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## Dealgan House Nursing Home, OSV-0000130, 27 May 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:	Dealgan House Nursing Home
Name of provider:	Dealgan House Nursing Home Limited
Address of centre:	Toberona, Dundalk, Louth
Type of inspection:	Announced
Date of inspection:	27 May 2020
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0029411

## About the designated centre

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

Dealgan House is a purpose-built nursing home located close to Dundalk town. The designated centre provides 24-hour nursing care to 84 residents over 18 years of age, male and female, who require long-term, as well as short stay, care such as respite and convalescence. Accommodation is provided on the ground floor in 82 single bedrooms and one twin bedroom. The centre is decorated and furnished to a high standard throughout. The centre is divided in three areas: the main part of the nursing home has 52 beds, an enclosed garden and its own function room and dining area, as well as an oratory. A recent extension in 2016 has added the Tain Suite which has 15 bedrooms, sitting and dining facilities and a kitchenette, and the Sonas Suite, a Memory Loss Unit with 17 bedrooms and all the required facilities. Both suites operate as self-contained households led by a homemaker. Residents of the Sonas Suite have access to the sensory garden in which they can relax or cultivate plants in raised beds. Care is provided to all dependency levels and for a variety of needs including palliative and end-of-life care, dementia, intellectual and physical disability and acquired brain injury. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that the residents can consider 'a home away from home'.

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

Number of residents on the date of inspection:	59
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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
Wednesday 27 May 2020	09:30hrs to 17:30hrs	Ann Wallace	Lead
Thursday 28 May 2020	07:30hrs to 18:00hrs	Ann Wallace	Lead
Wednesday 27 May 2020	09:30hrs to 17:30hrs	Manuela Cristea	Support
Thursday 28 May 2020	07:30hrs to 18:00hrs	Manuela Cristea	Support
Wednesday 27 May 2020	09:30hrs to 17:30hrs	Mary Dunnion	Support
Thursday 28 May 2020	09:00hrs to 17:30hrs	Mary Dunnion	Support
Wednesday 27 May 2020	09:30hrs to 17:30hrs	Susan Cliffe	Support
Thursday 28 May 2020	09:00hrs to 17:30hrs	Susan Cliffe	Support

## What residents told us and what inspectors observed

Prior to this inspection, members of the inspection team had met with some of the bereaved relatives who contacted HIQA in relation to the care and welfare of their loved ones during the COVID-19 outbreak. These relatives shared their experience of their loved ones' lives in Dealgan House prior to the outbreak as well as their experiences of what had occurred during the recent outbreak in the designated centre. This information was used to inform the lines of enquiry for the inspection.

During the two-day inspection, the inspectors spoke with a number of residents and their families. In addition, questionnaires had been sent to residents and families to complete and a large number of these were returned to the inspection team following the inspection.

Feedback from residents and their families was overwhelmingly positive in relation to the care and services provided by staff working in the designated centre. However, a number of themes emerged around seven key areas:

- The contingency plans that had been put into place by the provider prior to the outbreak.
- The management of the outbreak when it occurred in the designated centre.
- Access to timely medical care for the residents who became unwell.
- Communications between the designated centre and families during the outbreak.
- Communications with families in relation to care planning reviews and changes in resident's health and wellbeing prior to and since the outbreak.
- The impact that the current restrictions on visiting and social activities were having on the health and wellbeing of residents. In particular, a number of residents told the inspectors how difficult they found the restrictions on visiting arrangements and the need to continue to self-isolate in their bedrooms.
- The menu choices and quality of food available for residents and the temperature of food and drinks served to residents.

The inspectors observed that staff demonstrated genuine warmth and respect in their dealings with the residents they cared for. Staff knew the individual residents well and were able to tell the inspectors about each resident's past life, family connections and their care needs. Staff were knowledgeable about each resident's preferences for personal care and for their daily routines and activities. Staff spoke with deep respect and profound sadness about those residents who had died during the outbreak. Staff also spoke with genuine delight as they described how well other residents with COVID-19 had recovered.

Residents themselves were reluctant to talk about the COVID-19 outbreak but some residents did express an understanding that something awful had happened in their home and that some of their friends and neighbours had sadly died as a result.

Residents who had contracted the virus and had recovered told the inspectors how well staff had looked after them when they were unwell and that 'they could not have done more for me'. This was mirrored in the feedback from families who spoke with the inspectors. One relative expressed their gratitude for all that the staff had done for their relative when they contracted the virus and became seriously unwell, and for the compassion and support that they had received during this period from the staff who they described as being under immense pressure.

Staff tried to ensure that residents were able to keep themselves safe in the current environment. For example, inspectors observed staff on the Sonas Unit, which provides care and support for residents living with cognitive impairment and dementia, prompting residents to carry out good hand hygiene. Residents were also gently reminded of the need to maintain physical distancing and residents were observed reminding each other of this while walking in the garden.

Over the two days of the inspection, residents in the Tain Unit and the main unit spent most of their time in their bedrooms. Staff were observed spending time with residents chatting and reading newspapers and books, as well as engaging in other pastimes such as arts and crafts. Staff also took the opportunity presented by the good weather to encourage residents to go out into the garden and spend time in the fresh air. However, most residents spent long periods in their rooms. Most residents took all their meals alone which meant that, despite staff best efforts, residents were without social contact or access to meaningful activities for significant periods of time throughout the day.

