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Clearbrook Nursing Home, OSV-0005590, 07 January 2020

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Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Clearbrook Nursing Home
Name of provider:	Greenmast Limited
Address of centre:	Heathfield View, Cappagh Road, Finglas West, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	07 January 2020
Centre ID:	OSV-0005590
Fieldwork ID:	MON-0028125

About the designated centre

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

Clearbrook Nursing Home is a designated centre delivering care to male and female residents, located in a north Dublin city suburb. The premises comprises of a two-storey, purpose-built building with 90 single en-suite bedrooms. The centre consists of four separate units with central communal spaces including dining areas, sitting rooms and activity rooms. Full-time long and short-term care is provided for older people, people living with dementia, and people with physical and sensory disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	87
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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 7 January 2020	18:50hrs to 20:55hrs	Deirdre O'Hara	Lead
Wednesday 8 January 2020	08:45hrs to 16:55hrs	Deirdre O'Hara	Lead
Tuesday 7 January 2020	18:50hrs to 20:55hrs	Helen Lindsey	Support
Wednesday 8 January 2020	08:30hrs to 16:55hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Residents who communicated with the inspectors were mostly positive with regard to the control they had in their daily lives and the choices that they could make. While some residents said there were things going on, others reported not having enough to do. At the last residents meeting residents reported that they would also like a wider variety of activities, more food options at meal times and options to go out of the centre.

Residents generally expressed satisfaction regarding the provision of services and were happy with the care, support and assistance provided by staff. Residents said that the staff were very friendly and couldn't do enough for them. Staff were seen to pleasantly engage with residents and residents responded well to staff.

While those spoken with felt comfortable about speaking to those in charge if they were unhappy with something in the centre, there were mixed views from families regarding reassurance or information from the centres management team if there would be appropriate action taken following a complaint or concern.

Residents had easy access to the outside garden or smoking area and were seen to freely move around the centre.

During the inspection some residents were seen to be moving around the centre and enjoying the company of other residents. Other residents were spending time in their rooms where they were watching television or listening to the radio. A lot of visitors were seen coming and going from the centre and overall were seen to have a positive engagement with the staff they were meeting. There were activities taking place at different points in the day, and residents were heard being offered the opportunity to attend.

During the inspection it was very noticeable that the nurse call bells were ringing regularly, and for long periods of time. The volume of the alarm was loud, and it was noted to be audible in most bedrooms as there were repeaters along the corridor. When staff were asked if they noticed the volume they confirmed they did, but felt it was necessary to alert them to a residents call. Families spoken with also noted the volume.

Inspectors observed that a number of areas were in need of a deep clean. The dining rooms had furniture that had not been wiped down, and so had dried food and spills on them. Some of the menu's also had dried liquids and food remnants on them. Along corridors the walls and doors were scuffed, and marks could be seen on doors at the points hands would push them open. There were a number of examples seen in residents room and other areas where drinks had been spilled down the walls and dried leaving a mark. Items of equipment also required cleaning, with one example of a residents wheelchair being seen with food debris on the

frame and seat.

Capacity and capability

While there were governance and management arrangements in place to oversee the operation of the centre, they did not identify and address the issues of concern noted during this inspection.

Some areas of delivery were seen to be well organised. There were clear policies in place setting out how the centre should operate, and these were reviewed every three years or more frequently if needed. Staff recruitment was robust and ensured references and Garda vetting checks were completed for staff. Residents had a contract of care signed on their arrival in the centre and there was insurance in place as required by the regulations. There was also a clear structure in place to ensure all staff completed relevant training and were provided with refresher training as needed.

There was a management team in place, and a new assistant director of nursing had recently been recruited. The management team were well known to residents, their visitors and the staff in the centre. There were clear structures around how the centre was being run with regular meetings in place to discuss the day to day operation of the centre.

However the oversight arrangements in place to ensure clinical and social care needs of residents were being met were not identifying issues of care delivery in the centre. While there were audit and quality assurance arrangements, inspectors found that the systems had not picked up on a number of areas where improvements were required to ensure the safe delivery of care to residents. The areas requiring improvement were:

- Records - Care planning documents and volunteers
- Healthcare - assessing and responding to identified needs
- Premises - decor and storage of equipment
- Staffing levels
- Infection control and cleaning
- Medication practices
- Complaints management

The inspection was carried out following the receipt of a number of pieces of information about care delivery, staffing levels, supervision of residents, complaints management, and hygiene levels in the centre. The issues raised were reviewed by inspectors who confirmed improvement was required to ensure residents needs are met consistently.

