Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Harbour Lights Nursing Home
Name of provider:	Caring Hands Limited
Address of centre:	Townasligo, Bruckless, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 February 2024
Centre ID:	OSV-0000345
Fieldwork ID:	MON-0041452

About the designated centre

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

Harbour Lights Nursing Home is located in a residential area a short drive from the town of Killybegs, overlooking Killybegs Harbour. It is registered to provide 24 hour care for 56 male and female residents over the age of 18 who have a range of care needs including dementia. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident. The centre is a purpose built bungalow style building. Bedroom accommodation is comprised of 16 single rooms, nine double rooms, two three-bedded rooms and four four-bedded rooms. There is sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory, a smoking room and a safe garden area that are all readily accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

How we inspect

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 7 February 2024	09:55hrs to 17:55hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the residents' feedback about the care and service provided to them was highly positive. The inspector observed that the residents were generally enjoying a good quality of life in the centre.

The centre is a two-storey building located in a rural location within walking distance of the sea, overlooking Killybegs harbour. Residents were able to enjoy the panoramic views of the sea from several communal rooms and bedrooms in the centre. Many of the residents were from the local area and enjoyed watching the fishing fleet in the harbour and the comings and goings along the waterfront in the town.

The inspector spoke with five residents and two visitors. Some residents' comments were that "I like this place, and I could see fishing boats coming and going from here ", it is peaceful here, and I am happy staying here", "the food is nice, and there are plenty of choices available for me", " the staff are kind, they are very good" "I enjoy the activities", "we go out for outings and they (provider) arrange transport, it is nice". Whereas, some residents' comments were that "I haven't gone out to the garden lately, and I haven't seen anyone walking outside the garden". Another resident commented that, "all I wanted was to walk inside the centre, and I think I am able to, but all I need is some support".

Upon arrival at the centre, the inspector met the person in charge and the representative of the registered provider. Following a brief introductory meeting with the management team, the inspector went for a walk around the centre. This enabled the inspector to meet with residents and staff as they went about their day.

The inspector observed that the premises were generally clean. The corridors on both floors were wide, and there were handrails on both sides of these corridors to support residents' safe mobility. However, the storage of equipment near the entrance of the communal toilets posed a potential trip hazard for residents using these toilets.

Residents were accommodated in single, twin and multi-occupancy rooms in the centre. The provider accommodates mobile residents only on the first floor due to the lack of outdoor areas accessible from this floor. The inspector reviewed a sample of the residents' bedrooms on each floor to assess the level of personalisation and comfort they provided for residents accommodated in them. The bedrooms were observed to be personalised with personal items of significance, such as books, family photographs and art collections. Wardrobes were available for residents to store their clothes and were well maintained. Residents who spoke with the inspector said they could access their clothes and were comfortable in their rooms.

The centre has well-maintained indoor and outdoor garden areas to support residents' relaxation and enjoyment. The inspector did not see any residents

accessing the indoor and outdoor gardens on the day of the inspection. Nevertheless, several residents who spoke with the inspector said they would go to the garden areas when the weather was good. The inspector also observed that the provider had commenced work to include an additional sensory garden on the ground floor for residents.

Staff interactions with residents were observed to be kind and respectful during care interventions. The residents who spoke with the inspector informed that the staff attended to their needs in a timely manner during the day and at night.

Residents appeared well presented, and they were dressed in their preferred clothing. Residents who spoke with the inspector confirmed that they could choose what to wear and that their choices were respected in relation to selection of clothing and care interventions.

A schedule of activities was displayed for residents' information with the primary activity each morning being watching mass on the television. Most of the activities happened in the afternoon and early evening when the activity coordinator was on duty. During the afternoon hours, the inspector observed residents participating in various activities such as seated chair exercises and arts and crafts.

Residents were observed to be relaxed in the company of staff, and the atmosphere in the centre was relaxed and welcoming. Call bells were answered without delay, and staff were available in the day rooms to support the residents throughout the day, which was an improvement since the last inspection. However, the inspector observed that restrictive measures such as lap belts were routinely used for some residents who were sitting in the communal rooms. Furthermore, the lap belts were not being released at regular intervals to ensure the comfort and well-being of residents and in line with the national guidance on the use of restraints. This was a repeated finding from the previous inspection in 2023.