Staff who spoke with the inspectors demonstrated empathy with residents during the current restrictions. Staff were able to describe the impact the restrictions were having on residents' health and wellbeing, such as increased frailty due to not mobilising around the centre and low mood and reduced appetite. Some measures had been put into place to help residents such as window visiting with families, activities in the residents' own bedrooms and small group activities in the garden. The inspectors observed these activities throughout the two days of the inspection and spoke with residents and families who participated in them.

Although residents demonstrated a good awareness of the need for these restrictions and told the inspectors that staff were doing their best to spend time with them, residents said they missed the company of other residents and of their families and were looking forward to resuming social activities and visits as soon as possible. One resident told the inspectors that they were 'sick of looking at the same wall for more than eight weeks'. A number of relatives told the inspectors that they were delighted to be able to maintain some form of social contact with their families through video calls and window visits. However, they said it was not enough and the lack of close contact with loved ones during these visits often left them feeling more lonely.

## Capacity and capability

This was a short notice announced inspection and the registered provider had been informed about the inspection on the afternoon of the 26 May 2020, the day before the inspection was scheduled. This was done in order to ensure that that key staff would be available to speak with inspectors during the inspection. In addition, the provider was asked to make available a number of documents and care records for review. This risk inspection had been triggered in response to the number of concerns that had been received by the Chief Inspector since 3 April 2020 and the high number of deaths that had occurred in the designated centre during the recent COVID-19 outbreak.

The designated centre was contacted by an inspector on 30 March 2020 to discuss preparedness and the contingency plan that the provider had put in place in the event of an outbreak of COVID-19 in the designated centre. At that time, the inspector was informed that the designated centre had a contingency plan in place and was preparing for a potential outbreak with support from the local Health Service Executive (HSE) community services and Public Health team. Managers confirmed that they had access to personal protective equipment (PPE) in line with the guidance at the time and had made their own arrangements to source additional supplies. The person in charge reported that there was no confirmed COVID-19 outbreak at that time, but that one resident and five staff members had some concerning signs and symptoms. The resident had been seen and referred by their general practitioner (GP) for a swab test for COVID-19 in line with the Health Protection Surveillance Centre (HPSC) guidance at the time, and staff with symptoms were self-isolating as a precaution.

A follow-up call was made to the designated centre on 6 April 2020 in relation to a concern received. During this telephone call, the inspector was informed that there was a confirmed outbreak of COVID-19 in the designated centre. The provider was working with senior nursing staff to implement the actions advised by the Public Health team and to identify possible contacts and arrange further swab testing in line with HPSC guidance. The provider notified the chief inspector of the outbreak in the centre on 7 April 2020.

During the outbreak, inspectors were kept informed of key issues in relation to staffing levels, testing and access to PPE in line with the HPSC guidance updates. These key concerns (staffing and access to PPE) were escalated to the HSE by the Chief Inspector. Managers and staff in the designated centre continued to receive support and guidance from the HSE Public Health team and community services. However, despite this support the centre experienced significant delays in accessing test results for residents and staff which meant that the staffing shortages were further compounded by a number of staff unable to return to work until their test results came back. In addition, the senior management team in Dealgan House Nursing Home were also significantly impacted by COVID-19, and therefore unable to work and oversee the care and services in the designated centre.

On 17 April 2020 the provider was informed by the HSE that additional support was being provided from the HSE acute services. Thereafter, senior nursing and management staff from the acute services met with the provider and staff working in the designated centre to review the current situation and implement a

management plan. This support remained in place until 15 May 2020 by which time local staffing levels had improved in the centre and the senior management team had returned and resumed their responsibilities.

This inspection was carried out to follow up on the measures in place to ensure residents were safe and well cared for. There were 58 residents accommodated in the centre on the day of inspection. One resident was in hospital at the time. It had been more than 14 days since all residents had received their COVID-19 swab test results.

The provider of this centre is an entity called Dealgan House Nursing Home Limited, comprised of four directors, and including the provider representative. The inspectors found that during the COVID-19 outbreak they had not been available in the designated centre. During this period, three directors were cocooning and the registered provider representative contracted the virus. As a result, there was no representative from the provider available in the designated centre to provide support and leadership for staff, and to ensure that there was appropriate oversight of the care and services provided to residents.

A review of the regulatory history showed that Dealgan House Nursing Home is a well-established designated centre that had enjoyed a local reputation for providing high standards of care and service to residents prior to the outbreak of COVID-19 in April 2020. Inspectors met families of residents who told them that they had chosen Dealgan House for their loved ones because of its very good reputation. They explained that when they first viewed the nursing home they had been made especially welcome by the staff on duty. They also commented on the homely atmosphere and the bright and spacious accommodation especially in both the Sonas and Tain units.

The previous HIQA inspection had been carried out on 13 February 2019. At that time, inspectors inspected 22 regulations and found that 17 regulations were compliant, including governance and management and infection control. Five other regulations were found to be substantially compliant, including: contracts for care provision, statement of purpose, notification of incidents, fire precautions, individual assessment and care planning and managing behaviour that is challenging.

At that time, there were no areas of significant regulatory concern or risk. The provider had submitted a compliance plan to address the five substantially compliant regulations. Up until February 2020 no information indicating any concern about the care of residents was received by HIQA.

In addition to the information received during the COVID-19 outbreak, concerns from relatives and the provider's compliance plan following the February 2019 inspection informed inspectors' lines of enquiry over the two days of this inspection.