Regulation 15: Staffing

Inspectors found that the allocation of staff available during the inspection matched the roster in place. While staff were allocated to different areas of the centre and were engaged with residents through the inspection, it was noted that the nurse call bells rang frequently and on occasion took a significant period of time to answer. For example, inspectors pointed out one occasion to the person in charge where the nurse call bell rang for over five minutes. The alarm call display showed two alarms were then ringing at the same time. This would suggest staff were regularly not free to answer the bells due to being involved in other activities.

It was also noted there had been a number of incidents in the centre that were un-witnessed by staff, again suggesting that there was insufficient supervision for residents available at times. For example, of 23 falls resulting in medical treatment in the last 12 months, 16 had been un-witnessed.

There was a consistent theme in feedback from relatives that residents had to wait for assistance, and that care needs were not being consistently met.

The person in charge confirmed that all staff vacancies were in the process of being filled, and that agency cover was used if a shift could not be covered by the team in the centre. This was seen on the day of inspection where an agency member of staff was due to arrive to cover a night shift at the beginning of the inspection, and had been to the centre previously.

Staff were supervised in their work by the assistant director of nursing and the clinical nurse managers. Rosters showed that there were at least two nurses on duty in the centre at all times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a detailed training schedule in place for all staff. This ensured refresher training was provided from time to time as set out in the provider's policies and guidance.

There was an induction programme in place for new staff that covered an introduction to the policies and procedures in the centre, and also to the provision of care to residents in the centre. The induction plan supported the management team to ensure new staff were developing in their role appropriately. There was also a probation period completed by all staff members.

There was training taking place on the day of the inspection, and the schedule was

in place for the coming weeks. It included topics such as manual handling, fire safety, food safety and safeguarding vulnerable adults.

Staff had all completed training on safeguarding and fire safety awareness. Other training completed by some staff included, medication management, wound and pressure area care, dementia awareness, behavioural psychological symptom awareness, food hygiene and basic life support.

Staff were appropriately supervised in their role, with a nurse in charge of each shift, and management team members whose roles were supernumerary to the roster. Staff received an annual appraisal and those for 2019 were planned for the weeks following the inspection.

Judgment: Compliant

Regulation 21: Records

While some records reviewed were of a good standard, others required improvement.

A sample of personnel files were reviewed for different categories of staff members. They were seen to be stored safely and were accessible in the centre. They were found to contain all documentation required under Schedule 2 of the regulations. This included vetting by An Garda Síochana and evidence of active registration with the Nursing and Midwifery Board of Ireland.

Examples were seen where records setting out residents medical and nursing care plans did not contain sufficient detail or were not available. This is covered under regulation 5 and 6.

Judgment: Substantially compliant

Regulation 22: Insurance

There was up-to-date insurance policy in place including cover for loss or damage to residents' property. It was on display in the reception of the centre.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required to ensure the centre was providing safe and effective services consistently. While there was a management structure and quality assurance system in place, it was not proving effective in identifying poor practices in the centre, and therefore improvements had not been achieved.

For example, there was a regular quality and safety meeting, but the poor quality of residents care records had not been identified as an issue. Inspectors found the poor recording of residents healthcare needs was impacting on the delivery of care to residents. This had not been identified by the oversight and management arrangements in place. Also, the fact that a number of areas required deep cleaning had not been identified.

Areas where the provider was meeting the regulations included the completion of an annual review that was available in the centre. The overall response was that residents and relatives were generally happy with the care provided. The review for 2019 was in development at the time of the inspection. The provider did have arrangements in place to gather the views of residents, and these were represented in the annual review. It was noted however that there was no clear evidence that issues raised had been addressed. For example feedback about the timing of the lunch meal.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

All residents had a contract of care that described the fee to be charged for the service, the resident's contribution, the type of room occupied and the services that incurred extra charges.

