



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

## Issued by the Chief Inspector

Name of designated centre:	Holy Family Nursing Home
Name of provider:	Holy Family Nursing Home Limited
Address of centre:	Magheramore, Killimor, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	06 January 2022
Centre ID:	OSV-0000349
Fieldwork ID:	MON-0035111

## About the designated centre

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

The centre is located in a rural area near the village of Killimor near Ballinasloe in County Galway. It accommodates 35 residents requiring long-term care, or who have respite, convalescent or palliative care needs. The ethos of the centre is to provide a warm, welcoming, friendly and caring home, with a home from home atmosphere, where staff provide loving care and treat residents with dignity and respect making them feel valued.

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

Number of residents on the date of inspection:	32
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 6 January 2022	09:30hrs to 18:55hrs	Fiona Cawley	Lead
Thursday 6 January 2022	09:30hrs to 18:55hrs	Claire McGinley	Support
Thursday 6 January 2022	09:30hrs to 18:55hrs	Niall Whelton	Support

## What residents told us and what inspectors observed

From what the residents told the inspectors, and from what the inspectors observed, Holy Family was a pleasant and comfortable place to live. The overall feedback from the residents was that they enjoyed a good quality of life and were supported by staff who were kind and caring. On the day of the inspection the inspectors observed a very friendly, warm atmosphere throughout the centre. The inspectors observed that the residents were well cared for by a committed and dedicated team who worked hard to ensure the residents were supported with all their needs.

This announced inspection took place over one day. There were 32 residents accommodated in the centre on the day of the inspection and three vacancies. The inspectors were welcomed to the centre on arrival and guided through the infection prevention and control measures in place. These included temperature checks, hand hygiene and face coverings before entering the centre.

Holy Family Nursing Home was located near the village of Killimor near Ballinasloe County Galway. The designated centre was a purpose-built, single-storey facility with accommodation for 35 residents in single and twin occupancy bedrooms. There were a number of communal rooms in the centre including a day room, a sitting room, a dining room and access to an enclosed courtyard. The centre was situated in the countryside and many rooms afforded beautiful views of the surrounding farmlands.

The provider had recently extended the building to provide a two-storey facility with an additional 34 beds plus additional communal spaces including outdoor areas. There were no residents accommodated in this area on the day of the inspection as it was not registered as part of the designated centre. The new extension was inspected on the day prior to the beds being registered as part of the designated centre. The new building was beautifully decorated and very modern throughout. The communal areas were comfortably styled and arranged to resemble welcoming domestic living spaces. The resident bedrooms were bright and spacious with tasteful soft furnishings and ample storage space for personal items. The new outdoor area was beautifully landscaped with pleasant views of the local countryside. However, the inspectors observed that there were some areas of the extension that were not finished to an acceptable standard. The provider informed the inspectors that all areas would be finished to the required standard in a timely manner.

On the day of the inspection, the inspectors also completed a walk about of the designated centre with the person in charge. The centre had a pleasant atmosphere in homely surroundings. The building was warm and well ventilated throughout. There were grab rails on all corridors to assist residents to mobilise independently. Call bells were available throughout the centre. The inspectors observed that whilst the management and staff made great efforts to create an environment that was comfortable and relaxed for the residents who lived there, the décor required

upgrading and a number of maintenance issues were in need of attention. This will be discussed further under Regulation 17 Premises. The provider informed the inspectors that this part of the building was due to be refurbished when the new extension was registered.

During the inspection the inspectors spoke with individual residents and also spent time in communal areas observing resident and staff interaction. The general feedback from residents was one of satisfaction with the care and the service provided. A number of residents were unable to have a conversation but were observed to be content and comfortable in their surroundings. Inspectors spoke with five residents and a small number of visitors during the inspection. Residents told the inspectors that Holy Family was a 'friendly place', that they 'were happy here' and that staff supported them to carry out aspects of their daily routine where they needed assistance. The inspectors spoke with a number of visitors who said they were happy with the care their loved ones received and with their involvement in care planning for the residents.

