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## Rathkeevan Nursing Home, OSV-0000271, 11 November 2021

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

## Issued by the Chief Inspector

Name of designated centre:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	11 November 2021
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0033528

## About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened 18 years ago. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: frailty of old age, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. There is a qualified physiotherapist based on site who works as part of the management team. The centre currently employs approximately 54 staff and provides 24-hour.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	47
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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
Thursday 11 November 2021	09:15hrs to 18:05hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

From the inspector's observations and from speaking to residents it was clear that the residents of Rathkeevan Nursing Home received a good standard of professional care from a competent and kind team of staff. Overall, residents expressed that they were generally very happy living in the centre. However, the inspector found that the oversight of a number of areas required improvement to ensure a consistent service was maintained.

The inspector arrived unannounced in the morning and was met by the centre's person in charge who ensured a risk assessment for symptoms of COVID-19 was completed prior to accessing the main centre and accompanying the inspector on a tour of the premises. Overall the centre was seen to be homely, however a number of areas were in need of repair and redecorating, as discussed further in the report.

The centre is a single storey building, set out in two wings. There is ample communal space, with four day rooms and a large dining room for residents' use. The space allowed for social distancing requirements and there was signage to indicate the maximum amount of people who could gather in each communal room. The centre's peaceful oratory was traditionally set up with an altar, pews and decorative Stations of the Cross. Residents told the inspector that they were delighted that the local priest was now back in the centre to say Mass once a month. The inspector observed arrangements being made for residents of different denominations to receive clergy of their own faith in the centre. Residents had easy access to enclosed outdoor courtyards through the day rooms. These were well kept areas, with suitable seating for residents and were attractively planted and landscaped. The day was rainy and did not allow for time spent outdoors, however the large glass doors and windows to the courtyard afforded the residents nice views outside. During the strict visiting restrictions, the centre had adapted one day room for use as a window visiting area. This was now the dedicated "party room" decorated in a celebratory theme with banners and balloons and was used for residents to have gatherings with families for special occasions. Many areas of the centre were decorated with different themes such as weddings, old movies, and music, providing opportunities for residents to reminisce about days past. On the day of inspection there was very little activity evident. There was no scheduled activity and many of the residents remained in their bedrooms. The previous activity schedule had included both morning and afternoon activities every day including reminiscence, arts and crafts and baking. The schedule now was more limited, with a full schedule of activities taking place two days a week, and additional visiting musicians once or twice a week. One resident told the inspector that she did not have much to do some days.

The person in charge outlined that approximately 25% of the residents were living with a diagnosis of a cognitive impairment. While these residents could not readily communicate their preferences to the inspector, they appeared comfortable in their surroundings. The inspector found that the privacy of residents sharing rooms was

upheld and there was sufficient space for both residents to carry out activities in private. Bedrooms were seen to be personalised with residents own possessions and had sufficient space for storage and easy access to personal items.

Dinner on the day was predominantly served in residents' bedrooms as staff were attending a nearby vaccination centre to receive their COVID-19 vaccine and could not facilitate a full dining service. The person in charge assured the inspector that this was not a regular occurrence, and residents confirmed that they did usually attend the dining room for dinner. In the afternoon the centre was livelier, when a visiting musician played a live set for residents. The residents thoroughly enjoyed this session and were seen to sing along happily to the familiar songs. One resident said it was the highlight of the week. Residents who remained in their rooms in the afternoon, told the inspector it was their preference. Evening tea was served in the main dining room and residents were seen to have a choice of menu. Food served at the tables was hot and appetising. Residents were unanimous in their praise for the food, stating they could "have what they liked, when they liked".

It was evident that the centre had maintained its links to the local community during the pandemic. Bright and colourful handwritten letters and drawings from the local school children sending good wishes adorned the walls. The inspector also observed lovely person-centred interactions and exchanges of conversation between staff and residents. Residents praised the staff for being helpful and kind and said they were never waiting too long for assistance. One resident told the inspector that when she came to live in the centre, the staff had introduced her to new friends and now they met up during the day for a cup of tea and a chat. Visitors who were visiting their family members during the day said they were very happy with the level of care provided.