Judgment: Compliant

Regulation 30: Volunteers

There were a number of volunteers working in the centre. While there were Garda vetting checks in place, and supervision and support for the volunteers, inspectors did not see copies of the volunteers roles and responsibilities set out in writing.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a procedure in place that set out the process to be followed when a complaint was made. This was displayed in a prominent place in the centre. Residents and their relatives understood the procedure and knew who they may raise concerns or comments with.

Records showed that complaints were being recorded and there was engagement with the person making the complaint. There was also a clear process to escalate the matter if the complainant was not satisfied with the outcome.

It was however noted that a number of people had not been satisfied with how this process was operating in the centre, and did not feel their complaints had been appropriately responded to. This was seen through information provided to HIQA before and during the inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The required policies and procedures were in place, for example an admissions policy, the use of restraint, and risk management arrangements.

There was a system for updating these to ensure that they remained relevant and provided up to date guidance for staff.

Judgment: Compliant

Quality and safety

Improvements were required in the centre to ensure residents needs were fully assessed, care plans developed and care delivered to meet those identified health and social care needs. Improvements were also required in relation to infection control, premises, and some aspects of medication practice.

Inspectors were not assured residents needs were being met consistently as there were gaps in the recording of residents needs, care plans lacked clear guidance for staff on how needs were to be met, and a review of supporting guidance found limited details were being recorded. Examples were seen where residents needs had changed, but the plan of care had not been updated. While staff were able to describe residents care needs, and describe how they were being met, the documentation was not in place to confirm this was taking place as described.

During the inspection staff were seen to be effectively supporting residents with behavioural and psychological symptoms of dementia (BPSD) and were

communicating well with residents, and their visitors as they came and left the building. There were also a range of activities taking place, and those spoken with said they enjoyed the flexibility they had in the centre, and confirmed they were able to make choices about how they spent their time.

The premises were modern and provided a range of private and communal areas for residents to enjoy. There was also access to an enclosed garden which residents were seen to enjoy accessing. Improvements were required in relation to storage of equipment and some areas of the centre needed the decor to be updated due to damage. While there were some infection control measures in place, such as hand sanitiser and personal protective equipment being accessible, other areas required improvement such as keeping medication areas and bathrooms clean.

Regulation 17: Premises

Overall the designated centre was safe and suitable for use by people living in the building and there was sufficient private and communal space to meet residents needs. All bedrooms were single with en-suite bathrooms to support residents privacy and dignity.

The centre was well lit and heated. All areas of the buildings were free of steps and trip hazards, and hallways were lined with handrails for assistance. Residents were observed navigating safely through the centre alone or with assistance. A lift allowed safe travel between storeys. Residents had access to safe and secure outdoor areas in the form of a rear garden. There were a number of communal areas in the centre on the ground floor, and residents were seen to be enjoying these spaces.

During the inspection it was noted a number of areas were not well cleaned, this is covered under regulation 27. It was also noted, that the decor was showing signs of wear, especially along the corridors. For example, there was evidence of chipped paintwork and marks on doors in most areas.

There was inappropriate storage of equipment in the oratory, assisted bathrooms and in fire refuge areas which could pose a trip hazard for residents or impact residents if the area was required during an emergency evacuation. Splash backs were required behind hand wash sinks in clinical rooms to allow for effective cleaning.

While there were maintenance contracts in place for equipment in the centre, the maintenance records for bedpan washers were not available in the centre on the day of inspection.

Inspectors noted that the volume of nurse call bells were loud and some residents and family members relatives remarked that the volume of bells could be loud and cause disturbance.

Judgment: Not compliant

Regulation 27: Infection control

Arrangements for cleaning in the centre required improvement. For example flooring, skirting boards, chairs, trays and menus in the dining areas had evidence of splashes, spills, dirt or debris. There were marks or splashes seen throughout the centre on walls, grab rails, sinks beside water coolers and doors. This was partly addressed during the inspection. A bathroom was seen that needed cleaning on the evening of the first day of inspection had not been cleaned when inspectors returned the following day, despite the fact it was pointed out to staff.

There was a risk of cross contamination due to inappropriate storage in the assisted bathrooms, for example linen hampers, cleaners trolleys, and wheelchairs.