Throughout the day residents were observed to be happy and content. A number of residents sat together in the day room participating in activities, listening to music or chatting to one another and staff while other residents watched TV in the reception area. It was evident that residents were supported by the staff to spend the day as they wished. However, on the day of the inspection the other communal area, the sitting room, was in use as a staff room and this had a significant impact on the space available to the residents to facilitate appropriate social distancing in line with public health advice. The only day room available on the day was observed to be crowded when all the residents who wished to avail of this space were present. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. There was a happy atmosphere present throughout the centre. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

Activities were provided for the residents seven days a week but there was no planned schedule of activities available for the inspectors to review. Activities observed on the day of the inspection included flower arranging and card games. However, the inspectors did not see any activities provided to residents in their own rooms.

The dining arrangements in the dining room were organised to accommodate two sittings at each mealtime and this provided appropriate social distancing for the residents. Residents told the inspectors that they had a choice of meals and drinks available to them. On the day of the inspection the lunchtime period was observed by the inspectors. Food was freshly prepared in the centre's own kitchen and served hot in the dining room or wherever the residents chose to take their meals. The meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The residents were complimentary about the food in the centre. Staff

members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

Overall, the premises was laid out to meet the needs of the residents. However, while there were storage areas available in the centre, the organisation of storage of supplies and equipment on the day of the inspection required review. In addition, the laundry room and sluice facility required significant improvements. This issue was identified on the previous inspection in October 2020. This will be discussed further under Regulation 17: Premises. The provider informed the inspectors that the new extension and refurbishment of the existing building will address this issue with the addition of a new laundry facility and a second sluice room. In general the centre was found to be clean and tidy. However, the inspectors observed that the standard of cleaning in the centre required improvements on the day of the inspection. This will be discussed further under Regulation 27: Infection control.

There was signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

## Capacity and capability

The inspectors found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The management team were very committed to ongoing quality improvement for the benefit of the residents who lived in the centre. Care and services were of a good standard and the management of the centre was robust ensuring that standards of safe care and services were maintained. There was a clearly defined management structure in place with identified lines of authority and accountability. The provider had addressed the

majority of areas of the compliance plan following the last inspection.

The registered provider had submitted an application to vary conditions of registration to allow for the accommodation of an extra 32 residents in a new extension of the designated centre. The Inspectors assessed the suitability of the new extension as part of this inspection.

The person in charge facilitated the inspection throughout the day. The person in charge demonstrated a very clear understanding of their role and responsibility and was a visible presence in the centre. The person in charge was supported in this role by a clinical nurse manager and a full complement of staff including nursing and care staff, activity coordinators, housekeeping staff, catering staff, administrative staff and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. There was an on-call system in place out of hours that provided management advice if required.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. The person in charge and clinical nurse manager provided clinical supervision and support to all the staff. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. Inspectors reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date.

A sample of three staff personnel files were reviewed by the inspector and found not to have all the information required under Schedule 2 of the regulations. This will be discussed further under Regulation 21: Records.

There was good evidence of effective collection of information within the centre. A range of audits were carried out which reviewed practices such as falls management, call bell response times, medication management, wound management, weight loss management and complaints management. Clinical data was collected which was reviewed monthly in areas such responsive behaviours, pressure-related skin issues, pain, use of psychotropic medications and weight loss. The person in charge carried out an annual review of the quality and safety of care in 2020. There was a programme for continuous improvement identified for 2021.

The inspectors observed that regular staff group meetings had taken place in the centre including management meetings and nurses meetings. Minutes of meetings reviewed by the inspectors showed that a wide range of relevant topics were discussed including resident feedback, staff feedback, COVID-19 contingency plan and infection control, plans for the new extension, resident needs and visiting.



Staff had access to education and training appropriate to their role. Staff with whom the inspectors spoke with were knowledgeable regarding fire safety, manual handling, safeguarding, hand hygiene and complaints management. There was an induction programme in place which all new staff were required to complete.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

### Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection prevention and control, manual handling, safeguarding of vulnerable adult and Fire Training.

Judgment: Compliant

### Regulation 21: Records

The inspectors reviewed a sample of staff files and observed that one file did not contain the relevant qualifications for the staff member. This was rectified on the day by the person in charge. In addition, the inspectors observed that staff files were not securely maintained in accordance with the Regulations on the day of the inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspectors found significant improvements in the governance and management of the centre since the last inspection. The provider had addressed the majority of non-compliances identified on the previous inspection. In addition, the new extension would provide greatly improved accommodation and facilities that would address a number of areas of required improvements in the existing premises.