During this two day inspection, inspectors found that the provider had taken appropriate actions to address the actions required in three of the regulations. However, improvements were still required in relation to Regulation 5: Individual assessment and care planning and Regulation 31: Notification of incidents. In

addition, as a priority the provider had to make significant improvements in relation to the governance and management of the service, particularly in:

- Ensuring that there was a clear management structure in place with clear lines of authority and responsibility for all areas of the service, including clear arrangements for deputising in the absence of the registered provider and other senior staff.
- Ensuring that communication systems were in place to provide clear information and guidance for all staff working in the designated centre.
- Ensuring that residents and, where appropriate, their families were kept informed about and were involved in decisions relating to their personal health and wellbeing.
- Ensuring that staff vacancies were addressed through the designated centre's selection and recruitment processes in a timely manner.
- Ensuring there were sufficient numbers of staff with the right knowledge and skills to provide a safe and effective service.
- Ensuring that all staff working in the centre had attended the required infection prevention and control training.
- Ensuring that infection prevention and control procedures were consistently adhered.
- Ensuring that staff were appropriately supervised and clearly communicated with at all times.

#### Regulation 14: Persons in charge

The person in charge is a registered nurse who works full-time in the designated centre and has the required qualifications and experience to fulfill the role. The person in charge was available over the two days of the inspection and facilitated the process by providing documentation as required and ensuring that the immediate action plan required on the first day of the inspection was put into place.

Judgment: Compliant

#### Regulation 15: Staffing

The inspectors found that the registered provider had not ensured that the number and skill-mix of the staff team was appropriate having regard to the needs of the current residents, the current infection prevention and control (IPC) guidance and the size and layout of the designated centre. During the inspection, the provider identified the requirement for two additional staff to supplement the housekeeping

team and two nursing vacancies (one full-time and one part-time), but was unable to give a clear account of how these were being progressed in line with the designated centre's recruitment and selection process. For example:

The housekeeping team was supplemented by staff employed by an outside cleaning agency. Inspectors found that these staff did not have the required training and knowledge for their role. In addition, there was no continuity of staff supply and as a result the housekeeping supervisor spent much of their time training new agency staff who did not consistently return to work in the designated centre. Inspectors found that the interim arrangements were not fit for purpose and inspectors were not assured that the plan to recruit the centre's own housekeeping staff was being progressed in a timely manner.

Although the nurse staffing rosters showed that there was a registered nurse on duty in the designated centre at all times, the centre had been divided into three distinct staffing areas at the time of the inspection, in line with HSE public health guidance. This was to accommodate three staff teams, three points of entry to the centre, three staff changing facilities and three separate number of residents to care for. Rosters showed that on some night shifts, only two registered nurses were on duty which meant that nursing staff were potentially moving across and between the units which was not in line with the public health infection control advice.

Judgment: Not compliant

## Regulation 16: Training and staff development

Although staff had attended the required Infection Prevention and Control training prior to the outbreak of COVID-19 the person in charge had not ensured that all staff working in the centre had attended all of the required additional COVID-19 infection prevention and control training. Records showed that not all staff had attended the training video in relation to donning and doffing (putting on and taking off) personal protective equipment (PPE).

Furthermore, observations made by the inspectors on the second day of the inspection found that staff were not adhering to Interim *Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*. For example, inspectors observed staff arriving at work already with their uniforms on, and not adhering to social distancing rules when checking having their temperatures checked.

There were three clinical nurse managers on the staffing roster; however, their total supernumerary hours for supervising and training staff equated to 0.8 of one whole time equivalent. Staff who spoke with the inspectors were clear on who to call in the event of an incident out of hours and confirmed that senior staff were available on call when needed. However, inspectors found that these arrangements were not sufficient to ensure that staff had adequate support and supervision out of hours

and at weekends.

All staff had received up-to-date training in safeguarding vulnerable adults and a review of a sample of staff files showed that they met the requirements of Schedule 2 and that An Garda Síochána Vetting certificates were available for each member of staff.

Judgment: Not compliant

### Regulation 21: Records

Records required under Schedule 2 and 4 of the regulation were available in the centre, and were made available to inspectors on request. However, some of the Schedule 3 records that pertained to the specifics of care that the residents received in the designated centre were inconsistent.

Inspectors reviewed a sample of records. While the recent records appeared largely well-maintained, inspectors found gaps and discrepancies in respect of the documentary evidence for the period of outbreak in the centre. Specifically, in relation to some of the resident's care and medication administration records, which were all kept in electronic format on a password protected device. For example, while a daily care record stated that all medication was administered as prescribed, the corresponding medication administration sheet stated that the resident had declined the medication. As a result, it was often unclear and difficult to establish the exact level of care some of the residents received during the outbreak.

There were appropriate arrangements for the retention of documents, including safe storage arrangements in the centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Records showed that in March 2020 the provider and person in charge had worked with the wider health and social care teams to put a contingency plan in place in the event that an outbreak of COVID-19 occurred in the designated centre. The contingency plan included staff training in infection prevention and control procedures, a strategy to maintain staffing levels and the development of an internal COVID-19 management team.

However, during the outbreak in Dealgan House in April 2020 more than 60% of all staff, including 70% of the nursing staff, were unable to work due to contracting COVID-19. Although the COVID-19 contingency plan was activated, staffing levels continued to fall as more staff contracted the virus and were unable to work. This

led to staff from the HSE community and acute services to be redeployed to the centre to ensure that adequate numbers of staff were available to provide care and services for the residents.