There had been an infection control committee in place but it had not met since August last year. The person in charge informed inspectors that this committee was to recommence when a lead staff member was appointed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a pharmacist of their choice. A review of all residents' medicines was completed regularly. There were current written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents that were implemented in practice. Medicine administration records and medicines were maintained in accordance with relevant professional guidelines.

Medication fridge temperatures were checked regularly and were maintained within the required temperatures. Medicines that were out-of-date or no longer required were securely stored and disposed of appropriately.

While medication audits were completed there were gaps in practices observed on the day of inspection. These had been identified during recent audits but action had not been taken to deliver the improvements. Examples seen that showed improvement was required included the safe storage of oxygen cylinders, labelling of insulin pens, hand hygiene during a medication round, the cleanliness of one medicine fridge, pill crushers, sharps trays and dressing trolley. There were also gaps in prescriptions with regards to the indication for use and the route of administration for some medication that had not been followed up by nursing staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The nursing and medical care needs of residents were assessed on admission and reviewed at intervals not exceeding four months.

Residents care records were stored on an electronic system. Inspectors reviewed the records with members of the nursing team who answered questions and provided additional information. The sample of care plans reviewed found they consistently lacked detail and did not align with the care nursing staff described was taking place. For example in relation to managing pressure areas or weight loss. Examples were also seen where residents had identified health needs and there was no care plan in place setting out how it would be met. Nursing staff gave an explanation of care being delivered but it was not possible to see how the plan had been developed, or that it was being delivered as described, as there were no records of same.

Of the care plans and behaviour charts reviewed in relation to residents who may experience responsive behaviours, inspectors were not assured that staff had up-to-date knowledge when an incident had occurred. There were some inconsistencies in behavioural monitoring records and associated care plan records. For example, gaps were identified in the behavioural monitoring assessment documentation and staff handover sheets did not inform staff taking over care when a resident had an episode of behaviour that was challenging. The antecedents, behaviour and interventions used were not always recorded as required and outlined within the centre's policy and examples were seen where the resident's care plan had not been updated as changes occurred. As a result, insufficient guidance was available to ensure that interventions such as 'as required' medication PRN (a medicine only taken as the need arises) was used appropriately and was subject to an evaluation.

The care plans reviewed did include some detail about residents likes and dislikes and life histories, but did not consistently reflect their preferences and were not person centred in the way they were written. For example in relation to residents preferred routines for personal care.

Staff spoken with seemed to know residents and their preferences and overall residents fed back the staff were helpful and kind. However, the lack of a clear care plan leads to a risk of poor consistency in the care being delivered.

Judgment: Not compliant

Regulation 6: Health care

Inspectors found there was a lack of clear records setting out the residents needs, nursing plan, and details of how care had been delivered. As this information

was only partially available, inspectors were not fully assured that residents health care needs were being met on a consistent basis.

There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls, malnutrition, cognition, depression, pain, mobility and skin integrity. However it was not clear what interventions and treatments were required to reflect the current needs of residents, in order to guide staff in care delivery. For example pressure ulcer and wound care or residents losing weight. There were also some inconsistencies observed in the monitoring of blood sugar levels for one resident, and delays in access to pressure relieving equipment for another.

Resident's were seen to have access to a GP in the centre, and on call arrangements were in place out of hours. Access to a range of allied health care professionals was available in the centre, such as tissue viability nurse, occupational therapist and physiotherapist. Examples of referrals for to assess residents needs were seen to be happening. However, the record of the recommendations were not consistently available, for example the plan to be followed for a resident following a review by a dietitian, or referrals for residents who had been identified at risk of malnutrition.

Records did confirm residents had access to national screening programmes relevant to their needs.

A review of falls in the centre had been undertaken and an enhanced safety check system had been implemented since November last year where a significant reduction of falls was noted by inspectors.

Judgment: Not compliant

Regulation 8: Protection

There were policies and procedures in place to set out the measures in place to protect residents from harm. All staff had completed safeguarding training and were clear of the procedure to follow if they observed, suspected or were informed of an allegation of abuse. The provider was a pension agent for number of residents. Records were clear, and there was appropriate documentation and accounts available to show resident's monies were being managed in line with the Department of Social Protection guidelines.

