



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

Issued by the Chief Inspector

Name of designated centre:	Terenure Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	122 Terenure Road West, Terenure Road, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	06 December 2023
Centre ID:	OSV-0000047
Fieldwork ID:	MON-0042157

About the designated centre

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

Terenure Nursing Home is located close to Terenure, and is serviced by a number of bus routes. The centre can accommodate male and female residents, over the age of 18. There is a combination of single and shared accommodation. Some bedrooms have their own en-suite facilities. The accommodation is spread over two floors, and there is a courtyard and garden to the rear of the property. 24-hour nursing care is provided for residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 December 2023	09:30hrs to 18:00hrs	Noel Sheehan	Lead

What residents told us and what inspectors observed

Residents living in Terenure Nursing Home told the inspector that staff were attentive to their requests for assistance and attributed this to a stability in the staffing levels, and availability of staff. Residents told the inspector that, staff were kind, friendly, respectful, and that staff made them feel safe in the centre. Although the residents received good care and were well supported by staff, adequate systems were not in place for the effective oversight of all areas of the service including, residents rights, fire precautions and premises.

The inspector arrived unannounced at the centre and were met by the person in charge. Following an introductory meeting with the person in charge the inspector walked through the centre and spent time talking to residents and staff, and observing the interactions between residents and staff, and the care environment.

The centre is laid out over two floors, ground and first floor. Access to the first floor was by stairs or elevator. Bedrooms comprised of both single and double occupancy bedrooms, some with en-suite facilities and others with shared toilets and bathrooms. Residents were supported to personalise their rooms with pictures photographs and personal items. There was adequate storage in the residents' rooms for the storage of their clothes and belongings and a lockable unit was available for all residents who wished to use one. However, due to the room layout and curtain placement, some of the twin rooms did not allow for residents to have chairs within their personal space

There was a busy atmosphere in the centre throughout the morning of the inspection. Some residents were observed enjoying each other's company in the dayroom while other residents were observed sitting in their room waiting for assistance from staff. Staff were observed busily attending to residents requests for assistance, and polite and respectful conversation was observed between residents and staff. However, the ground floor dayroom was crowded and busy during the morning and afternoon. Contrary to commitments previously given by the registered provider the large first floor corridor was observed to be used by up to nine residents for sitting and dining throughout the day. A hairdresser was also working with a number of residents in this area in the morning time. This area was noted to be a thoroughfare and was noted to be used as a day space by residents throughout the day.

The inspector witnessed both good and poor dining experience in the centre. The inspector observed that limitations in the dining space meant that lunch could not be served to all residents in the main dining room in one sitting. In the dining room, 17 residents were seen to enjoy their meal with a nice social experience with appropriate staff supervision. There was seasonal music in the background with a party atmosphere. However, the dining room was busy and crowded. Six residents were served lunch in the first floor corridor area eating from mobile bedside tables. At lunchtime the inspector observed a resident eating lunch while a resident directly

beside them was having their hair cut. The inspector also observed that the assisted bathroom door opened directly onto this area where residents were eating their lunch. Staff told the inspector that residents prefer to stay up here rather than go downstairs as it is very crowded with insufficient room for the number of residents in the designated centre. Overall, lunch was not a sociable or pleasant dining experience for those residents who were served their meal in this area. In the main day room located downstairs, four higher dependant residents were being assisted by staff to eat their lunch in the main day room. The remaining 13 residents ate their meals in their bedrooms. The inspector observed that the main dining room was also used by staff for meal breaks throughout the day.

Residents had access to enclosed garden areas, the doors to the garden areas were open and they were easily accessible. The garden areas were attractive with landscaped beds, and outdoor furniture provided for residents use.

During the walkabout, residents were observed to be relaxed and familiar with the person in charge and other staff and freely conversed with them. Observations on inspection showed that staff had good insight into responding to and managing residents' communication needs and provided support in a respectful professional manner.

