupational therapist was scheduled to attend the centre to reassess residents' chair cushions in the days following the inspection. Repositioning schedules for residents when in bed were completed to reflect the repositioning frequencies detailed in residents' care plans.

The management team had identified manual handling practices as an area for improvement. Supervision of staff had increased and all staff had completed training on safe moving and handling procedures. Improved oversight was required to ensure that safe practices were implemented. Inspectors observed that a number of staff did not know how to secure a resident safely in a standing hoist.

Judgment: Not compliant

Regulation 27: Infection control

Staff completed an e-learning programme every two years on infection prevention and control. The system to ensure that staff implemented best practice required improvement. Infection control audits were carried out but they were not used to inform quality improvement. There was no compliance score or rating applied and there was no improvement plan to address practices that did not achieve the required standard. Inspectors observed that although cleaning equipment and cleaning procedures reflected best practice, cleaning equipment was stored in the sluice room and the cleaner's trolley was stored in the laundry as there was no appropriate cleaners' room available.

Staff did not know how to operate the bed pan washer and the decontamination procedures for equipment described by staff were not in line with best practice.

Judgment: Not compliant

Regulation 28: Fire precautions

Residents were not protected from the risk of fire in the centre. Some of the fire precautions in the centre did not meet the requirements of the regulations, or reflect residents' needs.

- Inspectors were not assured that there were enough staff rostered for night duty to ensure that all residents could be safely evacuated in a timely manner.
- A review of the personal emergency evacuation plans (PEEPs) and dependency assessments of residents showed inconsistencies. In some cases, residents were described as immobile and requiring two-person assisted ski sheet evacuation, but their dependency levels described them as having

medium dependency. Due to the inconsistencies, inspectors were not assured of the adequate provision of staff resources and evacuation equipment.

- The fire detection and alarm system was an L2 \ L3 system. On-going system faults were not being rectified. Works were in progress to replace and upgrade the existing system to an L1 addressable system.
- The most recently dated emergency lighting testing certificates available during inspection were dated April 2017.
- The external escape stairs had no intermediate landings and was inadequately protected from the risk of fire from the adjoining building and boiler house.
- The fire alarm maintenance records indicated that a 'Break Glass' unit next to a rear exit door was disconnected some time ago with no record of it being reactivated.
- Adequate safe storage was not provided for oxygen supplies being retained on site.
- Not all staff working in the centre had received training in fire prevention and emergency procedures.
- Fire drills did not adequately prepare staff for the most demanding evacuation procedures that are likely to be required in the centre. For example, the recorded drills did not include a simulated first floor compartment evacuation with night time staffing levels.
- There was inadequate compartmentation of the rear of the building at ground floor level, and at first floor level.
- Inspectors are not assured of the performance of all fire door sets (door leaf, frame, hinges, closers and so on). The doors indicated as being fire doors are not fitted with plates or tags confirming their fire performance. In some cases fire doors (kitchen and some bedrooms) failed to self-close and catch properly while in other cases there were considerable gaps between the bottom edge of the doors and floors.
- Linen storage rooms located along bedroom corridors are not fitted with locked fire doors.
- There were two separate alarm control panels located in different parts of the building. Investigation of both panels delays the initial response to an alarm and subsequent identification of the source of a fire and commencement of evacuation, if required.
- The bedrooms for some high dependency residents were on the first floor of the building, an area that is not compartmented and from where vertical evacuation is difficult to complete in a timely manner.
- The internal stairs was fitted with a chair lift that is likely to restrict the use of the stairs for evacuation using ski sheets and ski sleds.
- The door at the top of the internal stairs is likely to restrict access to the protected escape stairs when using the ski sleds and ski sheets identified for use in this area. This is due to the confined lobby layout and the near proximity of the door to the top step of the stairs.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were able to use a pharmacist of their choice, or the pharmacy service selected by the provider. The pharmacist was facilitated to meet their legislative obligations. There were clear arrangements in place for the ordering, receipt, storage, administration and disposal of medicines, including medicines controlled under misuse of drugs legislation. Medicines were prescribed and administered in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were maintained on a computerised system and were found to be person centred and password protected.