Overall residents who spoke with inspectors said they felt safe within the service. However a theme in the resident survey for 2019 was that people were not happy with other residents entering their room. Relatives also reported that the people they visited expressed this concern. This was also a theme in the information received by inspectors prior to the inspection. There had been a number of reviews in the centre that were seen to have followed the procedure in place, however the concern of resident going in to others rooms continued to be a concern for residents and their families. A review of notifications to the Chief Inspector, noted there was a pattern of incidents that had occurred relating to residents entering others rooms.

As noted in regulation 15 about staffing, these incidents that had occurred had not been observed by staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights to privacy and dignity were upheld by staff through respectful interactions, and honouring the resident's choices on a day to day basis. Inspectors observed that staff were kind and gentle with residents and addressed them by their preferred name.

To encourage residents to participate in the organisation and running of the centre residents' meetings were held every three months and minutes were available. While there were regular meetings the feedback regarding the actions taken as a result of points raised at previous meetings were not made available to residents, and there were no clear records of what action had been taken to address the issues raised. For example at the last meeting residents provided feedback on the choice available at mealtimes, examples of poor care being delivered, range of activities available, and the size of the smoking shelter but there was no record of action taken.

There was a varied activity programme in place and residents could choose what they wished to attend. An activity co-ordinator was available seven days a week to provide opportunities for residents to participate in activities in accordance with their interests and capacities. If they did not wish to join in group activities there was opportunities for one-to-one time with activity staff or they were facilitated to pursue their own interests independently. Television, radio and newspapers were available for residents. Staff were observed reading newspapers with the residents. A number of residents enjoyed gathering in the lounge on the ground floor and in the art room where there was access to a radio, television and art materials. There was also access to the outside area and smoking shelter.

Residents had access to regular religious services in the centre and access to advocacy services which was advertised in the reception area.

Judgment: Substantially 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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clearbrook Nursing Home OSV-0005590

Inspection ID: MON-0028125

Date of inspection: 08/01/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Staffing within the home is carefully and consistently monitored to ensure that there are sufficient numbers of suitably qualified staff available to meet each resident's assessed care needs. Staffing levels may be reviewed from time to time in order to maintain consistently high standards of care. • The Person in Charge (PIC) and the Assistant Director of Nursing (ADON) oversee the appropriate allocation and deployment of staff to each area, ensuring that there is a suitable mix of skills and abilities, providing effective supervision in each area of the home. • The PIC in consultation with the ADON produces a staff roster which sets out the required staffing numbers and skill mix for each department over a 24-hour period. • This roster is based on the number of residents, their dependency levels, care needs and preferences. • As part of the dependency assessment, each resident has a Barthel assessment carried out indicating the ability of the resident and the care interventions required. • We will also utilise information from other sources in the home to inform our staffing requirements. For example, the management team will factor in results from our regular care audits, any issues raised at residents' meetings and survey results, any complaints received, results from a review of call bell audits and staff meetings. • Rosters are produced in fortnightly cycles and are published in advance of the start date to ensure that staff are aware of their rostered shifts. • The PIC and ADON ensure that staff are appropriately deployed and that they are allocated appropriate duties commensurate with their skills, qualifications and abilities. • The PIC and senior management in the home constantly evaluate and implement a structured quality improvement programme to address any deficiencies identified. • The ADON is present on the floor to provide advice, supervision, guidance and direction to nursing and care staff and ensures that the care delivered is in accordance with the individual assessments and best practice. • Together, the PIC and the ADON monitor, develop and continually strive to improve the quality and safety of care provided to residents on an ongoing basis, in order to provide assurance that the service is safe, appropriate and consistent. 	

