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Youghal and District Nursing Home, OSV-0000307, 3 December 2019

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Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Youghal and District Nursing Home
Name of provider:	Gortroe Nursing Home Limited
Address of centre:	Gortroe, Youghal, Cork
Type of inspection:	Announced
Date of inspection:	03 December 2019
Centre ID:	OSV-0000307
Fieldwork ID:	MON-0022776

About the designated centre

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

Youghal & District Nursing Home is a purpose built 54 residential nursing home. All bedrooms are single bedrooms with en-suite shower, toilet and wash basin. There is 24 hour nursing care available, therefore we can provide care for low, medium, high and maximum dependency residents. We can accommodate both female and male residents over the age of 18 years, who have the following care needs: general care, respite care, elderly care, palliative care and convalescent care. Admissions to Youghal & District Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours of admission. This will be individualised to set out your personal care needs and will provide direction to staff members caring for you. To enhance the care provided and enable you to fulfil your personal, social and psychological needs the following services and activities are available within Youghal & District Nursing Home: hairdresser, arts and crafts, live music & song, exercise, etc. Complementary therapy services are also provided: reflexology, homeopathy and acupuncture. Mass is held weekly on Friday. There is a resident's council operated on a 2 monthly basis or more frequently if deemed necessary. Youghal & District Nursing Home is committed to provide the most comprehensive nursing care in a relaxed but stimulating home from home environment where all of our guests feel valued and cared for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 December 2019	14:00hrs to 18:30hrs	Mary O'Mahony	Lead
Wednesday 4 December 2019	08:30hrs to 16:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The inspector spoke with the majority of the residents during the inspection. They said that they enjoyed living in the centre and attributed this to the kindness and respect shown to them by staff. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the office of the Chief Inspector for distribution to residents and relatives for completion. The feedback reviewed was very positive and complimentary about all aspects of care and life in the centre. Residents said they felt very safe and well cared. Residents said that they were free to move around the centre both inside and outside and a number of residents said that they felt a great sense of freedom and independence. The inspector saw residents walking around both floors of the centre and using the lift independently. Residents were seen and heard to arrange external outings with their friends and were seen to go out with them when they called to the centre. Residents said that family members also supported coffee shop outings and a number of residents said that they would be going out to family over Christmas. The inspector was told about the wide range of meaningful activities available to residents. Residents confirmed this and said that they particularly enjoyed the music, bingo, art, boules and the evening religious gathering. The inspector saw that residents were facilitated to attend these events and were supported by staff during the activity. Male residents were seen to watch their favourite sports on TV and a number were seen to watch snooker, matches and horse racing during the inspection.

All residents spoken with reported satisfaction with the food and said choices were offered at meal times, They told the inspector that staff ensured they had enough food, they were offered seconds and plenty of drinks and snacks. They were particularly complimentary about the home baking which they looked forward to and enjoyed daily. Home made muffins and apple tart were seen to be served on the day of inspection.

Capacity and capability

There were effective management systems in this centre which ensured that high quality person-centred care was delivered to residents. The management team were proactive in responding to issues as they arose and were familiar with residents and their relatives. The overall atmosphere in the centre was homely, comfortable and very suitable to meet the overall assessed needs of residents who lived there.

Care was directed through the person in charge who worked closely with the

registered provider representative (RPR). The person in charge was supported in the day to day management of the centre by the Director of Nursing, the assistant director of nursing (ADON), administrators and the financial director (who was also the RPR). Regular management meetings took place and detailed minutes were maintained of these which indicated that there was very good oversight of clinical and social care in the centre.

The inspector saw evidence of monitoring of the quality and safety of care through the collection of key clinical data including pressure ulcers, falls, medicine management, risk assessments, and health and safety. Health and safety meetings were undertaken on a quarterly basis where all aspects of safety, quality, risk and complaints were discussed and attended to. Aspects of care related to quality and safety were discussed in detail under the Quality and Safety dimension of this report. The inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with Regulations. There was evidence of consultation with residents and relatives through survey results and minutes of residents' meetings. The inspector found that issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response.