Residents were engaged in activities throughout the day and could choose what activities they wished to attend. An activities board was displayed that detailed the planned activities for the day that showed, hair salon (upstairs); mass and prayers (living room); Christmas party and Santa Claus and Christmas movie. The inspector observed 18 residents enjoying the Santa Claus live music session in the main day room in the afternoon

Residents were observed receiving visitors throughout the inspection in both their bedroom accommodation, and designated visiting areas. The inspector observed visitors coming to and from the centre throughout the day. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They informed the inspector that they were happy with the care provided and felt it was a good place for their loved one to live.

The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

The findings of this inspection were that the registered provider had failed to ensure that an effective and safe service was provided for residents living in Terenure Nursing Home. The registered provider had not ensured that the service provided met the needs of the residents living there, particularly in terms of the provision of adequate communal and dining space. The provider had undertaken to carry out

works to the existing building to enhance the lived experience of residents in relation to reconfiguration of bedrooms and had reduced the occupancy of the centre to 41 residents. Although a number of improvements had been completed the provider had not adequately addressed many previously identified regulatory non-compliances, nor had it taken a proactive approach to ensuring that the proposed improvements specified in the response to the compliance plan of the report of the previous inspection in March 2023 had been satisfactorily progressed. Action was still required under the premises, residents rights, and fire precautions to ensure a safe and effective service was provided to residents.

This was an unannounced inspection to monitor compliance with regulations and to review the information submitted by the provider in respect of representation made regarding the application to renew the registration of the centre. The inspector observed that condition 04 of the current registration certificate of the centre had been complied with and the number of residents in bedrooms 21 and 22 were reduced to achieve compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Statutory Instrument 293 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

Following the findings of inspections, carried out in February and March 2022 and the most recent inspection of 07 February 2023, the Chief Inspector proposed the attachment of a further condition for the registration renewal of the designated centre. This condition of registration were aimed at improving the quality of life for residents, particularly with regard to the provision of adequate communal accommodation to use for recreation and dining. The registered provider is currently appealing the Chief inspectors decision to the District Court.

The registered provider had not commenced works to renovate, reconfigure or extend the premises to ensure resident had access to sufficient communal space. Prior to the inspection the registered provider had secured planning permission to commence works to renovate and extend the centre. The registered provider had informed the office of the chief inspector that works would commence in January 2024. However, the inspector found that there was a lack of clarity amongst the management team as to what actions were required to complete the works. For example, one option presented to the inspector involved keeping a reduced occupancy of residents in the designated centre through phases of development. Initially this would involve the vacation of four bedrooms on the first floor. Another option entailed the complete vacation of the building until the works were fully completed. Initially, the person in charge and another senior manager advised the inspector that a final decision had not been reached as to which option would proceed. Later in the day, the CEO advised the inspector that the registered provider would proceed with the option of keeping a reduced occupancy while building works progressed.

At the feedback meeting the inspector was told that the registered provider was fully committed to addressing the shortage of communal and dining space and the building works would commence in mid January 2024. However, the registered provider had still not finally decided on a building contractor or submitted a

commencement notice to the local authority. The inspector was told that a decision would be made by the board two days after the inspection as to the appointment of a building contractor. There was no evidence of risk assessments for key areas such as fire safety and infection control available for review on the day of inspection. In addition, the registered provider did not provide any evidence that important issues arising from the proposed building works such as noise, disturbance and dust were discussed within the management team or with the residents who would remain living in the centre throughout the building development. A number of staff and family members expressed confusion and anxiety at the lack of clarity. There was evidence of some consultation with the families of residents that would need to be relocated either outside or within the centre during the building project. However, none of the residents who could potentially be relocated were consulted with.

The registered provider has recognised the shortcomings of the dining facilities, for example, analysis of the residents food survey in 2022 identified that the main dining room should not be allowed to get too noisy and that residents should be able to relax and enjoy their meals. A similar survey had not taken place in the 2023 up to the date of inspection. The inspector was told that the option of two meal sittings was not explored. The registered provider had also continued to take long term and short term admissions with four new long term admissions taking up residence in the nursing home since October 2023.