- We will implement Clinical Supervision for individual nursing staff members where the ADON will meet with all the nurses on a fortnightly basis, review the allocated care plans, identify areas for improvement, develop an action plan with a set time frame and follow up with the nurse involved.
- The ADON/CNM will work alongside nurses and healthcare assistants to observe the practice and to ensure residents receive the care as per their care plan. Following these supervisions, the ADON/CNM will develop a report that identifies areas for improvement, as required and set out an action plan and follow up and review date.
- The Mowlam Academy Training Officer will conduct periodic observation of practice delivery and provide mentorship sessions for HealthCare Assistants in small groups as required.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

- We will ensure that all records are up to date, relevant and accurately reflect the residents' status, needs and preferences.
- All residents will have individual written care plans that consider all aspects of their physical and mental health, personal and social care needs. These plans are written using plain English approach to promote clear communication of resident's health and support needs, as identified by initial and ongoing assessment and review. Individual care plan interventions are implemented, and the appropriate care provided to the resident in order to maximise their quality of life.
- Care plans will guide staff on individual resident care needs.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Using the computerized auditing tools, the PIC, with the support of the Health Care Manager collects and analyses data to support available benchmarking in order to drive the ongoing programme of continuous improvement measures for the care and services provided within the home.
- As part of the Key Performance Indicators (KPI's) for the home, the PIC, with the support of the regional Healthcare Manager undertakes regular scheduled audits in a standardised manner as per GM-005 Audit Management Policy and Procedure.
- All Quality Improvement Plans arising from audits are recorded, implemented and reviewed to ensure improvements occur and are sustained as required.

- The management team including the PIC, ADON and Healthcare Manager will conduct and document frequent unannounced call bell audits to review response times throughout the nursing home.
- The management team in conjunction with the physiotherapist will review the usage of sensor mats which are linked to the call bell system.
- The physiotherapist reviews all residents who have sustained a fall to ensure the correct falls prevention plan is in place. The falls committee will continue to meet on a monthly basis to review the falls, identify trends and put an action plan in place.
- The management and staff within the nursing home will continue to consult and involve residents or their representatives as appropriate in the provision of care, support and services.
- We foster a culture of open and transparent communication within the home and we will ensure that resident and family views, suggestions and feedback are recorded and addressed satisfactorily, implementing quality improvements where possible.
- We will ensure that appropriate and consistent supervision and support is provided to staff who care for our residents.
- We will monitor records to ensure that they reflect residents' care needs and feedback accurately, and that there is evidence of corrective actions and quality improvements implemented where indicated.
- Audits: Regular audits are carried out. Corrective action plans are implemented where non-compliances are identified.
- The ADON provides clinical leadership to the nursing and care team to ensure that care is delivered based on the wishes and needs of the residents.
- The housekeeping schedule has been improved and the house keeping supervisor is overseeing the general cleanliness and implementing improvements as required. Further training has been scheduled for the housekeeping staff.
- Residents' meetings will continue to be held and feedback from any suggestions will be reported back to the residents at the next meeting.
- Review of Adverse Events/Incidents & Complaints: The computerised incident management system also provides ongoing review of all incidents and complaints in the home by senior management in real time which facilitates information related to reviews of residents' safety incidents to be reviewed and shared to promote learning and prevention of any recurrences.
- Internal Quality Assurance Process: The Healthcare Manager, Quality and Safety periodically conducts rigorous internal compliance and quality assessments of the home. Following these assessments any identified areas for improvement are addressed in a written (SMART) quality improvement plan. The implementation of this plan is subject to review at the monthly quality and safety meetings in the home.
- Our governance and management system will be subject to regular review and will be monitored locally at the monthly quality and safety meeting with the Healthcare Manager and by the Director of Care Services and Provider at the quarterly Corporate Quality & Safety Review meetings.