Overall, the inspector found that while the residents spoken with were generally happy, the centre was not offering the same standard of activity and social engagement that it previously did. The person in charge acknowledged this deficit and explained that unexpected staffing shortages had meant that the activities programme had been significantly reduced. Additionally, the premises was in need of redecoration and maintenance repairs. The management team were accepting of the inspector's findings and displayed an eagerness to return to the previous levels of compliance within the centre.

The next two sections of the report will outline in detail the findings of the inspection in relation to the specific regulations, and how these impact on the quality and safety of the service provided.

## Capacity and capability

The management systems in the centre required improvements to ensure the provision of a safe, high quality service. The centre had a history of generally good compliance, however this inspection identified a significant drop in compliance with

a number of the regulations. While there was a clearly defined management structure in place, there were deficits in the oversight and monitoring of the service which meant that risks were not promptly identified and addressed. This is discussed further throughout the report under the specific regulations.

Drescator Limited is the registered provider. There are four company directors, one of whom works in the centre in an administrative role. Another director represents the provider and visits the centre at minimum on a weekly basis. The registered provider was not present in the centre on the day of inspection. The person in charge took up her full-time role in August 2020 and had previously worked as a nurse in the centre. The person in charge was responsible for the overall direction of clinical care within the centre. She was supported in this role by the centre's experienced general manager who was responsible for the operational management of the centre including health and safety and human resources. The general manager was a qualified physiotherapist who also provided on-site physiotherapy assessments for residents in the centre. Two clinical nurse managers had been appointed who had completed management qualifications which ensured that suitable deputising arrangements were in place for any scheduled or unplanned absences of the person in charge. These clinical nurse managers were not allocated any supernumerary hours to assist the person in charge to complete any of their assigned tasks such as conducting audits of practice, and were part of the daily nursing staff. Further supporting the management team were a team of nursing and healthcare staff and a catering and domestic team. Staff members spoken with told the inspector that the person in charge and general manager were supportive and had a visible presence within the centre daily. The inspector found that the person in charge and general manager were responsive to the issues identified during the course of the inspection and were committed to improving compliance levels.

This was an unannounced inspection to monitor ongoing compliance with the regulations and standards. The findings of the inspection were that the inspector was not assured that the registered provider had adequate oversight of the service and there was a lack of systems and processes in place to monitor the quality and safety of the service. The inspector followed up on the actions required from the previous inspection in June 2020 and found that there had been a failure to achieve compliance with the identified issues including governance and management, premises issues and residents' care plans. Additionally, during this inspection, new and concerning non-compliances were identified with regards to infection control, fire safety and medication management. An immediate action plan was issued on the day of the inspection in relation to the assurances required around the evacuation of the centre in the case of fire and the servicing of the emergency lighting system. Following the inspection evacuation drill records were submitted demonstrating inadequate evacuation times. This is discussed further in regulation 28.

There was an audit schedule in place to monitor the service provided, these included audits of moving and handling procedures and privacy and dignity audits. While these were completed, the audit tools in use required review to ensure that clear quality improvement plans were identified, and followed up on completion of audits, as discussed under Regulation 23. Of concern, there was no audits conducted on

clinical incidents such as falls and accidents occurring in the centre. Consequently, the inspector identified that numerous incidents had not been notified to the office of the Chief Inspector. This presented further evidence of the poor oversight of the management systems within the centre and is discussed under regulation 31.

The inspector acknowledged that residents and staff living and working in the centre had been through a challenging time since the onset of the global pandemic. The centre had experienced an outbreak of COVID-19 in November 2020 which had been well-managed with enhanced staffing levels, increased infection prevention and control measures and good liaison with relevant agencies such as public health and outbreak control team. Contingency plans were in place should the centre experience another outbreak. A review of the management of the COVID-19 outbreak had not been completed. This should include lessons learned to ensure preparedness for any further outbreaks.