Residents and relatives spoke positively about staff and how approachable they were. The centre had a range of policies on recruitment; training and vetting that described the screening and induction of new employees. The inspector saw that these were followed through in practice with robust recruitment and induction in place. Staff confirmed that they had attended induction days including an introduction to key policies such as the policy on the prevention of abuse. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation and supervision in the delivery of person-centred care to residents. The service was well resourced with staffing levels in line with that described in the statement of purpose. The inspector saw that staffing levels had been augmented when the need arose, as evidenced by the fact that a new evening shift had been added in order to improve supervision of residents. Staff reported it to be a very nice and supportive place to work. There was good staff retention in the centre with some staff stating that they had worked there for 12 years. Detailed staff meetings and comprehensive shift handover reports ensured that information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles on the training matrix record. Staff told the inspector that they were supported to attend training and to keep their knowledge and skills up to date. The inspector observed positive interactions between staff and residents over the course of the inspection and found that staff were caring and warm towards residents. Staff were found to have excellent knowledge of residents' needs as well as of their likes and dislikes.

Good systems of information governance were in place and the records required by the Regulations were maintained effectively. Copies of the Standards and Regulations were available and accessible by staff. Maintenance records were in place for equipment such as fire-fighting equipment and mobility hoists. Accidents, incidents and complaints were trended and critical incidents were

reviewed. Appropriate action was taken following these reviews and there was evidence of learning by staff from these events.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre. The application was submitted to the Office of the Chief Inspector and included the information set out in Schedule 1 of the Registration Regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the Regulations and was found to be knowledgeable of the Regulations and Standards for the sector.

Judgment: Compliant

Regulation 15: Staffing

There was an adequate number of staff on duty to cater for the needs of residents. There was a roster in place which set out the number of staff on duty in all areas such as nursing, health care assistants, cleaners, laundry, kitchen and maintenance staff. Staff were recruited in line with the recruitment policy and were subject to a probationary period. Staff appraisals were undertaken annually and as required. All staff had the required Garda (Police) Vetting (GV) clearance in place and all references for staff had been verified. Nursing staff had evidence on file of registration with their professional body.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were afforded training both mandatory and appropriate, such as, end-of-life care training, dementia care and medication management training. Staff confirmed that they had received training and were found to be knowledgeable of key aspects such as, how to report allegations of abuse and how to react in the event of a fire

alarm activation.

Judgment: Compliant

Regulation 19: Directory of residents

This regulatory document was properly maintained.

Judgment: Compliant

Regulation 21: Records

All required records were maintained in a manner which made them easily accessible to the inspector. Records were securely stored and retained for the required period of retention.

A sample of staff files viewed by the inspector were found to well maintained and contained the requirements of Schedule 2 of the Regulations. The management team provided assurance to the inspector that all staff had GV in place prior to commencing employment in the centre.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The records required under Schedule 4 of the aforementioned Regulations were all maintained and made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The management team and staff demonstrated a commitment to continuous improvement and quality assurance. There was evidence of ongoing quality improvement strategies and monitoring of the services provided. There was a system of audit in place with a monthly programme of audits being undertaken. The inspector found that corrective action reports were completed following these audits and actions were seen to have been completed. There was evidence that audit findings were communicated to staff at the staff meetings. Staff

confirmed this with the inspector. Residents and relatives' questionnaires reflected satisfaction with the care received in the centre. Residents' meetings were convened on a regular basis and minutes of these meetings were recorded and viewed by the inspector. Staff were supervised and areas of responsibility were delegated to knowledgeable personnel.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts clearly set out the room to be occupied by the resident and specified which services incurred a fee.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service to be provided, outlined the management structure and described the ethos of the centre as one that was person-centred and respectful of residents' rights.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents, such as falls requiring medical intervention, were notified in accordance with Regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded and the outcome of each complaint was documented as well as the satisfaction or not of the complainant.

The policy on complaints was up to date and described the management of complaints in the centre. Complaints were managed in line with the policy according

to records seen by the inspector.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 of the Regulations were maintained and updated within the required time frame of three years.