During this period, the management deficit was further compounded when the person in charge, the HR manager and the administrator were unavailable to work due to COVID-19. The management team was reduced to the assistant director of nursing (ADON) who continued to work throughout the outbreak. As there were no administration staff to support nursing and care staff during the outbreak, telephones were not answered and communication with families broke down as a result. This created high levels of anxiety and distress as families did not receive accurate information about their loved ones. This deficit was evident in a number of concerns that were received by HIQA.

Although the COVID-19 pandemic was an unprecedented event, inspectors found that the COVID contingency plan in place in the designated centre did not work, which significantly compromised the delivery of care and services for residents, and created high levels of anxieties and distress for their families.

While acknowledging that Dealgan House Nursing Home had gone through a very difficult and traumatic time, inspectors found that the management arrangements that were in place at the time of the inspection required significant improvement and focus in order to ensure that the quality and safety of care and services delivered to the residents was of good quality, safe and consistently monitored.

Inspectors found that the provider did not provide sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose:

- At the time of this inspection, housekeeping vacancies had not been filled and areas of the centre, including some bathrooms, were visibly unclean.
- The night staffing roster did not provide sufficient nursing staff to ensure that dedicated nursing staff were available in each of the three cohort areas recommended by the community public health team.
- Despite the best attempts of staff, inspectors found that there were insufficient numbers of staff to ensure that residents who were self-isolating in their rooms and unable to visit with their families had appropriate access to meaningful activities and opportunities for social interactions.

The inspectors found that there was an established management team in place at the time of inspection. The management structure was defined with lines of authority and specific roles and task allocation; however, the responsibility and accountability for important areas of care and service provision was not clear:

- Inspectors found that the current COVID-19 contingency arrangements that were in place did not clearly identify who was responsible for key areas of policy implementation, for example housekeeping, infection prevention and control procedures and risk management.
- Inspectors were not assured that the provider had adequately reviewed the senior governance structure in order to ensure that an alternative director would be available if the director employed in the centre was unable to carry

out their regulatory responsibilities.

At the time of inspection, the inspectors found that the oversight arrangements in place did not ensure the service being provided to residents was appropriate and effectively monitored. These deficits included:

- Housekeeping checks were not in place to ensure that the work was completed to a satisfactory standard.
- Management oversight of staff training records did not ensure that all staff had attended training appropriate to their roles.
- Care planning reviews with residents and their families were not completed in line with local policies and Regulation 5.
- Senior managers did not work weekends or out of hours. The rosters needed to be reviewed to ensure that there was adequate oversight of the care and services provided for residents at weekends and at night.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Contracts of care were in place for each resident. Contracts included all of the required information.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose outlined the ethos and aims of the centre and the facilities and services provided. It also provided details about the management and staffing and described how residents' wellbeing and safety was being maintained. It contained all matters as per Schedule 1 of the regulations, including the conditions of registration. An updated version to include correct whole time equivalents was received and accepted immediately after the inspection.

Judgment: Compliant

### Regulation 30: Volunteers

There was one volunteer working in the designated centre at the time of the

inspection. Although the volunteer was clear about their role and responsibilities, these were not set out in writing. Inspectors observed that the volunteer received support and supervision in her role.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspectors were satisfied that most matters that required to be notified to the Chief Inspector had been appropriately notified. However, not all incidents were notified in a timely manner within three days of occurrence as per regulatory requirements. In particular, during the outbreak there had been delays in respect of notifying reportable incidents such as NF01 (any occurrence of unexpected death of any resident), which were submitted following repeated requests made by the inspector.

The notification regarding the occurrence of an outbreak in the designated centre had been received in a timely manner, within three working days. The registered provider had also appropriately submitted the quarterly notifications in line with the regulatory requirements.

The action plan from the last inspection in respect of the six-monthly notifications had been completed.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The registered provider had an accessible complaints procedure in place. Residents and families were made aware of the complaints procedure and those residents and or families who had made a complaint before the outbreak of COVID-19 reported that they were satisfied with how their complaint had been managed in the designated centre.

Residents told the inspectors that they could talk to a member of staff if they had any complaints or concerns. Inspectors reviewed the complaints log and found that complaints had been recorded and had been investigated in line with the centre's complaints procedure.

That said, it was clear from the high volume of individual concerns that came to HIQA from relatives that the complaints management process in the centre could not withstand the demands of the situation created by COVID-19. The provider was

advised to review the process in place for managing complaints and communicating with residents and relatives who make a complaint.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had prepared the policies and procedures required under Schedule 5 of the regulations.

Policies were reviewed regularly; however, the inspectors found that a number of key policies and procedures had not been updated to include the current Health Protection and Surveillance Centre's infection prevention and control guidance in relation to a COVID-19 outbreak in residential care facilities. As a result, staff were not implementing best practice in some areas including infection prevention and control.

Judgment: Not compliant

#### Quality and safety

The findings of this inspection showed that staff strived to provide a good quality of life to the residents living in the designated centre, within the constraints imposed by the current public health guidance in the prevention and management of COVID-19 cases and outbreaks in residential care facilities. The service promoted a person-centred approach to care, which focused on the preferences of the individual resident and helped to maximise their independence and autonomy.

However, significant improvements were required in relation to the processes that were in place to ensure that care and services were safe and consistently monitored. These non-compliances are explained under the following regulations: Premises, Infection control, Healthcare and Risk management. In addition, the provider had failed to address the action from the previous inspection in relation to residents, and where appropriate their families, being involved in the care planning process and any decisions about changes in their care needs. This is addressed under Regulation 5: Individual assessment and care planning.