There were 14 vacant beds on the day of inspection. The person in charge outlined that staffing levels were reviewed in line with the centre's changing occupancy levels. The inspector found that there was an appropriate level of clinical staff to meet the individually assessed needs of the residents. There was a minimum of two nurses on duty over 24 hours and night time staffing levels were sufficient to facilitate two separate teams should it be required in the event of a further outbreak of infection. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene. Nonetheless, cleaning staff hours required review as the inspector was not assured that the current level of cleaning was sufficient for a centre of this size. This is discussed under Regulation 15. Records viewed by the inspector confirmed that mandatory training in fire safety, moving and handling procedures, infection control and safeguarding were up-to-date for all staff. However, staff had yet to receive mandatory training in the management of behaviours that challenge. This was important as a number of the residents in the centre were living with a cognitive impairment and could display these types of behaviours as a consequence of their diagnosis.

## Regulation 15: Staffing

The inspector found that activity and cleaning staffing levels were not in line with those set out in the centre's Statement of Purpose.

- The inspector found that the daily allocated cleaning hours were insufficient given the size and layout of the centre. One cleaner was rostered to work daily, from 8:00am to 3:00pm. From discussions with staff and a review of the worked rosters, there was evidence that on occasion these hours were increased to 5:30pm as the work was unable to be completed during the rostered times. The insufficient cleaning hours impacted on the overall infection prevention and control measures within the centre and is discussed under Regulation 27.

- Activities had been curtailed due to staffing shortages. There had been two vacant activity coordinator posts for the past two months. One post had been filled and was due to commence, however one post remained vacant.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Training records were not efficiently maintained and records of mandatory training were unavailable for viewing on the day of inspection. A complete training matrix was supplied following the inspection which identified that training for the management of behaviours that challenge had not been completed by staff, as required by the regulation. Online training in this topic was subsequently scheduled for all staff for completion by 18 December 2021.

Additional training was required to ensure that all staff are familiar with how to correctly assess for and calculate the risk of malnutrition, as discussed under Regulation 5.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The systems in place did not always ensure that the service provided was consistently and effectively monitored. A review of the centre's audits showed that while information was collated regularly, there was not sufficient analysis of the information to identify lessons learned and to inform quality improvement plans. For example; the most recent infection control audit achieved 100% compliance. The audit tool in use required review as it did not identify any of the issues seen on the day of inspection. In addition, there was no systems in place to audit incidents and accidents including falls occurring in the centre.

The registered provider did not ensure that the staffing resources were adequate. In particular the absence of sufficient activity staff, cleaning staff and dedicated maintenance personnel impacted on the effective delivery of a safe service.

Oversight of the following areas required significant review, to ensure that risks were promptly identified and appropriate actions taken to ensure the sustained quality and safety of care delivered to the residents. These are discussed in detail under each regulation:

- Infection control
- Fire precautions
- Notification of incidents

- Risk management
- Medicines and pharmaceutical services

Communication systems within the centre required improvement to ensure that responsibility was assigned for all areas of care provision. There was no record of management meetings occurring. Meetings with the wider staff departments were sporadic. Despite the centre's annual review for 2020 outlining a quality improvement initiative to regularise meetings for 2021. The centre's health and safety audit stated that regular meetings were held with the health and safety committee, however there was no evidence of these meetings having taken place.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A review of the centre's incident and accident records identified five occasions in the past two months where a serious injury to a resident required immediate medical or hospital treatment. These incidents had not been notified to the office of the Chief Inspector within three days of occurrence, as required by Schedule 4 of the regulations. Additionally, there was inconsistencies in the required notifications submitted at the end of each quarter; on some occasions the incorrect information was submitted, and on one occasion no information was submitted despite notifiable incidents having occurred.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which was displayed in a prominent area for the information of residents and relatives. This procedure specified the nominated people designated to deal with complaints. Inspectors reviewed the centre's complaints records and found that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life

which was generally respectful of their wishes and choices. Residents' medical needs were met through good access to healthcare services and appropriate evidence-based nursing care. Opportunities for social engagement required improvement. The inspector found that immediate improvements were required to ensure the quality and safety of the service provided. Immediate action was required in relation to fire evacuation drills. Additional improvements were required in respect of the premises, infection control, medication management and risk management.