Policies were seen to be implemented such as the policy on responding to responsive behaviour (behaviour resulting from the impact of dementia) and the policy on the prevention of elder abuse.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to health care services, opportunities for social engagement and homely well laid out premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

The inspector observed that there was a wide range of stimulating and engaging activities throughout the two days of the inspection that provided opportunities for socialisation and recreation. The activities coordinator told the inspector that she met with new residents to find out their interests and hobbies and then tailored the activities programme to suit them. All residents had access to recreational resources such as TV, radio and newspapers and enjoyed their en-suite, single-room accommodation. Residents told the inspector that having a private toilet and shower facility supported their privacy and dignity needs.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatric services and attendance at outpatient services was facilitated. There was evidence that residents had access to other allied health care professionals as outlined under Regulation 6: Health Care in this report.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly and regular fire drills took place including at night time when there were reduced staffing levels. An emergency plan had been developed for all emergency situations.

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. Bedrooms were spacious and comfortable. The environment and atmosphere overall was homely and very much in keeping with the needs of the residents. Premises was further described under Regulation 17: Premises.

The management team ensured that the rights and diversity of residents were respected and promoted. Residents spoken with spoke positively on the experience of living at the centre and the inspector saw evidence that residents adopted as independent a daily routine as possible. Resident surveys had been undertaken. This aspect of residents' experience was fully discussed under Regulation 9: Residents' rights, in this report.

Regulation 11: Visits

Visitors were plentiful throughout the days of inspection. There were sufficient rooms available in which to have private visits if required.

Visitors told the inspector that they had access to the centre whenever they wished to visit and in accordance with residents' wishes.

Judgment: Compliant

Regulation 12: Personal possessions

Rooms were seen to be personalised with a range of residents' personal belongings. There were large wardrobes and bedside lockers available in each bedroom. Each bedroom had a locked facility for precious items. Personal photographs and celebratory cards were displayed in each bedroom. Residents' clothes were carefully washed and pressed and returned to them without delay. This was confirmed by residents and family members. Moreover residents were seen to be very well dressed and fashionable.

Judgment: Compliant

Regulation 13: End of life

Residents' personal wishes were recorded when known. The inspector saw that attempts had been made to document a number of residents' preferences for care at this time.

A new educational programme had been identified to provide staff with best evidence-based training on end-of-life decision making for all residents and their families, to ensure that wishes and preferences were recorded for the designated centre and acute hospital use, if required.

Judgment: Compliant

Regulation 17: Premises

Similar to findings on previous inspections the centre was found to be spacious and suitable to accommodate the needs of residents who resided there. Conservatory-type sitting rooms were located at the end of each hallway upstairs. These were equipped with bookshelves, lamps and large picture windows looking out over the surrounding countryside. These rooms were beautifully decorated for Christmas. Residents were seen to use the conservatories for personal time, for reading, for visits and for parties. One of these rooms had been converted into a hairdressing salon. This was in use twice weekly for hairdressing and daily for beauty treatments such as hand massage. Other communal rooms were nicely carpeted and a piano was available for the use of residents and relatives. The decor was exceptionally maintained. Leather armchairs in contrasting deep colours added an air of opulence and comfort which residents and relatives commented on. The premises was very fresh and very clean throughout.

Residents had been provided with suitable furniture in which to store their personal belongings. Bedrooms were all single occupancy en-suite rooms and were seen to be personalised, warm and suitable. A number of extra toilets and two communal bathrooms were easily accessible to meet the needs of all residents. Sluicing facilities, both upstairs and down, were clean and modern.

The centre had a large kitchen which was well equipped and the laundry area was well organised with suitable equipment in use. Safe outdoor space for all residents, especially residents with dementia, was enhanced by the use of large raised flower beds to stop traffic from encroaching on residents' space. Large wooden seats were scattered around the entrance in order to provide seating for residents who wished to take in the fresh air and surrounding scenic view. The person in charge stated that staff and relatives accompanied residents outside to the main grounds when the weather was amenable. Residents were seen in and out during the day. In addition, to the outdoor spaces the sense of space and light was greatly enhanced by the curved conservatories on each floor which were designed to ensure that

residents experienced a sense of the 'outdoors' when sitting there. The RPR said that there were future plans under development for further secure garden spaces.