Overall, the premises was well laid out to meet the needs of the residents. Most residents had their own rooms and a number of rooms had en-suite facilities. However, there were not enough bath or shower rooms for those residents accommodated in the original building. In addition, the bathrooms in this area were dated and in need of refurbishment.

Inspectors were assured that each resident had a comprehensive assessment of their needs on admission. Care plans were developed by nursing staff and reflected the resident's current needs and preferences for care and daily routines. However, inspectors found that residents and or their families were not sufficiently involved in developing the care plans and in the four-monthly care plan reviews. This had been identified as an action on the previous inspection. Some families told inspectors that they had not been consulted about important changes. For example, one relative told the inspectors that they had not been consulted prior to a decision being made to transfer the resident to the specialist dementia unit in the designated centre. Another family had not been consulted about their relative changing bedrooms prior to the move. Poor communications with families was a particular area of complaint from families who spoke with inspectors and submitted feedback forms, and was a significant deficit in the COVID-19 contingency plan prior to and during the outbreak in April 2020.

Care plans showed that residents were encouraged to mobilise and to lead their lives in the centre as independently as possible. A number of residents and their relatives told the inspectors how much they had improved in health and independence since their admission to the designated centre.

Staff were familiar with the residents, their needs, their likes and dislikes and were seen to be courteous and respectful in their approach. Residents were clean and well-groomed and told the inspectors that they were content and well-cared for. A number of residents expressed their deep gratitude for how well staff had cared for them when they had contracted the COVID-19 virus, and told the inspectors how staff had helped them to remain positive and look towards a full recovery. Residents said that they felt safe and that they could talk to a member of staff if they had any concerns.

There were good systems in place to ensure residents could be provided with quality end-of-life care, which included advanced discussions, care planning arrangements and anticipatory prescribing to ensure that residents were comfortable and pain free. In their discussions with inspectors, the nursing and care staff demonstrated good knowledge, skills, commitment and a compassionate attitude to ensure residents' end-of-life needs were met to a high standard.

A review of care records from during the COVID-19 outbreak showed that nursing and care staff had worked hard to ensure that those residents reaching end of life received a high standard of care and that their end-of-life wishes were respected. Testimony from nursing and care staff described how staff remained on duty and worked additional hours to ensure that residents at end of life were not left alone.

However, there was clear evidence to show that during the COVID-19 outbreak communication with residents' families had not been maintained in all cases and this meant that some relatives had not been kept informed about changes in their loved one's health and wellbeing. This was compounded by the HPSC guidance at the time and the restrictions in place which prevented families from being with the resident at the end of their life. Many relatives who spoke with inspectors before and during the inspection were clearly traumatised by these events and a number of individuals

broke down when they described their memories of this time.

Staff were also deeply affected by what they had experienced during this period. Nursing and care staff described their distress over the deaths of the residents they had known and cared for and the trauma of losing a number of residents in such a short space of time. Some staff expressed deep regret about not having been able to carry out what they saw as the final and dignified farewell for the residents they cared for, such as forming a guard of honour when the deceased resident left the designated centre, sympathising with residents' families and attending the funeral mass.

Residents had access to their general practitioner (GP) and specialist health and medical services to meet their needs. Records showed that during the COVID-19 outbreak GP services were impacted by the restrictions and were provided remotely for a period of time. However, there was a clear record of GP and specialist medical involvement, including medical reviews and changes in medication, to meet residents' changing needs.

### Regulation 10: Communication difficulties

A communication assessment for each resident formed part of their initial comprehensive assessment. Each resident with communication difficulties had a person-centred care plan in place which detailed their needs. Accessible assistive call-bells were available in each room, and some of the residents who spoke with inspectors demonstrated that they were confident in how to use them. All residents who spoke with inspectors reported that their call-bells were promptly answered and staff supported them whenever they required.

Each resident had a communication care plan in place to guide staff on the approach needed to help them communicate to their maximum ability. Residents' vision and hearing was regularly assessed and there was evidence of appropriate assessment referrals and follow up. A number of residents were using communication aids to enable them to communicate effectively. Staff were observed helping residents to use these aids during the inspection.

There was good signage available in the centre. While visiting restrictions were in place, alternative means of communicating with families had been introduced, such as the use of social media and video calls.

Judgment: Compliant

### Regulation 11: Visits

At the time of inspection, the centre had visiting restrictions in place in line with

Health Protection and Surveillance Centre (HPSC) guidance. In line with this guidance, exceptions to these restrictions were in place to facilitate visiting on compassionate grounds, such as end of life or where the resident became distressed at not seeing their loved ones.

The inspectors spoke with many residents and relatives who had been very satisfied with visiting arrangements prior to the COVID-19 pandemic. A number of relatives had visited the centre every day prior to the lockdown and had been very involved in their loved one's ongoing life in Dealgan House. It was evident that the prolonged period of 'cocooning' was negatively impacting residents' wellbeing and increasing relatives' anxieties.

The provider had introduced a system of scheduled window visits so that residents could see their loved ones in a controlled and safe environment. Due to the layout of the building, the majority of residents' bedrooms had an accessible ground floor window and the inspectors observed and met with a number of families who were 'window visiting' during the inspection. Although these visits were not ideal, residents and relatives were delighted to have the opportunity to see each other and communicate even in this limited way. However, both residents and their families were unanimous in their desire to see such restrictions lifted in the near future so that they could have more meaningful and dignified contact with their loved ones.