On the day of the inspection the designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. The management team was observed to have strong communication channels and a team-based approach. The systems in place to monitor and evaluate the quality and safety of the service were greatly improved and used to drive improvements in the service delivery. However, the inspectors found that further improvements were required as a number of areas of non-compliance found by the inspectors were not identified by the current audit system, in particular infection prevention and control .

Whilst there was a risk register in place with risk assessments and the controls required to mitigate those risks, the oversight of management of risk required improvement. The inspectors identified a small number of risks which were not included in the centre's register.

- There were bottles of alcohol gel stored on corridors throughout the building which posed a risk to residents if ingested.
- The door to main kitchen was left open and there was no signage in place to prevent unauthorised persons from entering which posed a potential risk to residents.

There was a very comprehensive annual review prepared for 2020 which was available to residents and staff on the day of the inspection. This document was prepared in consultation with the residents and included a quality improvement plan for 2021.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the regulatory requirements. There were good records maintained with evidence that all complaints, formal and informal, were investigated in a timely manner and there was evidence that complainants were satisfied with the outcome, and actions were undertaken in the centre to prevent reoccurrence of issues.

Complaints had been promptly investigated and closed off with the complainants level of satisfaction recorded.

The complaints procedure was displayed prominently in the reception area and other areas of the centre.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

#### Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a good standard. On the day of the inspection the residents were well-groomed, nicely dressed and observed to be content and happy. There was a person-centred approach to care and the residents' well-being, choices and independence were promoted and respected. Staff were respectful and courteous with the residents. Residents confirmed that their experience of living in the centre was positive and that their rights and choices were always considered.

Residents were well cared for and their health care needs were assessed using validated tools which were used to inform care planning. Each resident had care plan in place which were person centre and reflected each individual's needs. Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The provider promoted a restraint-free environment in the centre in line with local and national policy.

There were opportunities for residents to consult with management and staff on how the centre was run and resident feedback was acted upon. There were regular residents' meetings and a wide range of topics were discussed including COVID-19, social activities, and the move to the new extension. The minutes of a recent meeting showed that the residents were very much looking forward to moving to the new facility. The provider had also discussed individual preferences for room allocations with residents. Satisfaction surveys were carried out with resident and relatives with very positive results.

Residents had access to an independent advocacy service.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. There were staff meetings in relation to infection prevention and control and infection control practices were audited. While the centre provided a homely environment for the residents, improvements were required in respect of the premises and infection prevention and control which are interdependent. These will be discussed further under Regulation 17: Premises and Regulation 27: Infection control.

The centre had a comprehensive COVID-19 contingency plan in place which included the guidance from Health Protection Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities).

From a fire safety perspective, the extension was designed and constructed in a manner that afforded residents and staff with alternative escape routes and sufficient exits. Stairs from the upper floor were evenly distributed and were sufficiently configured to allow mattress evacuation down to the exits. Evacuation sledges were also provided in two stairways. The bedroom doors were fitted with devices which afforded residents the choice to have their bedroom door open or ajar and door closers were not an impediment to their manoeuvrability through the building. Once the fire alarm activates, the doors would close. . Externally the escape routes were adequate, but the provision of emergency lighting required review to ensure escape routes would be sufficiently illuminated in the event of a power failure during a fire.

In the existing area of the building, bedroom doors were also fitted with devices that gave residents a choice to keep their door open. In general, fire doors were well fitting and maintained to a good standard. Some deficiencies were noted as outlined under Regulation 28.

The provider showed inspectors where each fire compartment boundary was located in the existing section of the building and confirmed they had been reviewed and formed effective fire compartment boundaries. It was also confirmed that the

compartments aligned with the fire alarm zones in the existing area of the building.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems providing the appropriate L1 fire alarm coverage. The service records for these systems were up to date. Further assurance was required in relation to how the two fire alarm systems for the existing area and extension worked together, this is explored further in Regulation 28.