Residents had menu options to choose from, and staff assisted them in selecting their menu choices. Residents were kept informed about changes to the menu, and the residents who spoke with the inspector were satisfied with the food and the choices available on the day of the inspection. Residents were able to dine in groups or alone, and their preferences were respected in the centre. The staff encouraged the residents to enjoy their meals. The meals were served in an unhurried manner, and meal times were a social occasion.

A new visitor's room was available in this centre to facilitate privacy for residents when receiving their visitors. The inspector observed a number of residents receiving visitors during the inspection. The residents who spoke with the inspector said that their friends and families could visit them; however, their families were required to schedule their visits before arriving. The inspector also observed that the visitors' temperatures were checked before they entered the centre. The centre was not in an outbreak at the time of the inspection, and these processes were not in line with the guidelines issued by the Health Protection Surveillance Centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how

these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the improvements that had been achieved during previous inspections had not been sustained, and there were significant disimprovements in the governance and management of this centre. Significant focus and efforts are now required to improve the governance and oversight of key areas such as the management of responsive behaviours, safeguarding incidents, and the use of restraints. Improvements were also required to bring the centre into compliance with Regulation 15 Staffing, Regulation 34 Complaints, Regulation 16 Training and Staff Development and Regulation 31 Notification of Incidents.

This was an unannounced inspection to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The provider of Harbour Lights Nursing Home is Caring Hands Limited. There is a clearly defined management structure in place with clear lines of authority and accountability in the centre. The representative of the provider works full-time in the centre and is involved in the day-to-day functioning of the designated centre. The person in charge is a registered nurse with more than ten years of experience caring for older people in a nursing home setting.

There was a sufficient number and skill mix of care staff, household staff and catering staff available on the day of inspection. However, the rosters showed that the number of nursing staff available in the centre, including a clinical manager post, was not in line with the centre's statement of purpose. Furthermore, the provider's contingency arrangements to cover these nursing hours required the person in charge to work as a staff nurse on a number of shifts, which meant that they were not available to carry out their management role. The inspector was informed that this had been a regular occurrence in this centre since the previous inspection. Records showed that the provider was actively recruiting for nurses and a clinical manager, but the vacant posts were not filled at the time of the inspection.

As a result of nursing staff shortages, the scheduled quality improvement programmes, such as audits of clinical practices, had not been carried out consistently to oversee the care practices in this centre. This had resulted in significant disimprovements in the oversight of the care provided to the residents and the management of responsive behaviours in this centre. This necessitated the provider being issued with an urgent compliance plan to take the required actions to come into compliance with Regulation 7 within the time frame specified by the Chief Inspector. Findings in relation to Regulation 7 are set out under the regulation in the Quality and Safety section of the report.

The inspector reviewed the records of accidents and incidents, which occurred in

this centre and found that the Chief Inspector had not been notified in writing of two safeguarding incidents involving two residents and two sudden deaths within the required time frame of three working days of their occurrence.

The inspector reviewed a sample of residents' contracts of care, and there was a contract in place for all residents accommodated in the centre. However, records showed that when one resident was relocated from the first floor to the ground floor, their contract had yet to be amended to reflect this room change in line with the regulatory requirements.

The inspector reviewed a sample of staff files. Garda Siochana (police) vetting disclosures were available in the designated centre for each member of staff.

All new staff had completed an induction programme, and regular performance appraisals were carried out for each staff member. However, the mandatory refresher training records for staff were not up to date in relation to safeguarding training, and the inspector was not assured that all staff had attended this training in the previous two years in line with the provider's own safeguarding policy.

There was a complaint policy and a procedure in the centre, and a record of complaints was kept in the centre. However, the centre's complaint policy had not been updated in line with the changes in the legislation that came into effect in March 2023. These findings are further discussed under Regulation 34.