Residents nursing care needs were met to a good standard. Residents' needs were assessed prior to admission to ensure their needs could be met in the centre. Care plans were developed on admission and reviewed at regular intervals to ensure residents' needs were being met. Residents or their families were consulted regarding care plan development and reviews thereafter but more information was required in the record of reviews. While many good examples were seen of residents' care plans with clear detail about how their needs were to be met, improvement was required to ensure that care plans were consistently developed for residents with vision difficulties.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied healthcare professionals including physiotherapy, dental, optical, dietetic, speech and language and chiropody services. There was also access to a general practitioner(GP) arranged in the centre, or residents were able to select one of their choice. Residents from the locality were also supported to retain the services of the GP they attended prior to their admission to the centre.

Nurses were seen to be providing care in line with professional standards. Inspectors noted that residents did not have timely access to community occupational therapy services. For example a resident waited over a year for a seating assessment. With one exception, community physiotherapy or chiropody

services were also not available to residents. The provider had put alternative arrangements in place when delays with these services were experienced for a fee in the absence of timely community services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff identified five residents with responsive behaviours. It was evident that staff knew the residents well and they detailed some person-centred interventions they use to support residents and prevent behaviours from escalating. Residents with exit seeking behaviours had free access to a secure outdoor area and there were also safe indoor communal areas for them to walk in during the day or at night. Records viewed by inspectors indicated that many of the residents were prescribed regular sedative or psychotropic medications. Medications were regularly reviewed and there was evidence in some residents' files that dosages were reduced. Inspectors held the view that residents would benefit from more social engagement with staff to ensure that pharmacological interventions were used only as a last resort.

Staff completed an e-learning training module every two years. Inspectors formed the opinion that residents would benefit if staff had interactive training where they could discuss issues that arise in their daily work and explore various person centred interventions to support their work with residents in the centre.

A restraint free environment was promoted. There was a low use of bedrail and other restrictive equipment in the centre. Full-length bedrails were used as a last resort when other alternatives tried failed. Safety assessments to ensure residents' safety using bed rails and schedules were completed to minimise the length of time full-length bedrails were in use.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded and protected from abuse. Residents told inspectors that they felt safe in the centre and that staff were always kind and respectful towards them. Interactions between staff and residents as observed by inspectors were appropriate, courteous and kind.

Staff completed an e-learning course on safeguarding residents from abuse every two years. This mode of learning did not provide staff with an opportunity to discuss

areas needing clarity or how the learning applied to practice in the centre. Staff spoken with agreed with these observations and the provider agreed to facilitate further staff training

Judgment: Compliant

Regulation 9: Residents' rights

Appropriate arrangements were not in place to ensure that the rights of residents were respected in relation to privacy, dignity and their ability to exercise personal choice. Inspectors noted that the majority of residents had their breakfast before 7:30 hours. While some residents requested an early breakfast, others did not have capacity to make their wishes known. It was not clear if this was an institutional practice or if it was informed by the wishes of the residents.

Residents in twin bedrooms did not have choice of television viewing or listening as one television set was provided in shared bedrooms.

Residents' access to meaningful activities was confined to four hours from mid-day until 16:00hrs each weekday. Inspectors found that the activity coordinator also attended to duties as the household manager during that period and nobody was assigned responsibility for activity provision when the activity coordinator was on leave. Residents' activities were facilitated in the sitting rooms and many residents told inspectors that they enjoyed bingo, ball games, pet therapy and reading. However, there were limited meaningful activities provided to meet the interests and capabilities of residents who remained in their bedrooms or those who were unable to participate in group activities. While records examined by inspectors showed that residents were provided with some one-to-one activities such as hand massage and nail care, there was a over-reliance on watching television for social engagement. More than 50% of residents were diagnosed with dementia and did not have access to accredited sensory activities that were suitable for residents with dementia. Staff were not trained in facilitating activities for residents with conditions such as dementia.

A hairdresser visited the centre only when a number of residents wished to avail of the hairdressers' services. This practice did not give residents sufficient choice to avail of this service.

Residents' privacy and dignity was generally respected in their bedrooms. However privacy locks were not fitted on bedroom doors and some toilet and shower room doors. The inspectors observed that some locks on toilet doors were not working or were stiff and not easy to use.