The exit doors throughout the building were connected to the fire alarm system which meant they would open when the fire alarm activates ensuring safe and immediate egress from the building.

The fire register for the centre included in-house maintenance checks and these were completed and up to date.

### Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspectors observed visitors in the centre on both days of the inspection. Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 17: Premises

The inspectors observed that there were a number of areas in the premises that required review to ensure regulatory compliance.

- There was only one communal room available to the residents on the day of the inspection (apart from the dining room) which was observed to be crowded and did not facilitate social distancing.
- Parts of the centre were not well-maintained. For example some furniture was observed to be scuffed, areas of paintwork was chipped, a broken toilet bowl and the ceiling in one resident bedroom was in need of repair.
- There was exposed wood in one storage area which could not be effectively cleaned.
- The housekeeping room was not fit for purpose as there was no hand wash basin or lockable storage facilities. In addition, the inspectors observed a leak

in the ceiling.

- The laundry room and sluice room were connected by an open doorway which posed an infection risk. In addition, there were clothes observed on the floor of the laundry.

Although there was storage facilities available in the centre, on the day of the inspection better organisation of equipment and supplies was required. For example:

- Inappropriate storage of a number of items in one store room which was cluttered and untidy including personal protective equipment (PPE) and full refuse bags stored on the floor.
- Alcohol gel and oxygen cylinders stored in the same area.
- Inappropriate storage of chemicals in unsecured areas.
- Inappropriate storage of incontinence wear on the floor of residents' bedrooms.
- Inappropriate storage of PPE on trolleys throughout the building.

Judgment: Not compliant

### Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

Areas for improvements to ensure the centre was in compliance with infection prevention and control standards were identified by the inspectors on the day of the inspection including;

- The use of PPE was not in line with Health Protection Surveillance Centre guidelines or the centre's own policy. Staff were observed wearing gowns rather than aprons for the delivery of care to residents and one staff member was observed wearing a surgical mask instead of the recommended FFP2 mask.
- The housekeeping trolley was visibly unclean, the cleaning product containers were unlabelled and the chemicals were not stored securely on the trolley.
- A number of areas were observed to be unclean on the day of the inspection, e.g. kitchen door saddle, a number of shower trays and toilet areas, a small

- number of raised toilet seats, the laundry room and sluice room.
- A number of alcohol hand gel dispensers were empty.
- There were a number of resident's toiletries observed in communal toilets and bathrooms.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Improvements were required in relation to the identification and management of fire safety risks. A store room contained two oxygen cylinders. While they were secured in place, the room contained combustible items and there were two hoist batteries on charge and an electrical extension cord adjacent to the oxygen cylinders. The provider was required to review this arrangement to ensure the safe storage of oxygen. The chairs in the smoking room were damaged and required replacement. The frequency with which the lint was emptied from the laundry equipment required improvement.

A section of the entrance foyer had recently been used as a day space for residents to watch television. This area was the escape route for residents bedrooms and it's use as a living area meant that the escape route from these bedrooms may be compromised. This arrangement required review to ensure an adequate means of escape was available from these bedrooms.

Improvements were required to ensure adequate arrangements for giving warning of fire. There were two separate fire alarm systems in place. These were not connected to each other, nor were there repeater panels in place to alert staff of the location of a fire. The provider was required to provide assurance with regard to how the two separate fire alarm systems would be managed and connected to ensure that staff would be alerted to an activation of the fire alarm system in any part of the building and would not be reliant on hearing the alarm from a distance. Subsequent to the inspection, the provider provided assurance in this regard.

In the new extended section of the building, while a good standard of fire containment was observed, inspectors noted the fire doors required a further review to ensure they performed as required. For example, some did not close against the latch and some had small gaps. Inspectors noted fire doors and adjacent glazed screens within one compartment boundary didn't have the requisite sixty minute fire resistance. The provider assured inspectors that this would be addressed.

Inspectors were not assured that adequate measures were in place in the existing section of the building to contain fire. To facilitate the extension, alterations to the existing area of the building included the provision of a link corridor through a former bedroom. The partitions for this corridor were not complete and did not provide appropriate fire resistance. Inspectors observed storage within the newly formed smaller room. The provider was required to either keep these rooms free of

storage or provide appropriate fire resistance to these partitions. The link corridor itself also required additional smoke detection.