Regulation 30: Volunteers	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <ul style="list-style-type: none"> • The PIC has developed role descriptions for all volunteers visiting the nursing home that identifies their roles and function as a volunteer in the home. • We will ensure that each volunteer has an individual role description. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • There are comprehensive governance structures in place to ensure effective oversight arrangements that identify, prevent and respond as appropriate to adverse events, concerns or complaints. • The nursing home welcomes suggestions and complaints from residents, relatives/representatives and visitors. We will ensure that complainants are aware that their complaints are taken seriously and will assure them of our commitment to investigate and respond to their concerns. • On receipt of a complaint the PIC will contact the complainant and schedule a meeting to discuss any issues identified. This will be conducted in an open and transparent manner so that the complainant feels comfortable to discuss any concerns they may have. • All comments or complaints are reviewed and seen as an opportunity to enhance the service provision which in turn helps to improve the quality of care and services provided to the residents. • We will continue to ensure that staff recognise when a complaint is being made and that they are aware of the importance of reporting all complaints and concerns to the home management team. • We will ensure that all complaints are acknowledged, investigated and addressed in line with the Complaints Procedure in the nursing home. • We will ensure that we monitor the satisfaction of complainants with our investigation and response to their complaint and we will inform them of corrective actions and quality improvements implemented as a result so that they are reassured that their complaints have been taken seriously and that decisive action has been taken to prevent recurrence. • The senior management team will review recorded incidents and complaints in the home in real time in order to promote shared learning and prevent recurrence. • The PIC will underpin the acknowledgement that relative/ representatives of residents are invaluable to the care of residents. The PIC and ADON will issue invitations to next of kin/resident representatives offering individual meetings to discuss all aspects of resident care and to seek any additional insight and/or further information that may be relevant to the resident's ongoing care. 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: See regulation 27</p> <ul style="list-style-type: none"> • The cleaning schedule has been reviewed and improvements to the rostering of housekeeping staff have been implemented in order to ensure that they can maintain standards of cleanliness in all areas of the nursing home. The housekeeping staff will clean communal areas of the home early in the morning before most residents are out of their bedrooms, so that these areas are presented to residents in a state of cleanliness. • Infection control/hand hygiene audits have been completed and will continue to be undertaken regularly. • We will ensure that where there is a need identified for additional education and training, this will be provided. • We will implement a maintenance schedule to plan improvements to the décor of the nursing home, particularly to address the areas where paintwork is chipped, or wear and tear is noted. • We will reduce the volume of call bells from 21.00hrs until 07.00hrs in order to minimise noise disturbance to the residents. • The PIC, in conjunction with the physiotherapist, will review the assisted fall alert systems that are linked into the call bell system in an effort to reduce the number of alerts at any one time, which will reduce the frequency of call bells ringing, while ensuring that regularly safety checks are carried out so that patient safety is maintained. • All excessive equipment has been removed from the fire refuge areas. • Splash backs will be put in place at the sink in the clinical areas. • A service contract for the bedpan washer is now in place and the bedpan washer has been serviced. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC will chair an infection control committee, and meetings have been scheduled on a monthly basis with representation from all departments in the nursing home. • The cleaning schedule and staff rosters have been reviewed and implemented. Infection control/ hand hygiene audits have been completed and will be continued periodically. • Where required, additional infection control training will be identified and scheduled. • Housekeeping staff have received training to update their skills. • A schedule for cleaning of communal areas has been reviewed and implemented. • As part of the maintenance schedule splash backs will be reviewed at sinks. • The housekeeping supervisor will audit the housekeeping staff cleaning process, 	

identify areas for improvement and put action plan in place.

- Inappropriate storage of equipment will be reviewed and provision for alternative storage areas identified.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The oxygen cylinders have been stored safely; excessive cylinders have been removed to outside storage.
- Medication received from the pharmacy is checked to ensure all appropriate labels are in place.
- Regular medication audits will be conducted by the pharmacy and nursing staff, and corrective action plans will be implemented where non-compliances are identified.
- Regular Hand hygiene audits (SARI Guidelines) are carried out by the ADON, actions taken where required and retraining will be provided where identified.
- A cleaning schedule has been implemented for the medication fridge, pill crushers and dressing trolley. This will be monitored by the ADON.
- Medication kardexes will be reviewed and the GP has been consulted to ensure that the route of administration and indication for use is documented and signed.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Structured Care Plan Reviews:

- These reviews will be based on resident needs profiles. We will conduct a weekly review of 4 care plans (one per unit/wing) in relation to the residents with priority health and social care needs. These may include care plans for residents with wounds, insulin diabetes, PEG feeding, recent admitted, transferred, discharged from hospital/home, responsive behaviours, restrictive practices and/or end of life needs etc.
- When required a care plan review meeting will be held with the named nurse to discuss any issues or areas for improvement or any development/retraining needs. From this meeting there will be a brief record stating what was discussed, any actions agreed, by whom and this will be signed off by both manager and staff. Any open actions or areas for improvement are then reviewed at next scheduled meeting.
- All residents have their needs initially assessed as part of the preadmission process and

on admission to the nursing home, using a validated screening tools as per HS-001 Management of Admission, Assessment and Care Initiation.