Residents had weekly Mass in the centre and all residents who spoke with inspectors were satisfied that they were facilitated to practice their religion or to decline from attending religious services if they so wished.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ros Aoibhinn Nursing Home OSV-0000276

Inspection ID: MON-0024918

Date of inspection: 28/08/2018

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: New person in charge with relevant experience and qualification has been appointed and has commenced in the role.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An additional health care assistant has been rostered on night shift.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person in Charge and Clinical Nurse Manager will have training in the auditing system. This training will be provided by external consultant who developed the system. 2. The Person in Charge will ensure that all staff implement learning through regular observation, audits of manual handling practice. 3. Two senior health care posts have been created for the purpose of supporting Person in Charge and nursing staff in implementing and monitoring best practice. The	

appointments have been made. Senior healthcare assistants commenced in their role on 7th October.
4. Health care staff will be provided with a further program of learning to support them to meet the Residents activities and social needs.
5. All staff have had fire safety and management training on the 5/09/2018.
6. Training Matrix has been reviewed and abuse recognition/responding and dementia care and challenging behavior has been arranged for 2nd November 2018.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
All staff employed in the Nursing Home have valid Garda Vetting. Moving forward no newly appointed staff member will commence duties until the Provider has the Garda Vetting disclosure documentation.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered Provider has been inspected by the County Council Chief Fire Officer and is working with an approved schedule of work to rectify any fire safety deficiencies.
To date the following measures have been taken:
1. Installation of two fire doors.
2. Fault on fire panel has been addressed.
3. The Person in Charge will ensure that fire drills are carried out on a monthly basis.
4. All Residents will have their Personal Evacuation Plans reviewed and Physiotherapist will be attending the Centre to carry out mobility risk assessments in relation to fire safety. Assessment commenced 26/09/2018.
5. New Person in Charge has been appointed and has commenced in this role on the 3/09/2018. Following on from the audit training The Person in Charge will ensure that audits are carried out regularly and that these are used to provide an objective overview of the systems and used to make improvements.
6. The Registered Provider has engaged external support to put in place an ongoing programme of mentorship for the Person in Charge and support in the overall monitoring of the Centre.

Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The addendum to the contract has been reviewed and updated and now clarifies what additional services are available and whether this incurs additional charges.	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: 1. Statement of purpose has been updated and does include information with regard to dependency level of Residents to be accommodated upstairs; and the actual hours worked by the activity coordinator. 2. The Registered Provider will ensure that practice is in line with the description of the centre's accommodation as per statement of purpose.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notification about a recent power outage was submitted retrospectively.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The policy on recruitment, selection and vetting of Staff will be fully implemented in future.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. Residents with high dependency will not be accommodated on the first floor. Those already accommodated have been reaccommodated to ground floor.
2.Physiotherpist will review and assess Residents accommodated on the first floor whether stair lift or steps meet their needs.
3. New floor will be addressed on a circulating corridor.
4. New floor addressed in rooms 25 and 26.
5. Grab rails have been suitably placed in showers and en-suites.
6. Designated cleaning room has been identified and is currently being refurbished to ensure that it meets requirements as identified in Standards.
7.Pressure relieving cushions and damaged chairs are now replaced.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
1. Regular health and safety review will be carried out on a monthly basis. All risks identified during the course of the inspection will be assessed and added to the risk register.
2. Uneven surfaces in rooms number 25 and 26 have been rectified.
3. Grab rails have been suitably placed in showers and ensuites.
4. New floor covering circulating corridor is now in place.
5. Risk assessment for internal stairs has been carried out and has been identified that a stair gate may mitigate the risks. The County Fire Officer will need to approve these measures.
6. Self - closing lock has been fitted to the kitchen door.
7. Location of hand rails and toilets is now changed to location that will not pose risk of injury to Residents.
8. The Person in Charge has given the task of running water taps in unoccupied rooms and infrequently used baths etc. weekly to Household Staff. Record is kept by Household staff. Form has been created by Person in Charge in line with Health Information and Quality Authority Standards and given to Household Staff. This is being checked weekly by Person in Charge. The risk register has been updated to reflect this change.
9. Manual handling practices observed and monitored now on daily basis. All staff have attended on-site manual handling training on 23rd September 2018 and as a means of further enhancing all staff have also completed the online refresher course. Person in