The registered provider for Terenure Nursing Home is Willoway Nursing Home Limited. This company is part of the Grace Healthcare (Holdings) Ireland Limited group. On the day of inspection the person in charge was supported by a team of nurses, healthcare assistants, activities, housekeeping, catering, and maintenance staff. There were clear lines of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The quality, finance, administration and human resources functions were provided to the centre through the wider Grace Healthcare team. Arrangements were in place for a clinical nurse manager to deputise in the absence of the person in charge.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and quality action plans were in place to address any issues identified. Audits included care plans, call bells, IPC, COVID risk assessment, environmental, hand hygiene, quality walk about, falls management, restrictive practice.

Based on the assessed needs of the residents, the centre was staffed in accordance with the statement of purpose that the centre is currently registered for and had sufficient staffing and appropriate skill mix in place to provide a high standard of care. The staff roster was reviewed which showed there were two staff nurses on duty each day from 07:30 to 19:30. There was also two nurses for the night shift. There were six healthcare staff on duty from 07.30 to 19:30 plus one from 8:00 to 14:00. There were two healthcare assistants for the night. There were two

catering staff and two housekeeping staff. Other staff included one activity staff and admin staff. There was no agency staff on the rosters.

A review of staff records showed that staff were recruited and inducted in accordance with best practice. A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. A review of a sample staff files found that previously, where staff had breached policy, the issue was investigated and followed up with appropriate action to protect residents.

Since the previous inspection five corridor areas that had been previously identified as day space on the ground and first floors were now recorded as corridors. However, contrary to this information, the larger corridor on the first floor was observed to be in use throughout the day for dining and recreation.

In conclusion the findings of this inspection were that action was required on the part of the registered provider to ensure improved regulatory compliance and the provision of a satisfactory social and dining experience for residents.

Regulation 14: Persons in charge

The person in charge had started in the post in October 2023 and was a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. The person in charge was actively engaged in the governance, operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 40 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff had not attended up-to-date training in fire safety since August 2022. According to the training matrix reviewed by the inspector, this training was only valid for one year.

Judgment: Substantially compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the significant efforts of those working in the centre the findings of this inspection were that:

- The management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, were not sufficiently robust. The registered provider had failed to ensure issues pertaining to the provision of adequate communal space for residents use had not been addressed. This had a negative impact upon the rights of the residents, as discussed under Regulation 9.
- As found on the previous inspection in February 2023 the registered provider has failed to provide adequate sitting and recreational space other than a residents private accommodation and did not always uphold residents' rights to privacy, dignity and decision-making about their lives. The registered provider had failed to address deficits with the renovating, reconfiguring or extending of the premises to ensure residents had access to sufficient communal space.
- The registered provider had failed to explore other options as to how to provide additional communal and dining space.
- There was continuing non compliance related to fire safety, premises and resident rights.
- The first floor corridor was in use throughout the day for residents dining and activities.

The registered provider had failed to demonstrate adequate planning of proposed building works or risk assess fire and infection prevention and control or assess the impact on residents who would remain living in the centre throughout the building works. In particular:

- The registered provider had failed to adequately plan for the proposed building works, and in particular, to risk assess key areas such as dust control, noise, fire safety, infection prevention and control, control of aspergillus.
- There was no evidence of any review or consideration of the impact to the day to day lives of residents who were to remain in the centre throughout the building development. For example, access to the garden area during the works, access to reduced facilities, impact of noise and disturbance to the communal and bedroom areas.
- The registered provider had failed to ensure that staff were aware of measures required to support residents who would remain in the centre during proposed building works.
- A review of the most recent management team meetings held in October and November 2023 did not mention the building project.
- The provider had continued to admit new residents for long term care. The inspector was told that four residents requiring long term admissions had been admitted since mid October 2023.
- There was no evidence of any consultation with the residents who were to be relocated

Judgment: Not compliant

Quality and safety

The findings of this inspection are that significant improvements are required to enhance the quality of life of residents living in Terenure Nursing Home. The inspector identified that the challenges associated with the overall premises impacted negatively upon the rights of the residents. Improvements were required to ensure that all residents had access to communal and dining space such that they could eat their meals in a proper dining setting. The limitations of available communal space, impacted on residents choice and participation in activities. This is discussed further under Regulation 9: Residents' rights.