Judgment: Compliant

### Regulation 13: End of life

A review of a sample of resident's care plans showed that each resident had an end-of-life care plan in place which had been reviewed in the past four months. The care plans reviewed recorded each resident's physical, psychological and spiritual needs and contained person-centred information in relation to specific wishes such as choice of garments, place of repose and the resident's preferred religious rites at end of life.

Where decisions had been made in relation to advanced care, such decisions were recorded, respected and subject to further review. Anticipatory prescribing was in place to ensure effective pain and symptom management.

Inspectors found that procedures in place during the COVID-19 outbreak in the centre had not ensured that family members of residents who died during this period were kept informed of the resident's condition or given the opportunity to be with their loved one at end of the resident's life.

Testimony from relatives went on to describe how their grief had been further compounded by the way in which the resident's belongings had been returned to them. For example, black plastic bags and boxes were used to pack and return residents' personal belongings to the bereaved families. This was a diversion from the centre's established policy of using dedicated handover bags to ensure a

sensitive and dignified transfer of personal possessions. The person in charge informed inspectors that the changes in practice were in line with infection prevention and control guidance at the time. However, bereaved families reported to the inspectors how this insensitive arrangement added to their grief at what was already a very difficult time.

Judgment: Substantially compliant

## Regulation 17: Premises

The designated centre is a purpose-built, single storey building divided in three units. The layout of the centre was appropriate to meet residents' needs and it provided a homely and comfortable environment for the residents who lived there.

Communal areas were domestic in style and there were several areas available to residents to sit and spend time during the day. Inspectors saw some of the communal areas being used by small groups of residents with appropriate social distancing in place.

Bedrooms were spacious and personalised with residents' personal belongings and memorabilia, and residents took a real pride in their personal space.

Each resident accommodated in the Sonas and Tain units had access to an en-suite bathroom with shower facility. The original building accommodated 52 residents in 50 single rooms and 1 twin bedroom. Ten of these bedrooms had en-suite facilities with a toilet and shower. The remaining bedrooms did not have en-suite shower facilities, which meant that 42 residents shared four communal bathrooms. This was not an adequate number of bath or shower rooms for the residents in this unit.

The dining rooms were light and spacious and well-organised to ensure that residents could sit comfortably at mealtimes while maintaining their social distance. There was a dining area in each unit, however, during this inspection most residents took their meals in their rooms. This was an arrangement that had been put in place during the COVID-19 emergency, but requires review as restrictions are being lifted.

There were two beautifully landscaped internal courtyard gardens and residents were seen enjoying the sunshine and outside space over both days of the inspection. The outdoor space was easily accessible to residents and was a particular strength of the design of the premises.

Appropriate assistive equipment to meet residents' needs such as hoists and specialised beds was available. Handrails were available throughout the centre to support residents to safely mobilise around the unit. Facilities also included four sluice rooms, which were well-equipped and clean on inspection.

Judgment: Substantially compliant

## Regulation 26: Risk management

There was a risk management policy and a risk register in place which identified a number of risks in the designated centre and the plans in place to reduce risks. However, improvements were required in relation to identifying risk in the centre as inspectors identified a number of risks that were not being addressed. For example, cupboards containing cables that were not made secure and might be opened by residents, and an area of flooring in the main building that required repair and posed a trip risk. Although there was a named person responsible for health and safety, including risks, the role of this person was largely administrative. There was no evidence that the person was responsible and accountable for the day to day oversight of these areas, including the identification and resolution of issues.

The provider had prepared a COVID-19 contingency plan in March 2020, in line with the public health guidance at the time, and this plan was used to prepare for a potential outbreak in the designated centre. However, the centre's major incident plan to guide staff in the event of a major incident likely to cause serious disruption, death or injury did not include the COVID-19 contingency plan or make reference to it.

Judgment: Not compliant

## Regulation 27: Infection control

This inspection found a number of infection control risks which required the inspectors to issue an urgent action plan to the provider. The following issues were identified:

- not all staff had attended up-to-date training and refresher courses in infection prevention and control in line with HPSC guidance.
- inadequate oversight of staff practices in infection control, for example
  - staff travelling to work in their uniforms
  - staff gathering in the foyer the entrance and not adhering to social distancing guidelines
  - not all staff checked their temperatures on arrival for work and again during the working day in line with HPSC guidance
- while the in-house housekeeping staff were found to be knowledgeable and had received appropriate training in cleaning schedules in line with HPSC guidance the external contract cleaners did not have adequate knowledge and expertise to maintain the cleaning schedule in line with the current guidance.
- there was no system in place for cleaning the shower chairs in the main area

of the building and some of these were visibly dirty.

- there was no clear protocol in place to ensure that all staff knew what to do in the event of a suspected case of COVID-19 presenting in the designated centre.
- the infection prevention control policy required review to ensure it was updated in line with the current HPSC guidance.

The centre was adequately resourced to promote good infection prevention and control practices. Personal protective equipment such as gloves and aprons, masks, hand-washing facilities and hand gels were available throughout the centre. However, the inspectors found that there were inadequate communication systems in place and there was poor oversight of staff training needs and infection control practices, which did not provide the required assurances that infection control procedures were in line with best standards and available guidance

There were good systems in place to ensure appropriate personal protective equipment (PPE) was available and implemented as required in line with current guidance.