There was a system in place for monitoring symptoms of COVID-19 in both staff and residents. Appropriate precautions were in place for the new admission of residents or residents returning from hospital. The centre had taken steps to prevent the likelihood of cross infection by dividing the centre into two distinct areas which were staffed both day and night by their own nurse and healthcare assistants. Staff wore appropriate personal protective equipment (PPE) and there was a sufficient supply of alcohol hand gel throughout the centre. The contingency plan for the management of an outbreak of COVID-19 had been reviewed and updated. The inspector was not assured that the cleaning staffing levels were sufficient for a centre of this size. While the centre was generally clean, there were some areas of dust build up in corridors and rooms such as the laundry and sluice rooms were not adequately cleaned. While cleaning staff were provided with appropriate equipment such as colour coded mops and cloths, the absence of correct cleaning procedures meant that staff were not fully directed in effective decontamination and cleaning procedures. The infection control findings are detailed under regulation 27.

The design of the premises was suitable for the residents' needs, with wide corridors and plenty of communal space for residents. Nevertheless, the absence of a regular programme of maintenance was seen throughout; items of furniture such as worn chairs and tables required immediate repair or replacement, paintwork was required in a number of areas, repairs to flooring and fire doors were required. All of these aspects of the premises were significant in that effective cleaning was impeded when surfaces were not intact or facilities were not optimal. These issues are detailed under the relevant regulations.

It was evident that staff were knowledgeable about residents requirements. The use of the "Key to Me" assessment tool captured various details of a resident's past life, family and interests. These details informed the social care plans in place. There was evidence of person-centred and individualised care plans for each residents' specific needs. Each resident was supported and encouraged to relay their wishes and preferences regarding end of life care. Similarly to the last inspection, care plans required review to ensure that older care plans were filed away. Medical care was provided through the resident's own general practitioner (GP) where possible. Residents' told the inspector that they could access their GP as needed. There was evidence of appropriate referral to and review by specialist professionals where required. Records showed that following a period of remote reviews due to pandemic restrictions, in-house reviews of residents had recommenced.

Annual fire training was provided and there were daily and monthly safety checks in place to monitor fire fighting equipment and ensure emergency exits and fire doors were unobstructed. Bedroom doors had suitable free swing closing

devices so that residents who liked their door open could do so safely. The general manager conducted a fire safety walk around of the centre with new staff as part of their induction. Fire drills were held regularly however, a simulated drill of the centre's largest compartment was required to ensure that night staff would safely evacuate residents. Additionally, the emergency lighting system was overdue for servicing. These matters are discussed under regulation 28.

The centre had an up-to-date risk register and a detailed risk management policy. This outlined the specific controls in place to manage risks associated with COVID-19. Following the last inspection, the centre was required to update and improve their oxygen storage arrangements and this was seen to have been actioned. Oxygen cylinders were appropriately stored in an external area.

While the inspector observed many examples of resident's being offered choice and being treated with respect and dignity, it was found that the absence of dedicated activity coordinators negatively impacted upon the rights of the residents due to the absence of a full activity schedule. Residents meetings were not held and the views and opinions of the residents had not been formally sought. This is discussed under Regulation 9.

There was a high level of vaccination in the centre, with both residents and staff availing of the recent booster vaccine. Under current guidance, this allowed for increases in the volume of visiting in the centre. The inspector found that the registered provider had ensured that visiting arrangements were in place in line with the current guidance. Generally, families rang ahead prior to visiting which allowed the centre to manage footfall, but there was no set time limit on visits. Residents could meet with their visitors in a private communal space provided, in their bedroom or outside.

### Regulation 11: Visits

The inspector observed that visits to the centre were taking place in line with current Health Protection and Surveillance (HPSC) guidance. Visits were generally scheduled in advance, but there was flexibility in the arrangements and visitors who spoke with the inspector confirmed that there was sufficient time and access afforded for visiting. Visits were seen taking place in residents' rooms and residents were seen leaving the centre for trips out with family and friends during the day. On arrival to the centre, a COVID-19 screening procedure was in place for visitors.