The communal space available was found to be insufficient for the needs of 41 residents. In response to the findings of an inspection carried out in March 2022, the registered provider had discontinued the use of corridors as communal and dining areas as this was not in line with good fire precautions. However, the registered provider had failed to address the resulting reduction in communal space. As a result the available communal space was found to be insufficient for the needs of 41 residents. The inspector observed that, contrary to commitments previously given by the registered provider, for example, at provider meetings on 29 July 2022 and 13 March 2023, the larger corridor on the first floor was being used as a seating, recreational and dining space.

Similar to the findings of the previous inspection the inspector found that residents access to adequate sitting and recreational space other than a residents private accommodation did not always uphold residents' rights to privacy, dignity and decision-making about their lives. The premises had not been renovated, reconfigured or extended to ensure resident had access to sufficient communal space for recreation and dining.

The inspector saw that the occupancy of bedrooms 21 and 22 were reduced to two residents and these rooms had been reconfigured to achieve compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Since the previous inspection a number of bedrooms had had changed from double to single occupancy, however the personal space for each resident in some of the remaining twin bedrooms measured less than 7.4m². Residents in these rooms were not able to access chairs within this space. Bedroom 20 had been converted to a store room. The ensuite toilet was removed from bedroom 22, making 17.2 m² of floor space available to the two residents. The laundry facility had been decommissioned and laundry was now completed at an off site location.

Overall during mealtimes staff were observed to offer assistance in a respectful and appropriate manner. Independence was promoted and residents were encouraged to eat their meal at their own pace, with minimal assistance to improve and maintain their functional capacity. Adequate time was allocated to mealtimes and residents were observed to take as much time as they wished over their meals. However, the dining experience for those residents observed having lunch on the first floor corridor was not satisfactory with hairdressing underway and the door of an assisted bathroom door open while residents were eating their lunch.

Current visiting arrangements did not pose any restrictions on residents. Visiting was observed throughout the day, with visitors attending the day rooms or the residents' bedrooms.

Improvements to the fire safety infrastructure of the building since the last inspection included repair and replacement of fire doors; replacement of assembly point signage; and a call bell had been installed in the smoking shelter. Since the previous inspection in March 2023, the fire alarm had been upgraded to L1 category system. A call bell was provided in the smoking shelter in the event that a resident may require assistance. Two recent fire drills in the largest compartment on the first floor using night time staff compliments showed evacuation times of five and six minutes. All fire doors in the building were checked by the inspector were found to be fit for purpose. However, the inspector found that a number of actions were required to ensure compliance with regulation 28 fire precautions as set out below.

Previous inspections noted that only mobile residents were suitable for accommodation on the first floor. The inspector noted inconsistencies between dependency levels and a number of personal evacuation plans for residents on the residents first floor. The person in charge was requested to review and assure the inspector that only mobile residents were accommodated there. On review of the updated dependencies the inspector noted that the resident occupying a first floor

bedroom have been assessed as requiring a hoist for safe evacuation. Hoists are not acceptable as an evacuation aid and this practice needed to cease. This issue was previously brought to the attention of the registered provider following an inspection carried out in March 2022.

Since the previous inspection the registered provider had taken action to reconfigure the layout of some of the multi-occupancy twin rooms and now all residents were able to maintain control over their clothes. Wardrobes were adequate to store residents clothes and were located such that residents did not have to exit their private floor space or enter another residents private space to access their clothing. A review of call bells had been undertaken and missing or damaged had been replaced. Occupancy of rooms 21 and 22 were reduced to twin rooms.

Notwithstanding the findings of this inspection regarding the provision of adequate communal and dining space, the inspector found good practice in some areas that supported residents' rights. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. A schedule of diverse and interesting activities were available for residents which reflected residents interests and capabilities.