Regulation 15: Staffing

The registered provider had not ensured that the number and skill mix of staff were appropriate to meets needs of the residents. For example:

- There were two full-time and one part-time vacancies for nursing staff, and the person in charge and the assistant director of nursing were carrying out nursing duties on the day of the inspection. As a result, the management staff were unable to carry out their management duties required to provide clinical oversight in the centre. This was a finding in the previous inspection but was addressed in 2023. However, this inspection found that the provider had failed to sustain this level of compliance with Regulation 15.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured appropriate management resources were in place to monitor the quality and safety of care and services and to ensure that they were delivered in line with the centre's statement of purpose. As a result, several non-

compliances with the care and welfare regulations were found on this inspection.

The management systems in the centre did not ensure that the service provided was safe and effectively monitored. For example:

- The provider's oversight of safeguarding incidents required improvement as it had not ensured that all safeguarding incidents were reported promptly and were followed up in line with the centre's own policies and procedures.
- The provider's oversight of the management of responsive behaviours and the use of restraints in the centre required improvement actions as it had not ensured that the restrictive practices in the centre were in line with the national policy.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider had not agreed in writing with one resident regarding the terms relating to their bedroom that had been provided to this resident when the resident had recently relocated to another bedroom.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector had not been notified in writing within three days of the occurrence of four notifiable incidents. For example:

- Two sudden deaths requiring three-day notifications had not been submitted within three days of the incident's occurrence. Instead, these incidents were included in a quarterly notification.
- Two safeguarding incidents, which occurred in May and June 2023, were not notified to the chief inspector.

Furthermore, quarterly notifications had not been submitted to the Chief Inspector regarding the use of restrictive practices, such as chemical restraints and lap belts, for several residents.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had not identified a complaint review officer in their complaint procedure.

The inspector reviewed the records of a recently closed complaint that had been managed in the centre, and found that the complainant had not been provided with a written response informing them if the complaint was upheld, the reason for that decision, any improvements recommended, and details of the review process.

Furthermore, the complaint officer of this centre had not been provided with suitable training to deal with complaints.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of staff training records and found that 12 staff had not completed the mandatory refresher training for safeguarding vulnerable adults.

Judgment: Substantially compliant

Quality and safety

The inspector noted that the nursing and health care provided to the residents was generally of good quality; however, significant improvement actions were required in the use of restraints, managing challenging behaviour, and ensuring that safeguarding procedures were in line with the regulations' requirements. In addition, the provider had not taken all of the required actions to ensure the centre was compliant with Regulation 28 Fire Precautions.

The centre was generally well laid out to meet the needs of the residents. Most areas were well maintained and nicely decorated; however, some areas showed signs of wear and tear, which needed to be addressed to ensure surfaces were in a good state of repair and could be easily cleaned.

In 2023, the provider had added a two-floor extension with 11 beds and one communal room. This unit was nicely decorated and comfortably furnished. The provider had also made improvements to the original building by upgrading some bedrooms and relocating the visitor's room. However, one twin room had newly installed privacy curtains, which the inspector found were badly located and prevented the second resident in the room from accessing natural light from the one

window in the bedroom.

The inspector observed that the cubicle-style design of the communal toilets close to the main lounge and the dining room did not ensure residents' privacy and dignity could be maintained. This is further discussed under Regulation 9.

The centre was sufficiently resourced with personal protective equipment (PPE) and cleaning and sanitising products. There were sufficient numbers of hand hygiene facilities available, including clinical hand wash basins in this centre. However, the inspector was not fully assured that infection prevention and control procedures in the centre were consistent with the national standards for infection prevention and control in community services (2018), and this is further discussed under Regulation 27.

The provider had carried out significant fire safety improvement works over the previous two years to mitigate the fire safety issues identified in the previous inspection and in their own fire safety risk assessment. However, several significant fire safety issues were identified in this inspection, which required further actions by the provider.

The inspector reviewed a sample of care plans, and the majority of the residents had a care plan in place for each of their identified needs. Residents and their family members were involved in the care planning of residents where appropriate.

Residents were seen by their General Practitioner (GP) on a regular basis, and appropriate referrals were sent to the GP as and when required. Residents had access to specialist health care professionals, such as tissue viability nurses. However, one resident who required support for regaining mobility had not been referred to a physiotherapist. The inspector was informed that the provider had recently made arrangements to facilitate residents' access to a physiotherapist in this centre. However, this service was unavailable at the time of inspection.