The fire doors to the serving hatch between the kitchen and dining room were not fitted with self closing devices. There were magnets on the wall to hold the doors open, but the absence of the closers meant these doors would not close when the magnets released. The door between the sluice room and the laundry room had been removed, therefore assurance was required regarding the effective containment of the laundry room.

Inspectors were not assured that the ceilings in the existing area of the building were appropriately fire rated. Inspectors observed service penetrations through the ceiling and attic hatches which did not appear to be fire rated, thus potentially breaching the fire resistance of the ceiling.

Notwithstanding the good condition of fire doors in the existing section of the building, inspectors noted that the heat and smoke seals were missing to the top of most compartment doors. Inspectors observed some other doors which also had portions of heat and smoke seals missing. The provider confirmed this would be addressed.

An exit from the corridor beside the kitchen had a step which was too high. Inspectors were told this would be remedied when this area of the building was refurbished. Interim arrangements were required to ensure an adequate means of escape through this exit.

From a review of fire drill reports, further assurance was required from the provider to demonstrate adequate resources were available to evacuate the highest risk fire compartments in a timely manner. Drills had not yet been practiced in the new extension to simulate the evacuation of fire compartment. The provider arranged further drills, the reports for which were submitted in the days following the inspection, providing requisite assurances.

The provider was required to review the personal emergency evacuation plans in place for residents, to make sure staff had up to date and correct information to ensure a successful evacuation. Inspectors noted some discrepancies between these assessments and the dependency schedule provided to inspectors.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of three resident files and found evidence that the residents had a comprehensive assessment of their needs on admission. There were appropriate care plans in place to direct the assessed care need of the residents .



Care plans were reviewed and updated regularly and in response to changes in a resident's condition. The inspectors did not see any documentation of consultation with the residents and their family or representatives in the records reviewed. However, residents and family members who spoke with the inspectors informed them that they were aware of and involved in the care planning process.

Judgment: Compliant

### Regulation 6: Health care

The inspectors found that the residents had access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care. In addition, the inspectors found that advice received from healthcare professionals was followed which resulted in positive outcomes for the residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that overall the residents' rights were upheld in the centre. However, the provision of opportunities to participate in activities for residents who wished to remain in their bedrooms required review. On the day of the inspection there were a number of residents observed in their bedrooms for whom no activities were provided.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Holy Family Nursing Home OSV-0000349

Inspection ID: MON-0035111

Date of inspection: 06/01/2022

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Records Staff files will be reviewed and kept safe and accessible in a locked filing cabinet in the administration office. Going forward, new employee files will be reviewed continuously for the first 3 months of their employment to ensure all compliance documentation is in place by using audit tool for compliance with Regulation 21.</p> <p>Compliance will be overseen by inhouse management team and PIC</p> <p>Overseen by RPR.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Alcohol Gel Risk is reduced by removing alcohol gel bottles from the corridors and other communal areas, wall mounted dispenser which are already in place have been refilled with hand sanitizing Gel, this reduces the risk of ingestion by residents. Wall mounted hand sanitizer units are monitored daily by housekeeping staff, and replenished when necessary. Bottles of hand sanitizing Gel are now located in the nursing station, offices and staff room only. A wall mounted automatic hand sanitizing sensor unit is in place at the entrance door to reception. The risk register is now updated for alcohol based hand gel dispensing.</p>	

Ongoing audit and review by Clinical Nursing Manager and PIC.  
Overseen by RPR.  
Completion date 04/02/2022

**Kitchen**

A new sign has been placed on the kitchen entrance door (Keep door closed at all times)  
(Staff Only)

Training completed with chef and catering staff regarding the risk associated with the  
kitchen door been left open and importance of keeping closed.

Audit and Review by PIC

Responsibility of Senior Chef to implement this policy

Overseen by RPR.

Completed 04/02/2022

**Infection Prevention and Control**

The IPC Audit system will be revised to ensure Infection control audit programmes are  
comprehensive and identify risks and re-audit accordingly until the level of non-  
compliance issues is reduced.