Judgment: Compliant

### Regulation 17: Premises

The premises, while designed and laid out to meet the needs of the residents,

required significant decorative and maintenance input. The person in charge confirmed that there was no dedicated maintenance personnel and that an external company provided maintenance works on an ad-hoc basis when required. The overall premises did not conform to the matters set out in Schedule 6 of the regulations. The inspector noted the following:

- Some areas of the centre were not kept in a good state of repair; for example, deeply scuffed plaster and paintwork on walls including bedrooms walls.
- The lino floor covering in one area was ripped. This was not safe and presented a trip hazard.
- Storage in the centre required review as it was utilised ineffectively; for example, linen, toiletries, personal care items and moving and handling equipment were all stored together with no segregation of items currently in use or in storage. The activities storage room was full with an overstock of items being stored on the corridor, this detracted from the homely ambience of the centre and presented a hazard to residents who may wander to this area.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a number of plug-in electric heaters in use in the centre. One of these was placed very close to a vulnerable resident, was extremely hot to touch and had the potential to cause burns. There was no risk assessment in place for the use of these heaters. The provider submitted a risk assessment following the inspection which provided satisfactory assurances that appropriate control measures were in place to mitigate the risk of the use of these heaters.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of healthcare associated infections. This presented a risk of cross infection in the centre. For example:

- Procedures and schedules for housekeeping and environmental cleaning required review to ensure that there was sufficient detail to inform staff how to adequately perform their duties. The cleaning schedule in place did not describe the method, frequency, equipment and techniques needed to guide

routine, enhanced or terminal cleaning.

- The number of dedicated clinical hand wash sinks in the centre was in adequate. Inspectors observed staff using residents' sinks for hand washing which is not in line with best practice guidelines. The handwashing sinks that were in place did not comply with current recommended specifications.
- Clinical waste bins were inappropriately in use in corridors. The dirty utility area, which is the designated area for clinical waste storage, did not contain a clinical waste bin.
- There were many examples of worn, scuffed and peeling surfaces including handrails, bed tables, lockers and bedrails. Bed table legs were severely rusted, mattresses and chairs were torn. All of these issues hindered effective decontamination and cleaning. None of the issues had been identified on the recent health and safety or infection control audits.
- Fabric upholstered chairs were stained and dirty. There was no schedule in place for regular steam cleaning of fabric chairs and furnishings.
- Following the centre's small COVID-19 outbreak the provider had completed a timeline of the infections that had occurred, however this needed further development to ensure in-depth analysis of the outbreak, to identify any infection prevention and control measures required to prepare for and contain further outbreaks.

During the centre's COVID-19 outbreak in November 2020, an infection prevention and control nurse had completed a walk through of the premises. Some of the recommendations made following the site visit had not been actioned and risks they identified were still evident on this inspection. For example;

- Stored equipment such as wheelchairs, hoists, mattresses were not part of an inventory and there was no system to ensure that equipment was cleaned prior to storage. Some equipment in storage such as pressure-relieving cushions were seen to be dusty and stained and stored on the floor.
- The sluice room did not have a dirty to clean flow. Clean equipment was stored on a rack, however this did not have a drip tray and was situated directly above the handwashing sink. There was clean commode covers and basins stored on the floor.
- There were a number of vacant ensuite and there was two unused sluice hoppers, one in the sluice room and one in the cleaners store. These had the potential to harbour legionella. There was no evidence of a legionella flushing checklist to compliment legionella prevention.

Judgment: Not compliant

## Regulation 28: Fire precautions

The inspector was not assured that the provider had taken adequate precautions against the risk of fire, as evidenced by the following findings:

- The emergency lighting system had not been serviced since February 2021. The provider was requested to arrange this servicing immediately and this was scheduled for completion on 30 November 2021..
- The fire seal on a compartment fire door was broken and hanging loosely from the door. This had been identified during a fire safety check carried out in June 2021 and had not been addressed. This oversight presented a significant impediment to containing a fire.
- Personal Emergency Evacuation Plans (PEEP's) were completed for all residents. However, these were centrally held at main reception next to the fire panel. This meant that key information about each resident's need for support, equipment and method of evacuation was not readily available to staff in an emergency, particularly for those residents in rooms furthest away from the main reception.