Judgment: Compliant

Regulation 18: Food and nutrition

Food was provided in sufficient quantities and was seen to be served in a thoughtful manner. Home baking was done on a daily basis and residents said that they really enjoyed this. There were sufficient staff present to help at the busy meal times. The dining room was laid out in two interlinked sections. Staff explained that one section was dedicated for the use of residents who required assistance with their meals and who would require a more relaxed environment for meals.

The dietitian and the speech and language therapist (SALT) visited residents and staff regularly and as required. The chef informed the inspector that the nursing staff liaised with her on a weekly basis. At these meetings modified diets were discussed as well as residents' preferences and choices about modified food and time of meals. The Inspector found that these allied health professionals had documented their advice within residents' care plans. Staff were found to be aware of this advice and to follow up on the guidelines which had been provided. All residents were generally seen to have maintained their weight. The MUST (malnutrition universal screening tool) was used to assess residents' risk of malnutrition and the results were discussed with the appropriate experts.

Judgment: Compliant

Regulation 20: Information for residents

A printed, up-to-date information booklet was available to all residents. Notice boards displayed relevant information about an independent advocacy service, complaints management, fire safety protocols and daily activity provision. There was a clock on each hallway which was specially designed to support those with diminished sight and memory lapses: in that it was an extra large clock with clear numbers, including the day of the week, the time and the date.

Judgment: Compliant

Regulation 26: Risk management

Risks were well managed and the risk register was a dynamic document which was updated regularly.

During the inspection staff updated the risk assessment for one resident who smoked and this was seen to be comprehensive when reviewed.

Judgment: Substantially compliant

Regulation 27: Infection control

Good processes were in place for the prevention of infection such as proper hand hygiene protocol and robust cleaning processes.

Judgment: Compliant

Regulation 28: Fire precautions

Daily, weekly, monthly and three-monthly fire safety checks and certification were carried out. There were sufficient fire extinguishers in the centre which were serviced on an annual basis. Fire exit signs were placed appropriately and all residents had a personal evacuation plan (PEEPs) available. Staff attended annual fire training and fire drill records were detailed and maintained in order to support learning and improvement. Staff were aware of what to do in the event of a fire and there were relevant notices displayed to support staff to take rapid and safe action.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Practices in relation to prescribing, administration and review of medicines met with regulatory requirements and reflected professional guidelines. The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were checked twice daily by staff. Psychotropic (sedative type) medicine use was reviewed and appropriately managed. Non-drug alternatives were attempted prior to the administration of these medicines for residents with dementia and the rationale for their use was recorded.

A review of a sample of residents' medicines revealed that practice was in line with

the guidelines set out for nurses by An Bord Altranais on Medication Management.

A mislaid prescription for one medicine was found by staff during the inspection. It had been filed prematurely in the filing cabinet.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained. Relevant information was seen to have been documented prior to and following admission. Care plans had been developed with the support of residents and family members. These were seen to contain sufficient information to guide staff in caring for the medical and social needs of residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to responsive medical care. The general practitioner (GP), the speech and language therapist (SALT) and the dietitian supported the nursing and health care staff to deliver person-centred care to residents. Dental, chiropody, psychiatric and hospital care was also facilitated for residents.

The inspector found that these allied health personnel had documented their advice and their visits within residents' care plans. Residents and relatives confirmed that they had adequate health care support and felt that their wishes were respected in this aspect of care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans were seen to have been developed to support residents who experienced the behaviour and psychological symptoms of dementia(BPSD). Training had been afforded to staff in this aspect of care and staff were found to be knowledgeable of same.

A review of a sample of these care plans indicated that there was a supportive approach taken in relation to those residents who had experienced escalation in behaviour.

Staff were found to be knowledgeable of residents' needs and were seen to provide supportive and kind care to these residents.