The centre had a policy in place to manage residents' responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). However, staff practices demonstrated on the day of the inspection, and the record of behavioural records maintained in the centre did not assure the inspector that the restraints were used in accordance with the national policy, Towards a Restraint Free Environment in Nursing Homes 2011. This is further discussed under Regulation 7.

The person in charge and the assistant director of nursing were in the process of completing the designated safeguarding officer training. The staff who spoke with the inspector were knowledgeable about responding to safeguarding concerns and were clear about their responsibility to report any concerns or incidents; however, staff had not identified two incidents in May and June 2023 involving two residents as safeguarding incidents. As a result, these incidents had not been followed up in line with the provider's own safeguarding policy.

Residents had access to newspapers, radios and televisions in the centre.Staff were

heard chatting with residents about local and national news events and recent events in the local community.

Residents' meetings were held regularly in the centre, and the minutes of these meetings were available for the inspector to review. The meeting minutes indicated that the residents were consulted regarding the social care activities and menu choices and were kept informed about the changes in staff in the centre.

Regulation 10: Communication difficulties

The inspector reviewed a sample of care files and found that residents' communication needs were regularly assessed, and a person-centred care plan was developed for residents who needed support in meeting their communication needs.

Judgment: Compliant

Regulation 11: Visits

The inspector found that visitors had to schedule their visits before visiting the residents. Nonetheless, the residents were happy with the current arrangements for meeting with their family and friends. An alternative area to residents' bedrooms, such as a visitor's room, was available to facilitate residents' meetings with their visitors.

Judgment: Compliant

Regulation 17: Premises

The layout of a twin-bedded room meant that when the resident in the bed space near the window pulled their privacy curtain, other residents in the bedroom could not see out of the window and access natural light.

The centre's premises did not currently conform to the matters set out in Schedule 6 of the Health Act (Care and Welfare Regulations 2013). For example:

- The floor covering in a day room on the ground floor was damaged and did not support effective cleaning.
- Scuff marks were found in door frames and the doors of some residents' bedrooms on the ground floor, which were not repaired in a timely manner.
- Wallpaper was peeling off a wall in a corridor on the ground floor due to dampness arising from an old water leakage, and it had not been repaired in

a timely manner.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not fully ensured that procedures were consistent with the national standards for infection prevention and control in community services (2018). For example:

- The systems in place to ensure equipment was cleaned after use were not effective in preventing cross-contamination. For example, three hoists stored in the communal toilets were visibly dirty and had not been cleaned after each use.
- The centre's pre-admission data collection was not sufficiently detailed and did not include information regarding whether or not the prospective residents have multidrug-resistant organisms (MDRO) before admission to manage the risk of MDRO transmission.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The arrangements for the containment of smoke and fire in the centre required improvement by the provider. For example:

- There was insufficient fire stopping in the laundry room, which is a high-risk area for fire. Service penetration on a wall due to a newly installed pipe that penetrated through the fire-rated wall of the laundry room had gaps visible around the pipe.
- There was insufficient fire stopping around the electrical cables that penetrated through the ceiling of a store room.
- The fire doors in the laundry and one store room had holes due to missing key locks or door handles.
- The intumescent strips of the fire door in an office were missing, and several electrical appliances were used in this area. As a result, they were ineffective in containing fire and smoke in a fire emergency.
- There was insufficient fire compartmentation between the boiler room and a linen storage room.

Furthermore, the provider's arrangements for reviewing fire precautions in the centre were insufficient. For example:

- A final fire exit door near the dining room was blocked due to cars being parked outside this fire exit door.This was brought to the attention of the provider, and these cars were moved from this area on the day of the inspection.
- The inspector observed that staff practices did not support effective fire precautions in this centre. For example:
    - Food trolleys were used to wedge open the kitchen fire doors to serve food from the kitchen while the staff operated gas-operated kitchen hobs, which posed a fire safety risk.
    - A wedge-opening device was used to keep the fire door in an office open.