Additionally, the inspector found that fire drill records did not provide sufficient assurances that staff could safely evacuate the centre's largest compartment of 11 residents. The provider was requested to conduct a full compartment evacuation drill with the lowest staffing levels of four staff at night. This was submitted following the inspection and did not provide assurances that residents could be evacuated in a safe and timely manner. Further, regular drills of this nature are required to ensure that all staff are competent with the procedures and residents can be safely evacuated in an emergency.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found evidence that staff were not adhering to the most recent medication management guidance for nurses set out by the Nursing and Midwifery Board of Ireland. This a potential risk of medication-related errors or incidents. The centre's medication management policy required significant overview, as it did not accurately reflect the processes and procedures in place on the day.

Inspector findings included;

- There was no systematic procedure for the storage and disposal of medications no longer in use. As a result, a large number of unused medications were stored in the drug cupboard, which could lead to potential errors in administration.
- Insulin pens were found to be stored in the fridge, despite the manufacturer's instructions stating that it is not to be stored in a fridge when in use. In addition, it was unclear when the insulin had been opened. This is important as it is required to be disposed of after 28 days. This could lead to potential ineffectiveness of the medication.
- Vials of a controlled drug were incorrectly stored; these are required to be stored in a double-locked medication cupboard.

- Controlled drugs which had been discontinued 10 days previously, had not been returned to the pharmacy and were stored alongside the newly-prescribed medication, posing a significant risk of administering the wrong dose of medication.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents' individual care plans were held in large and cumbersome files and current care plans were difficult to access. A reduction in the amount of historical data contained within care plan files was required. The inspector observed that while entries were made to indicate that the care plans had been reviewed, there were no changes made in the specific directions of the care plan. This issue was found on the previous inspection and no action had been taken to improve the quality of the care plans.

A validated assessment tool was used to monitor for risk of malnutrition. However, the inspector found that there had been repeated miscalculation of one resident's risk of malnutrition, resulting in an incorrect assessment of their nutritional status. This was important as the resident had been previously seen by dietetic services and had relevant underlying conditions requiring close monitoring of their nutritional status.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to evidence-based health and social care services from a range of health care professionals. General practitioner (GP) services were accessed both remotely and through weekly medical rounds held in the centre. Residents were supported to safely attend out-patient and other appointments, in line with public health guidance. The inspector saw evidence of appropriate referrals made to specialist services such as psychiatry of older age, community palliative care and speech and language therapy. The centre's management team included a qualified physiotherapist who ensured regular reviews of residents mobility and dependency requirements. There was a low incidence of pressure ulcers occurring within the centre. On the day of inspection, there were no residents with pressure ulcers. Historical records showed that wound care specialists were referred to for assistance in managing wounds.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre previously employed two activity coordinators to provide a diverse and entertaining range of activities. Both staff members had resigned and the post of activity coordinator had been vacant for approximately two months. One staff vacancy had been filled and was due to commence in the coming week. One vacancy remained unfilled. The centre had made provisions to maintain the activity programme by allocating a member of the healthcare staff to carry out activities in groups and one-to-one sessions with residents and by ensuring that visiting musicians continued to attend the centre. The inspector found that while this arrangement had helped to keep residents engaged, it was only in place for two to three days a week and on the other days, the residents did not have sufficient opportunities to participate in activities in accordance with their interests and capabilities.