charge will become a manual handling instructor – course commences on 12th November and this will ensure that staff have ongoing training and updates, and also will be able to provide moving and handling training during the induction period for all new staff.
Having the Person in Charge as a manual handling instructor will improve supervision and auditing to ensure best practices.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. Person in charge and Clinical nurse manager will attend auditing training. Following of this training audits will be used to improve quality and all audits will have improvement plans to address non – compliances with the required standards.
2. A suitable area for cleaning room has been identified and currently is being refurbished to meet the required Standards.
3.All staff have been trained in the use of bedpan washer. Proper signage in place and guidelines for decontamination procedures are on display beside the bedpan washer and full copy of equipment decontamination guidelines will be issued to all staff.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. 3 staff now rostered on night shift.
2. Personal emergency evacuation plans and Barthel index will be reviewed and reassessed by Person in charge and Physiotherapist to ensure consistence.
3. Fault in the fire alarms system now recognized and fixed. The Registered Provider has appointed a Contractor to replace and upgrade the existing system to an L1 addressable system. The Contractor has given start date: December with the proposed finish date for the end of February. The Contractor has been advised that an earlier start date would be preferable but it is not possible due to his work commitments.
4. Last emergency lighting test has been undertaken on 17th September 2018. (Please find attached form).
5. The external escape stairs adjoining building and boiler house will be included in the fire safety risk assessment, which has been undertaken by Daira Byrne & Associates – Fire Safety Consulting Engineers. (Please find letter attached).
Registered Provider will implement any changes recommended.
6.'Break glass' unit now activated and in working order.
7. Oxygen cylinder is stored in external storage area.
8. All staff have now received fire safety training.

9. A fire drill training was provided in September and this did include simulation of first floor compartment evacuation with night time staffing levels. Fire drill will be repeated in 6 months in line with Regulations.
10. Two new fire doors now in place on the ground and first floor to create adequate compartmentation. These have been inspected by Civil engineer, who has documented that the construction gives an overall fire rating of 60 minutes, which is suitable for the sub – division of the corridors in accordance with 1.2.5.3. of TDG Part B. (Please find attached letter).
11. As part of fire risk assessment all doors will be assessed in relation to their fire performance. Once the report is made available to the Provider, he will submit a schedule of repairs/replacements works. The Provider has already commenced schedule of door replacement and repair.
12. A lock will be fitted to the fire doors on the linen cupboard - 30/11/2018.
13. See point no.3.
14. High dependency Residents were reaccomodated to ground floor and compartment has been created to first floor level. Horizontal evacuation is available now.
15. The internal stairs is fitted with a chair lift and risk assessment has been completed which reduces and mitigates the risk of restriction in the event of a need for evacuation.
16. This area now benefits from further compartmentation and in the event that it is necessary to use the stairs to evacuate first floor this door can be opened and when opened is flush to the wall allowing access to the landing and stairs.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. Currently 3 of 23 Residents (13%) have request breakfast before 7:30. This is reflected in their care plans and is not institutional practice and is informed by the wishes of Residents. The Person in Charge will ensure that each Resident continues to be asked when they would like breakfast and will ensure that these wishes are accommodated.
2. Two sets of televisions will be provided for Residents in twin rooms. This will be done through phased purchase of 10 television sets (1 television per month).
3. The Activities coordinator will no longer attend to any household manager duties and therefore will be able to attend to activities. The Registered Provider has also increased the hours allocated to activities and new employee has commenced in their role on 30/10/2018.
4. The Activities coordinator will train health care assistants by 30th November 2018 to provide meaningful activities and sensory therapies to Residents in their absence.
5. The activities coordinator and trained health care staff will ensure that Residents who decide to stay in their own bedroom will receive meaningful Activities or sensory therapies – same depending on capacity. Person in charge will audit same on monthly basis for the next 3 months (Once the audit training is complete).
6. On a weekly basis all Residents are asked if they would like to avail of hairdresser services. The hairdresser will visit the Centre to provide services to one or more Residents. Residents do not have to wait until there is a 'number' of Residents who

would like appointments.
7. The Maintenance Person is currently working on a phased programme of fitting/fixing locks on bedroom and toilet doors that is due to be completed by the end of December 2018.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	03/09/2018
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	29/08/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	30/11/2018

	have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	07/10/2018
Regulation 17(1)	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.	Not Compliant	Orange	29/08/2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	03/09/2018
Regulation 23(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	30/11/2018

	has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2018
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Yellow	30/11/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	30/11/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in	Not Compliant	Orange	31/10/2018

	Schedule 5 includes the measures and actions in place to control the risks identified.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/2018
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	05/10/2018
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	17/09/2018
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and	Not Compliant	Yellow	30/11/2018

	building services.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Red	29/08/2018
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	04/09/2018
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Yellow	30/12/2018
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	Not Compliant	Orange	04/09/2018

	designated centre and safe placement of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	30/11/2018
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	29/08/2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	03/09/2018
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	30/11/2018

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/11/2018
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/07/2019