Some staff who spoke with the inspector did not demonstrate sufficient knowledge regarding the procedures to be followed in the event of a fire. For example, one staff member did not demonstrate knowledge about horizontal fire evacuation. Another member of staff identified the fire floor plan as the personal emergency evacuation plan and failed to identify the location of the resident's personal emergency evacuation plan when asked by the inspector.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that the medicinal products dispensed or supplied to residents were stored securely at the centre. Furthermore, the record of medicine-related interventions for residents was kept in a safe and accessible place in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A resident who was assessed as at high risk of developing pressure ulcers did not have an appropriate care plan to guide staff in providing the most appropriate care. In addition, the care practices the inspector observed on the day did not provide assurances that this resident had been provided with the required care and support to maintain skin integrity.

Furthermore, two residents with active wounds did not have an appropriate wound care plan to guide staff in providing the most appropriate care interventions to support wound healing. In addition, one resident's wound care plan was not sufficiently detailed to guide staff in providing evidence-based best practices for managing wounds. For example, the care plan did not include the frequency of

dressing changes required for this resident.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector observed that a resident with decline in their mobility had not been referred to a physiotherapy or occupational therapy service to meet their care needs and the resident told the inspector that they required support to improve their mobility.

The inspector reviewed a sample of nursing records of some residents, and the records indicated that two residents had not been provided with wound care at appropriate frequencies as recommended by the wound care specialist. In addition, photographs of their wounds were not consistently taken to review the progress of wound healing for these residents. As a result, the inspector was not assured that the residents' wounds were managed in line with the evidence-based best practice guidelines for wound care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector was not assured that the staff had sufficient knowledge and skills to manage responsive behaviours. For example, appropriate assessment had not been carried out for three residents to identify and consider the causative and influencing factors for the residents' responsive behaviours.

Furthermore, the care records of five residents indicated that appropriate person-centred de-escalation techniques, such as non-pharmacological measures, had not been trialled before administering chemical restraints to manage their responsive behaviours. Additionally, lap belts had been administered to these residents during the early morning and night hours to manage responsive behaviours instead of implementing person-centred de-escalation techniques as set out in their care plans. These were overly restrictive practices which had not been identified by senior clinical staff and addressed.

The inspector was not assured that the restrictive practices were used in accordance with national policy. For example:

- The inspector observed that appropriate assessments, including the consideration of less restrictive alternatives had not been completed for two residents who were using lap belts on a daily basis. Furthermore, the use of lap belts for these residents had not been identified in the centre's restraint

register or in the residents' care plans.

- Two other residents who had been assessed for using lap belts as part of their care plan were not appropriately monitored while lap belts were being used. As a result, the inspector was not assured that the lap belts were being used for the shortest period of time to maintain the residents' safety and that the well-being of these residents was adequately monitored whilst the lap belts were in place.

Judgment: Not compliant

Regulation 8: Protection

The provider had measures in place to protect residents; however, two peer-to-peer safeguarding incidents that had occurred in this centre had not been identified as such, and as a result, they had not been followed up and managed in line with the National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse 2014.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The toilet facilities near a day room on the centre's ground floor were cubicle-style and did not have floor-to-ceiling walls dividing each toilet. As a result, the inspector was not assured that this arrangement would support and ensure adequate privacy and dignity for residents when using these facilities, as smells and noises could not be adequately contained.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Harbour Lights Nursing Home OSV-0000345

Inspection ID: MON-0041452

Date of inspection: 07/02/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will ensure that the number and skill mix of staff is appropriate having regard to the resident's needs, dependency levels and size and layout of the building. There will be 3 RGN's on day duty from immediate effect and 2 RGN's at night. The DON will have supernumerary hours with immediate effect. The Service Provider (SP) is currently recruiting 2 overseas nurses to cover maternity leave and allow for supernumerary hours for management. The SP will measure this by protecting and sustaining the supernumerary hours of the DON to aid clinical governance by extra recruitment.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The SP is employing a new supervisor to allow him to have supernumerary hours to oversee the governance and management of the home, in particular to monitor standards (5.1 & 5.2) to see that the service delivered reflects the relevant legislation and regulations, national policies and standards and to protect each resident and promote their welfare, ensuring the service has effective leadership, governance and management arrangements in place and clear lines of accountability. The DON and ADON have completed recent training in March with LHP Skillnet on 'understanding and supporting the resident living with Dementia' and 'implementation of care planning and facilitating assisted decision making' The DON and manager will also be attending Complaints training on the 24th of April and	

audit training when next available with LHP Skillnet, to assist with the handling of complaints within the home.
Management have assigned Designated Safeguarding Officers who will be attending the relevant training, this is a form of blended training over the next two months. Also, a Restrictive Practice Committee has been set up, (all staff relevant will have attended training by the 15th of April), a complaints officer and two new IPC link nurses have been allocated.
Through inhouse audits, management meetings and residential meetings the SP and PIC will ensure the quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis with immediate effect. The PIC has completed the quality of life, quality of care and the annual report of the care delivered to residents in the designated centre for 2023