The inspector found that residents meetings had not been held since the onset of the COVID-19 outbreak in November 2021. While the residents who spoke with the inspector appeared generally satisfied with the service provided, there was no formal mechanism in place to residents to be consulted with and participate in the organisation of the centre or give feedback about the service provided to them.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0033528

Date of inspection: 11/11/2021

## 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:            We now have 2 Cleaners: 1 No. working 8-3 and 1 working 8-5 daily from Mon-Fri and one cleaner 8-3 on Saturday/Sunday. A full time Activities Co-Ordinator is in place supported by Care Assistant 2 hrs./week. We will recruit another part-time Activities Co-Ordinator to support the permanent Activities Co-Ordinator.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Staff training matrix will be maintained on a monthly basis. Training in Management of Behaviours that Challenge is underway and will be completed by all staff by 18/12/21. All nurses will receive training in M.U.S.T. on Dec 9th.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            A review of governance has taken place. Regular management and staff meetings have</p>	

been established as follows: Management Meetings will take place weekly for six weeks from 19/11/21 and thereafter every 2 weeks. Meetings for all staff disciplines will take place quarterly except for meetings with nurses which will take place monthly. Health and Safety issues will be an agenda item at all Management meetings. A review of audits and staffing levels will be addressed at Management meetings.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All notifications are now up to date. The Person in Charge and General Manager will jointly prepare all notifications to ensure they are correct and meet all regulatory requirements until each of them are fully familiar with the procedures.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

A full review of the maintenance issues has been carried out. Extensive painting and decoration works have commenced and will ensure that all scuffed areas are repaired. The necessary repairs to floorcoverings have been organized and will be carried out when materials are available. All storage areas have been re-organized and de-cluttered. From now on all storage areas will be properly maintained.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

Risk assessment on the use of portable heaters has been put in place and the use of these units will be kept to a minimum.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A detailed cleaning schedule will be prepared which will deal with the method, frequency, equipment and cleaning techniques. Training of cleaning staff is scheduled for early '22. Clinical hand wash basins in accordance with HBN00-10 Part C will be provided in accessible areas throughout the Home. The Sluice Room will be laid out in a dirty-clean flow and a clinical waste bin will be provided in the Sluice Room. Other bins have been removed from corridors. A full review of bedtables, handrails, lockers and bedrails etc. is being carried out and all units will be satisfactorily repaired or replaced. Cleaning of fabric upholstered chairs will be incorporated into the regular cleaning schedule.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The emergency lighting has been tested and certified and the certificate has been submitted. The defective smoke seal on the sub-compartment door has been repaired. Personal Emergency Evacuation Plans (PEEPS) have been placed in each room, and all staff have been informed of this. Training in the fire drill is being provided by Qualified Trainer on Dec 18th to ensure drills are being completely correctly. Regular fire drills will be carried out in each sub-compartment to establish and improve evacuation times.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Unused medications and discontinued controlled drugs will be returned to the Pharmacy within 48 hours of being discontinued or of the death of resident. All medications will be labelled to indicate date of opening and insulin will be stored strictly in accordance with manufacturer's instructions. Controlled drugs will be correctly stored in double locked safe. The medication policy will be reviewed to ensure that procedures and practice in the Home are in accordance with the Policy.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Each care plan will be reviewed – the current care plan will be prioritized to the front for easy access and historical information / data will be reduced to retain in the plan only information relevant to ongoing care.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>As outlined in reply to Reg. 15 a full time Activities Co-Ordinator is now employed. Activities are available throughout the week. A further part-time assistant Activities Co-Ordinator is to be recruited.</p> <p>Residents' meetings will be held monthly – the most recent meeting took place on Nov 30th.</p> <p>The recommendations of the infection control and prevention nurse in relation to the storage and cleaning of equipment, the reorganization of the Sluice Room and the flushing of vacant En-Suites will be implemented straightaway.</p>	

## 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	31/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	18/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2022
Regulation 23(a)	The registered	Not Compliant		09/12/2021

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.		Orange	
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	09/12/2021
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	09/12/2021
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	Not Compliant	Orange	09/02/2022

	staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	09/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/12/2021
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	Not Compliant	Orange	09/12/2021

	the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Not Compliant	Orange	09/12/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	09/12/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation	Not Compliant	Orange	09/12/2021

	to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/02/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/01/2022
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	09/12/2021