Judgment: Compliant

Regulation 8: Protection

The policy of the prevention of elder abuse was up to date and relevant. All staff had attended mandatory training in recognising and reporting allegations of abuse.^a

Finances were well managed. The centre was acting as pension agent for three residents. These records were seen to be well maintained.

The RPR gave an assurance that all staff had the required Garda (police) Vetting (GV) clearance in place.

Staff were committed to implementing the national policy 'Towards a restraint free environment in Nursing Homes', and the use of bedrails was minimal. There was a policy on restraint use in the centre that set out the procedure to use where such a restriction was required in order to achieve a positive outcome for residents. Alternatives to bed rails were in place and decisions were reviewed regularly to ensure that the least restrictive option was utilised.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were living full lives in the centre. The inspector found that every opportunity was taken to ensure residents were involved and supported to participate in the centre. Residents attended regular residents' meetings and consultation sessions. They said that their opinions were valued and their views were consistently sought. There was a happy and comfortable ambiance in the centre. Staff were very familiar with residents and they took time out to chat and engage socially with them. Residents and relatives spoken with by the inspector unanimously expressed a very high level of satisfaction with the service provided and their experience in the centre. A number of residents were supported and encouraged to continue attending the community support services they attended prior to coming to live in the centre.

Information about each resident's life history, significant events and interests was collated and used to support social engagement and to inform the activity programme. Enthusiastic and kind activity personnel facilitated residents' activities. There was a variety of meaningful and interesting group activities facilitated each day in the sitting room. This resulted in the sitting room being a busy and

stimulating social environment. Residents' art works were used to decorate the walls and were very colourful and impressive. During the inspection, mass was seen to be arranged in the sitting room and talented staff were heard to sing Christmas carols, which was appreciated by residents and their relatives. Staff accompanied residents for short walks outside and said that they used this one-to-one time for reminiscing and relaxing conversation. Art, music, singing and dancing were observed to be some of the favourite activities for many residents on the days of inspection. A music session initiated a sing-song session in the sitting room and individual singing performances were encouraged by other residents, who knew each others favourite songs. The musician was patient and flexible and was seen to adapt to the needs of residents. This adaptable approach to providing activities and the person-centred engagement of all enhanced the quality of life and feeling of inclusion for all residents.

Local and national newspapers were made available for residents. The internet and mobile phone use were also encouraged. Residents were facilitated to exercise their civil, political and religious rights. A large number of friends and relatives visited during the days of inspection. Relatives informed the inspector that a sense of community and home was promoted in the centre and everybody knew and cared about each others' welfare. All involved in the centre were looking forward to Christmas: the visits from family, the Christmas party and visits from the local school children for the Christmas carol recital.

The centre had access to an advocacy organisation to support residents. The person in charge said that this service ensured that residents had independent support to address complex issues and support decision making. It was apparent to the inspector, through talking with staff and observation over the two days of inspection, that residents' lives and their daily experiences mattered, and residents were central to the care process and the ethos of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Compliant

Inspection ID: MON-0022776

Date of inspection: 04/12/2019

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 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: In addition to Youghal and District Nursing Homes robust risk management system, we employ an ever evolving list of mandatory Risk Assessments that require completion within 72hrs of admission. This list is added to following review of each incident, accident, near-miss or perceived treat, at our bi-monthly health and safety meetings witch are attended by the heads of each department. Residents, staff and relatives are encouraged to make submissions to the health and safety committee. Audits of incidents and accidents are reviewed bimonthly.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Youghal and District Nursing Home's medication policy has been reviewed and updated. An updated medication management audit system is to commence in January 2020 which will include revised quality improvement plans in an effort to address any incidents of non-compliance. This is to ensure regulatory requirements are being met and adhered to at all time. All nurses employed in Youghal and District Nursing Home attend mandatory medication management training on a yearly basis.	

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 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.	Substantially Compliant	Yellow	31/01/2020
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication related interventions in respect of a resident, such record shall be kept in a safe and accessible place in the designated centre concerned.	Substantially Compliant	Yellow	31/01/2020