Resident involvement in the development and implementation of the individual care plans is facilitated and promoted. This resident consultation starts upon admission, all residents are orientated to the home and introduced to the staff.

- A comprehensive assessment is completed for all residents within 48 hours of admission or sooner if the risk assessment indicates.

This assessment is then used to create the resident care plan in consultation with the resident or their representative. There is a named nursing system which promotes good staff awareness and a person-centred approach to care planning and review.

- All residents have individual written care plans that consider all aspects of their physical and mental health, personal and social care needs. These plans are written using plain English approach to promote clear communication of resident’s health and support needs, as identified by initial and ongoing assessment and review. Individual care plan interventions are implemented, and the appropriate care provided to the resident in order to maximise their quality of life.
- Behavioural monitoring records will be reviewed and monitored regularly. Where identified further staff training will be provided. Staff will be advised at handover of any events which have occurred.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- All residents have their needs initially assessed as part of the preadmission process and on admission to the nursing home, using a validated screening tools as per HS-001 Management of Admission, Assessment and Care Initiation.

Resident involvement in the development and implementation of the individual care plans is facilitated and promoted. This resident consultation starts upon admission, all residents are orientated to the home and introduced to the staff.

- A comprehensive assessment is completed for all residents within 48 hours of admission or sooner if the risk assessment indicates.

This assessment is then used to create the resident care plan in consultation with the resident or their representative. There is a named nursing system which promotes good staff awareness and a person-centred approach to care planning and review.

- All residents have individual written care plans that consider all aspects of their physical and mental health, personal and social care needs. These plans are written using plain English approach to promote clear communication of resident’s health and support needs, as identified by initial and ongoing assessment and review. Individual care plan interventions are implemented, and the appropriate care provided to the resident in order to maximise their quality of life.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • We will ensure that appropriate supervision is in place for residents who walk with purpose and help to distract them from going to other resident's rooms. • We will monitor responsive behaviours and identify triggers and appropriate de-escalation techniques to maintain the safety of all residents. • We will conduct risk assessments of residents who display tendencies to wander into resident's rooms and ensure that additional supervision is in place in order to protect the resident as well as other residents who may be impacted by these behaviours. • We will implement a corrective/preventative action plan which will include the following interventions: <ul style="list-style-type: none"> • a comprehensive review of these incidents be undertaken to try and identify any trends emerging i.e. same residents, similar times, what behaviour was happening; • We will consider a root cause analysis approach to each incident of responsive behaviour, trying to identify the possible cues/antecedents such as residents looking for food: may be thirsty, need to use a bathroom, bored etc. • Staff to risk assess each incident and design a care plan to try and manage this behaviour; for example, increased staff vigilance in these areas of the home particularly at identified high risk times, increased monitoring of some residents who display this type of behaviour, use of distraction therapy were possible, sensor alarms on some rooms might be considered if no alternative. • Consultation with residents if alternative rooms become available. • Regular reviews of these interventions including CPN/Psychiatrist support. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Human rights approach: A human rights approach is in place in relation to the care and welfare of residents. For example, residents are facilitated, monitored and supported in the home to live as independently and safely as possible. Their rights are always respected, and the PIC implements a risk balancing a risk balancing approach to ensure that individual rights, choices and decisions are upheld. • We will consult with residents and their families to ensure that we respect their choices and preferences. • We will record all suggestions, comments and feedback. • The minutes of the residents' meetings will be reviewed by the PIC, and any expressed concerns will be recorded as complaints on the electronic record system, investigated and addressed through the complaints management procedure. • The findings will be shared with the residents at the next meeting and recorded in the minutes which will be available to all residents. • Residents will be aware of quality improvements that may be implemented as a result 	

of their feedback.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	21/02/2020
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.	Not Compliant		30/04/2020
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	Substantially Compliant	Yellow	30/04/2020

	and are available for inspection by the Chief Inspector.			
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		31/03/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2020
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant		21/02/2020

Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	31/03/2020
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	21/02/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant		30/04/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in	Not Compliant		30/04/2020

	accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	26/02/2020
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	28/02/2020