There were safe laundry and waste management arrangements in place.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Overall, the medicine practices in the centre were found to be safe. Nurses maintained a register of controlled drugs. Medicines that required special control measures were appropriately managed and kept securely, in line with professional guidelines. The stock balance was checked twice a day, with two nurses signing and dating the register at the change of each shift. There were procedures in place for the handling and disposal of unused and out-of-date medicines.

Residents' medicines were reviewed by the GP on a four-monthly basis and there was good pharmacy support and oversight, with regular audits on the medicine management systems carried out and agreed action plans followed up. Medication to be administered in a crushed format was individually prescribed and reviewed by a pharmacist to ensure its safety.

The centre used an electronic system of medication management, and the inspectors reviewed a large sample of residents' medication charts and found overall good levels of compliance. The inspector observed a medicine administration round and found that the nurses were knowledgeable, spent time with the residents explaining and answering their queries, and only signed for the medication after it was administered.

While the inspector was assured that the current medicine administration practices were safe, the systems and policy on medication management required review to

ensure they were in line with best available evidence and all medicines were administered in a timely manner. For example, the policy specified a time frame of two and a half hours for the medicine to be administered which was not in accordance with national standards of two hours. This is judged under Regulation 6: Healthcare.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident. It was based on an individualised assessment, and it reflected a person-centred approach to care. Each resident had a comprehensive care plan for COVID-19 prevention initiated prior to the outbreak. Residents who tested positive had an individualised care plan in relation to the management of COVID-19 which provided good guidance to staff on the specific needs of the resident in line with current guidance.

Residents were assessed on admission and regularly afterwards using a good range of evidence-based assessments. Care plans were maintained under regular review, and the sample reviewed by the inspector provided good assurances that they were updated in line with residents' changing needs. Staff were observed to be person-centred in their daily interactions with residents, and to know residents' current health needs and their preferences as expressed in their care plans.

While most residents' individual needs continued to be met in line with their established care plans, the inspectors found that the standards of care provided to some of the residents at the time of inspection were not in line with best available evidence. For example, the residents accommodated in the older part of the building used the communal shower facilities on the unit. These residents had not been able to access the communal facilities during the outbreak because of the infection control restrictions that were in place. However, records showed that following the outbreak staff were not informed that the communal showers could be used, as long as the appropriate cleaning schedules were followed. As a result, residents were offered daily bed baths in their rooms which was not in line with their care plans. This was discussed with the provider at the feedback meeting and immediately addressed.

Staff who spoke with the inspectors were aware of the symptoms of COVID-19 and the need to report any changes to a resident's condition promptly to the nurse in charge.

Residents' weights were monitored on a regular basis and appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. Many residents had lost weight following illness and prolonged isolation and a proactive approach was evident to ensure this was appropriately managed by the provider. Residents had been reviewed by the dietetic services and prescribed

interventions were seen to be appropriately implemented by staff. There were good communication systems in place to ensure the kitchen staff were familiar with each resident's individual requirements. Inspectors also reviewed falls prevention and wound management documentation and found that they were managed well.

While there was evidence of regular communication with families, the consultation process with residents and their relatives required a more formal approach. There was evidence of informed consent and consultation in respect of end-of-life care planning and the use of restraints; however, it did not demonstrate a full review of the overall plan of care for each resident. This was confirmed by many of the families who spoke with the inspectors and had been an action from previous inspections.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied healthcare support to meet their needs. Residents could retain their GP of choice if they wished to and all residents who spoke with the inspectors reported that they were satisfied with their medical arrangements. The inspectors also spoke with one of the GPs visiting the centre and were satisfied that there were systems in place to ensure residents received ongoing healthcare based on their identified needs and choices in relation to national screening programmes.

As a contingency arrangement to prevent the spread of infection, there was a reduction in doctors' rounds and bedroom visiting during the outbreak; however, evidence showed that the GP continued to visit the centre and review the residents on a regular basis. Records showed that residents continued to have access to appropriate treatment and expertise in line with their assessed needs, which included access to consultant in gerontology, psychiatry of later life and palliative services as required. Access to out-of-hours medical cover was also available to the residents, albeit by telephone or video call as the out-of-hours GP services were not visiting on site at the time of inspection.

Care staff who spoke with the inspectors were aware of the symptoms of COVID-19 and the need to report any changes in a resident's normal presentation to the nurse in charge. However, the inspectors were not assured that residents were being monitored twice daily in order to detect signs and symptoms of potential COVID-19 infections early. This practice was required as part of the HPSC guidance to ensure that signs and symptoms were detected promptly, and that appropriate infection prevention and control measures were put into place early. The provider was issued with an immediate action plan to correct this non-compliance. The provider worked with the person in charge to put the correct protocol into place by close of business on the first day of the inspection.

Residents were supported to access national screening programmes and other allied healthcare services as required, for example, dietician, occupational therapy, chiropody, specialist wound care, dentist, audiology and optician services.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviours (how people with dementia and other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable regarding residents' behaviours and were observed to use deescalating techniques effectively. The atmosphere in the centre was calm and relaxed.

The care plans reviewed included a description of the types of behaviours which the resident sometimes demonstrated and provided guidance on strategies to prevent the behaviours and to support the resident if the behaviour escalated. They included details on the use of chemical restraints only as a last resort and showed regular reviews by the (GP).