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
The SP will ensure, with immediate effect, that he has agreed in writing with each resident on admission, the terms relating to the bedroom to be provided to the resident, the number of other occupants (if any) of that bedroom and the terms on which the resident shall reside in the centre.

Standard 2.8 Each residents' access to residential services is determined on the basis of fair and transparent criteria, this will be upheld by (changes to contract) and documented when an agreed change happens. The new Contract of Care, that has been drafted by NHI is being reviewed and updated currently to come in line with the new Assisted-Decision-Making Act 2023.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC was not aware that a notification within three days of deaths, occurring while in hospital, was to be notified by the designated centre. Management feel that these deaths were not unexpected due to the co morbidities and ages of the residents. However, the PIC and SP are now fully aware of all notifications to be sent to HIQA. Following training the PIC and the SP are aware of their roles and accountability. The following courses were scheduled prior to the HIQA visit and have been attended by

most staff.

● Restrictive Practice 7th & 21st March 2024
● Dementia Training – 27th February 2024
● Safeguarding training 25th April with CH01 Team

The PIC and the SP now fully understand their role in notifying incidents to HIQA quarterly and/or within three working days depending on the type/nature of incident. (immediate effect). A Designated Safeguarding officer committee has been set up and the relevant staff will be sent on the necessary training in the next two months. We had a visit from the safeguarding team CHO1 on the 13th of March 24.

The PIC and SP have fully informed themselves of incidents set out in paragraph 7 (1), (a) to (j) of schedule 4. The DON and the manager, are now the complaints officer and the appointed complaints review officer and are going to attend a course in Complaints management on the 24th of April with LHP Skillnet.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
2 (f) There is an accessible and effective complaints procedure in place which includes an appeals procedure and all in house complaints are signed off. The DON is the appointed Complaints Review Officer and will attend a complaint handling course on the 24th of April with LHP Skillnet, she will also ensure, going forward, that the complainant always receives a written response informing the complainant of the outcome of the review/complaint.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Training is and has been provided to staff to improve outcomes for all residents 7.4. Eight out of the twelve members of staff highlighted by HIQA on the day, had completed safeguarding training but had just not sent their certificate in, which are now available and the remaining four have now completed safeguarding training.

In addition, restrictive practice training has been carried out on the 7th & 21 of March

with another date for the 15th of April. Dementia training was held on the 27th of February. Also, four staff members have been appointed to form a safeguarding team and are attending Designated safeguarding officer training by the 23rd of may

Our training matrix will be entered onto the EpicCare system to assist identifying gaps in training at a glance by June 2024.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Standard 2.6 The SP ensures that the services provided are homely and accessible, providing adequate physical space to meet each residents' needs. The maintenance man is aware of the scuff marks on the doors and will address this within the next month and has fixed the peeling wallpaper. An operational maintenance log is utilized daily and the home is kept in good repair following regular environmental audits as far as is practicable.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The SP has procedures in place consistent with the standards for IPC and central healthcare associated infections by having an appointed IPC link Nurse who carries out regular hand hygiene audits and training and encourages cleaning schedules and cleaning of equipment with "I'm cleaned" stickers being applied post cleaning going forward. Two new staff nurses are going to attend the IPC link nurse study days. All staff have carried out the AMRIC suite of Training on HSELand and have a good understanding of healthcare associated infections and how they are spread. All domestic staff have also carried out the AMRIC Suite of Training. Hoists and wheelchairs are to be deep cleaned weekly by the domestic and this will be added to the cleaning schedule.

The pre-admission data collection form, now has a section, dedicated to multidrug-resistant organisms as it had previously been noted, in medical history section of the form.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1(a) The RP has taken adequate precautions against the risk of fire, and provides suitable fire-fighting equipment, suitable building services and suitable bedding and furnishings.