Ongoing the PIC will audit on a monthly to 3 monthly basis, depending on the level of  
compliance.

Overseen by RPR

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
The new extension provides for 5 communal space options which will be available once  
opened. We also plan to provide a sixth additional communal room in phase II of works.  
By end of phase II all furniture in the home will have been totally replaced and new.  
Ensuites planned for each room. Fully redecorated with new plumbing and sanitary wear.  
All storage areas will be renovated with new shelving. There will be an additional ground  
floor housekeeping room, upgraded with wash basin and lockable storage when phase II  
is complete.

The laundry will be relocated to a new custom designed external laundry adjacent to  
main building. The existing sluice room will be fully renewed with stainless steel sink and  
accessible by one external door only.

Overseen by RPR

Completion date 31/08/2022

Other issues and actions now completed:

A reduced amount of PPE is now kept on the trolleys in their original packaging.

Gloves have been removed from the trolleys and put in wall mounted secure storage. FFP2 Masks packaging are kept sealed, some relocated to the nurse's station and staffroom.

Black refuse bag containing unused visors now removed to storage shed.

All bottles of alcohol gel have been removed from storage room, moved to external storage

PPE storage and supplies audited by CNM and inhouse management team and will be monitored on an ongoing basis.

Overseen by RPR

Completed on 04/02/2022

2 Oxygen Cylinders on a trolley moved outdoors to covered area, trolley is secured to the wall with a lock, both cylinders are secured together with a chain.

Reviewed by PIC and Provider

This will be managed by inhouse Maintenance team ongoing

Overseen by RPR

Completed on 06/01/2022

Chemicals:

Chemicals in the sluice now securely locked away in a cupboard.

Audit and review by PIC

Managed by Housekeeping team.

Overseen by RPR

Completed date 04/02/2022

Incontinence wear:

Incontinence wear package placed on the locker in each resident's room.

Audit and review by PIC

Toilet seat replaced.

This will be managed by housekeeping team ongoing

Overseen by RPR

Completed date 04/02/2022

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

FFP2 face masks.

PIC implemented current Public Health Guidelines to ensure staff wear aprons except in suspect or positive cases. Ensured all appropriate staff are wearing FFP2 face masks.

Ongoing audit and review, daily monitoring by PIC and CNM

This will be managed by HCA Team Leaders and Senior Nurse

Overseen by RPR

Completion date 04/02/2022

Housekeeping Trolley Management:

Reviewed with housekeeping staff, trolley will be stripped of all products and thoroughly washed every Monday and Friday. This will be managed by the housekeeping team.

Ongoing audit and review by PIC

Overseen by RPR

Completed date 04/02/2022

Chemical bottles not labeled and dated

Supplier of cleaning products to provide spray bottles with chemical resistant labels in place identifying the product and expiry date.

Audit and review by PIC

Managed by Housekeeping team

Overseen by RPR

Completion date 11/02/2022

Kitchen Cleaning

The kitchen cleaning programme updated to include cleaning the joints between the floor tiles and door saddle. Additional cleaning made equipment available to cleaning staff.

Audit and review by PIC

Managed by Housekeeping team and Kitchen Staff

Overseen by RPR

Completed date 04/02/2022

Bathrooms and Toilets

Housekeeping Cleaning schedule revised to include repeated checks on bathrooms and toilets. Stained toilet seat replaced. Shower trays deep cleaned; stains removed.

Audit and review by PIC

Managed by Housekeeping team

Overseen by RPR

Completed date 04/02/2022

Sluice room

Sluice room area has now been fully decluttered, older wall shelf completely removed, toilet bowl covered. Stainless steel shelving rack deep cleaned with detergent restored to 'new' condition. Exterior of bedpan washer cleaned with stainless steel cleaner. Sink worktop recovered in new washable vinyl surface. Removed metal bin, replaced with new self-closing all plastic bin. Storage cupboards tidied, Replaced cupboard door hinges. Room walls newly painted white. Interior is now bright, clean and decluttered with good floor space and storage.

Audit and review by PIC

Managed by Housekeeping and Maintenance team

Overseen by RPR

Completed date 04/02/2022

Residents Toiletries

Residents' toiletries -PIC trained staff that residents' personal items must be returned to their bedroom after their shower.