The use of any measures that could be considered as restraint, such as bedrails, alarm tags or lapbelts, was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident and their representatives after all alternative options such as floor beds, crash mats and sensor alarms were considered. This had led to a noticeable decrease in bedrail use, as evident from the regular audits carried out in the previous quarters and the restraint register which was maintained in the centre. However, a slight increase in the use of bedrails in the last few months warranted enhanced vigilance, continued oversight and ongoing education for staff and residents to ensure this drive towards maintaining a restraint-free environment was maintained.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents reported that they felt safe in the centre and that their rights, choices and wishes were respected. Activities were tailored to the individual residents and based on their personal story and individualised assessments. The social impact of 'cocooning' and visiting restrictions had been assessed by the provider and alternative arrangements, in line with infection prevention and control guidance, had

been put in place to ensure residents' psychosocial needs were being met.

Residents' lived experiences of residential care were diminished due to the COVID-19 pandemic restrictions, however, staff, as far as was practicable, implemented a social care programme to meet the individual needs of residents.

All residents who spoke with inspectors confirmed that their privacy and dignity was respected by staff, who went to great lengths to ensure they were well looked after. Throughout the inspection, interactions between staff and residents were noted to be positive and kind. They all commented on staff kindness and that they were very happy living in the centre.

Advocacy services were available to residents where required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dealgan House Nursing Home OSV-0000130

Inspection ID: MON-0029411

Date of inspection: 28/05/2020

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Housekeepers have already been employed. Efforts to recruit 2 Nurses and a full-time CNM are on-going. Advertisements were placed in local papers and a number of candidates were interviewed either unsuccessfully or declined to take a position. Nurse recruitment will have to be undertaken abroad and will take time. A realistic target date is end of October.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The few staff who have not completed Covid 19 Infection Control training will have done so by Thursday, August 6th. Other issues have already been addressed. The PIC and DDON alternate to being work before 0800 so as to supervise staff coming on and going off duty. A CNM is rostered to provide supervision at weekends.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p>	

The problem identified by Inspector's related to the particular strains and stresses encountered during the Covid 19 outbreak. The PIC and DDON ensure that records are properly maintained on an on-going basis.

Regulation 23: Governance and management

Not Compliant

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

Management of the Housekeeping function has been restructured. Checks and audits are in place.

Covid 19 training was on-going and will be completed by August 6th. Our HR Manager keeps regular track of staff training.

A new Communication Strategy was developed and adopted by Management. Specific nurses are allocated lead for a number of residents to ensure good communication with families including NOK involvement in Care Planning if the resident so wishes.

CNMs are now rostered to provide oversight at weekends.

Regulation 30: Volunteers

Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers: Pre-Covid 19, all volunteers operating in the Nursing Home had Job Descriptions. The volunteer in question assisted greatly during the outbreak when writing a Job Description was not a priority. She has since completed her term as a Volunteer.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

As noted by the Inspectors, Dealgan House has a good record with regard to notifications and the problems mentioned relate specifically to the Outbreak and the

stresses brought about by it.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies have now been reviewed in relation to Covid 19. This action is completed.	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: Dealgan House has always prided itself on the quality of our end of life care and will resume the good practices in the context of Covid 19 with all necessary precautions.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A plan has been prepared by our Architect and submitted to HIQA.	
Regulation 26: Risk management	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: A Clinical Risk Register is in place and is managed by the PIC Repairs to flooring are in progress and will be completed by August 20th.  The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector	

that the action will result in compliance with the regulations.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

All staff will have received face to face Covid 19 specific Infection Control training by August 7th.

Senior staff rosters have been revised to ensure adequate supervision when staff are arriving for work.

A Covid 19 Risk Register is audited regularly and includes checking the records of staff temperatures taken twice per day, use of surgical masks, social distancing and hand hygiene. Compliance is excellent.

All housekeeping staff are now directly employed by Dealgan House and have received appropriate training.

Spot check audits are carried out daily and any issues identified are addressed immediately.

A major Infection Control audit is carried out monthly. This is a 200+ line audit tool provided to us by Infection Control specialists. The audit shows a month on month improvement and all issues identified are immediately addressed.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

All residents now have access to showers.

Two nurses permanently assigned to each of the Nursing Homes three areas, have been allocated as lead nurse for a number of residents. Our recently adopted Communications Strategy, requires them to involve residents and their next of kin when appropriate in the preparation and revision of their Care Plans. This is to be done either on an opportunistic basis during visits or by appointment.

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: While temperatures were taken twice per day, in the past they were only logged if abnormal. Temperatures are now logged without exception on the Epicare system twice per day.</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 13(1)(c)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the family and friends of the resident concerned are, with the resident's consent, informed of the resident's condition, and permitted to be with the resident and suitable facilities are provided for such persons.	Not Compliant	Orange	11/08/2020
Regulation 13(2)	Following the death of a resident the person in charge shall ensure that appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical, are	Substantially Compliant	Yellow	11/08/2020

	made.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/10/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	11/08/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	11/08/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises	Substantially Compliant	Yellow	31/12/2020

	which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Yellow	11/08/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	11/08/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	11/08/2020

	consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	11/08/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	11/08/2020
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	11/08/2020
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury,	Substantially Compliant	Yellow	11/08/2020

	serious disruption to essential services or damage to property.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	02/06/2020
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.	Not Compliant	Yellow	11/08/2020
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	Yellow	11/08/2020
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	11/08/2020

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	11/08/2020
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	11/08/2020
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 accordance with professional guidelines issued by An Bord	Not Compliant	Orange	11/08/2020

	Altranais agus Cnáimhseachais from time to time, for a resident.			
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