The insufficient fire stopping in the laundry room noted by the HIQA inspector has now been rectified. The insufficient fire stopping around electrical cables in the dining room and store room is now rectified. The missing key locks/door handles holes in the laundry and store room have been filled. The missing intumescent strips have been applied to the office fire door. The insufficient compartmentation between the boiler room and a linen storage room will come into compliance as Meehans are booked to come. There are plans to commence the job with the aim of completion by the end of June 2024.

The fire exit door in the dining room is to be kept clear going forward. Staff are reminded not to ever wedge open fire doors and we will consider automatic release for office doors to aid ventilation.

1(e) & 2(i) The SP will do refresher fire training by the end of April to encompass all language and acronyms i.e. PEEPS, ensuring that all staff are aware of this and understand the compartmentation within the building
28 2 (i) the food trolleys have been moved to allow the automatic closure of the doors should there be any need for containment of fire.

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:
As per standard 2.1 each resident now has a care plan, based on the ongoing comprehensive assessment of their needs.

Dressings are changed as per the TVN advice and photographs are held on the inhouse iPad. All wound care plans, now state, in full, the frequency of dressing changes to be carried out, with photographs of changes printed and in all wound care plans, these are due to be reviewed quarterly.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The resident highlighted on the day of inspection, with a decline in mobility, now has a comprehensive care plan to support and maintain their mobility needs. However, the resident refuses physiotherapy to aid and improve mobility needs. Recent bloods showed an increase in the rheumatic factor but the resident has refused to go to Manorhamilton for further investigation or treatment. This has been documented in their care plan which outlines the support required to maximise quality of life in accordance with their wishes.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The SP and PIC have ensured that all staff have attended training that was scheduled prior to the HIQA investigation, on 'restrictive practice' to ensure each resident experiences care that supports their physical, behavioural and psychological wellbeing (4.3)

Harbour Lights Nursing Home does not have a designated dementia unit; however, all staff have now completed dementia training. On those occasions of restrictive practice use, mentioned by the inspector, non-pharmacological measures and de-escalation techniques were used, for sure, but unfortunately had not been documented appropriately.

The PIC has carried out an extensive audit on restrictive practice within the home, retrospectively, following the HIQA inspection, and has sent a report of all incidences and put together a quality improvement plan to address these needs.

The Centre employs ten overseas nurses who have a good command of the English language but at times can have trouble with the terminology that the elderly may use. Basic care planning and use of language training is booked for 25th April 24. All staff have carried out safeguarding training. A 'DSO' group has been appointed and will attend training by the end of May. A restrictive practice committee has been set up to oversee and monitor use of restrictive practice and its documentation.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The PIC will investigate any incident or allegation of abuse to ensure each resident is safeguarded and their safety and welfare is promoted (3.1).

The PIC has ensured that all staff have signed that they have read and understand the national safeguarding policy so they recognize and understand the signs of abuse and are aware of how to report same. The PIC will liaise with the safeguarding team should any incident or allegation of abuse arise and commence three days preliminary investigation if necessary and send NF06 to HIQA.

The SP will take all reasonable measures to protect the residents and promote a restraint-free environment in accordance with national policy with immediate effect.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The RP is going to ensure that the cubicle style toilets are altered to improve the privacy and dignity for residents using the bathrooms on the ground floor, he aims to have this completed by the end of June 24.

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	05/03/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	25/04/2024
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	Substantially Compliant	Yellow	30/06/2024

	purpose prepared under Regulation 3.			
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	31/05/2024
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	31/05/2024
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	05/03/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the	Substantially Compliant	Yellow	30/04/2024

	bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2024
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	30/06/2024
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	Substantially Compliant	Yellow	30/04/2024

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2024
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	08/02/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred	Not Compliant	Orange	24/04/2024

	to at paragraph (c).			
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	08/05/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Not Compliant	Orange	24/04/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	05/03/2024
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	Substantially Compliant	Yellow	05/03/2024

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	09/02/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	15/04/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Red	14/02/2024
Regulation 7(3)	The registered provider shall ensure that, where	Not Compliant	Red	23/05/2024

	restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	08/02/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2024