Audit and review by PIC

Managed by HCA and Housekeeping

Overseen by RPR

Completed date 04/02/2022

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Removed cylinders

As per Regulation 17

Chair in smoking room has been replaced with a new fire resistant chair.

Overseen by RPR

Completed Date 04/02/2022

Lint-Dryer - Daily Cleaning

Staff have been trained on new procedure for tumble dryer i.e. lint must be cleaned after each cycle before programming and loading the next load of clothes, remove any accumulation of lint by using the hand brush provided, sweep or vacuum the floor of the dryer to clean the inside. New daily lint cleaning sheet to be completed by staff as each drying cycles finishes before commencing the next load.

Overseen by RPR

Completed Date 04/02/2022

Monthly Cleaning procedure of tumble dryer by maintenance person will now include removal of lint and debris from inside of the exhaust duct to maintain proper airflow and avoid overheating. Ensure even lint distribution over lint screen and replace if distribution is uneven maintaining proper airflow to prevent overheating.

Carefully wipe any accumulation of lint off the cabinet high limit thermostat and thermistor, lint build up will act as an insulator causing machine to overheat

Clean lint and debris build-up from blower to maintain proper airflow to avoid overheating and prevent possible vibration

Use a vacuum cleaner to clean air vents on drive motors

Check belt tension and condition, replace worn or cracked belts

Make sure the machine is properly grounded

Audit and review by PIC and Management Team

This will be managed by HCA, Housekeeping and Maintenance team



Overseen by RPR  
Completed Date 04/02/2022

#### Laundry

The current laundry will move to a purpose built adjacent building as part of transition to new building, a designated laundry person will be appointed and this role responsibility will also include daily cleaning of all laundry equipment.

Overseen by RPR  
Completion Date 31/05/2022

#### Fire panel for new building link with existing building

The two fire alarm panels are now connected so staff from each side will be alerted to a fire activation in the opposite side and are not reliant on hearing the alarm from a distance.

Overseen by RPR  
Completion Date 21/01/2022

#### Self-closing device for kitchen hatch

These kitchen hatches will be blocked up and decommissioned as part of renovation planned

Overseen by RPR  
Completion Date 31/03/2022

#### Laundry and Sluice room ceiling in room 14:

Heat and smoke seals all checked by maintenance, replaced where necessary by Corrib Fire Protection Ltd. Weekly checklist updated to include the same.

Overseen by RPR  
Completed date 04/02/2022

#### Fire Evacuation Drills

Day and night Simulated Fire Evacuation drills carried out in new and existing building; all staff received training in same.

Audited, Fire Evacuation Drill Matrix reviewed 3 monthly and more regular as new staff commence work. Internal Qualified Fire Warden role formalized.

Overseen by RPR  
Completed date 04/02/2022

#### PEEP

PIC and Clinician Nurse Manager reviewed Personal Evacuation plan for each resident and updated with correct information.

Ongoing Audit and Review by CNM

Emergency Evacuation folder and PEEP updated by Senior Nurse

Overseen by RPR  
Completed date 04/02/2022

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents Activity Plan</p> <p>Residents Individualized Activity Care Plan reviewed by Activity Co-Ordinator in conjunction with the PIC and also in consultation with family members. Residents identified by PAL assessment and determined passive or active participation as per residents' interest or wishes.</p> <p>Individualized and group activities are optional. Residents are informed and encouraged to attend special occasions, celebrations, music entertainment, mass and any other meaningful activities. Residents who decline to attend communal activities are offered other options such as newspapers, books from local and inhouse library, board games, puzzles, radio and television.</p> <p>Ongoing Monitoring by Management team and Provider Activity Programme managed by Activity staff Overseen by RPR Completed Date 04/02/2022</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	31/08/2022
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.	Substantially Compliant	Yellow	28/02/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	28/02/2022
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	04/02/2022

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	11/02/2022
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	31/05/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/05/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Yellow	31/05/2022

	means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/05/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable,	Not Compliant	Orange	31/05/2022

	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	31/05/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	31/05/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/05/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	04/02/2022