Regulation 11: Visits

Residents did not have access to a private area, which was not the resident's room, to receive a visitor in private.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

Although the premises was found clean overall, the following issues did not meet Schedule 6 requirements:

- There was inadequate sitting and recreational space other than a resident's private accommodation and, insufficient dining facilities to cater for the number of residents living in the centre.
- The personal space for each resident in some of the remaining twin bedrooms measured less than 7.4m². Residents were not able to access chairs within this space. For example, bedrooms 16,30,28, and, 32, had room for only one resident in the room to have a chair within their private space.
- There was a lack of appropriate storage in the designated centre resulting in the inappropriate storage of supplies and equipment. For example cleaning supplies were stored under a stairwell.

Judgment: Not compliant

Regulation 27: Infection control

Overall, the centre was clean and there was good examples of adherence to the National Standards for infection prevention and control (IPC) in community services (2018). However, the following issues were identified:

- The cleaning store beside bedroom 15 was very cluttered and a number of items were noted to be stored on the floor.

The following were repeated non compliance:

- Some items of furniture were noted to be worn and therefore did not allow for effective cleaning. Rust was observed on the legs of some bedside tables.
- Linen trolleys and supplies were inappropriately stored in a number of bathrooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector noted that the registered provider was not taking adequate precautions to ensure that residents were protected from the risk of fire, nor were fire precautions being adequately reviewed.

- The inspector observed that contrary to the centres own statement of purpose and function and previous commitments given by the registered provider to address fire safety concerns, the the larger corridor on the first floor was being used as a seating area for recreational and dining space. Previous to this inspection, and in accordance with the registered provider's own risk assessment, the registered provider had given a commitment that this area would not be used used as a seating area, or for recreational or

dining. The inspector was told that the area was only used for dining and recreation on the day of inspection because of activity associated with a Christmas party downstairs. The provider assured the inspector that the area was normally kept clear of furniture and not used for dining or recreation normally.

- The area underneath a staircase located on the ground floor was used as a storage area for a cleaning trolley. This is not enclosed in fire rated construction and as a protected staircase for evacuation purposes, is not suitable for storage. Fire detection was also required for this area. This is a repeat non compliance since the previous inspection.
- The registered provider failed to adhere to assurances previously given that only mobile residents would be accommodated on the first floor. A resident living on the first floor was assessed as requiring a hoist for safe evacuation. Hoists are not acceptable as an evacuation aid and this practice needed to cease.
- A number of staff had not attended up-to-date training in fire safety since August 2022.
- A number items of equipment were noted to be stored inappropriately:

-A hoist was stored on the corridor adjacent to room 17.

-A motorised wheelchair was stored on the corridor outside bedroom 15.

-Wheelchairs and walking aids were stored on the corridor leading into the day room.

-Hoist and walking frames were stored on the corridor beside room 27.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents had access to sufficient communal accommodation to use for recreation and dining. For example:

- The inspector observed that the day spaces, where a significant number of residents spent their days, were noisy and crowded throughout the day. Spaces were noted to be used simultaneously for watching television, resident partaking in activities and having visits from families and friends resulting in conversations being difficult at times.
- The small size of the centre's only dining room does not allow for all residents to be seated in the dining room at one sitting. On the day of inspection, only 17 of the 40 residents living in the centre could be seated in the dining room for lunch. The inspector noted that these were all independently mobile residents, or residents who required minimal assistance. The dining room was observed to be busy and crowded.
- The first floor corridor was used by nine residents for recreation. A hairdresser was working with a number of residents in the morning time. Six residents were served lunch in this area and ate from mobile bedside tables.

At lunchtime the inspector observed a resident eating their lunch while a resident directly beside them was having their hair cut. Additionally, the inspector observed that the assisted bathroom door opened directly onto this area where residents were eating their lunch. Staff told the inspector that residents prefer to stay up here rather than go downstairs as it is very crowded and there is no room for residents down stairs. This area was noted to be a thoroughfare and was noted to be used as a day space by residents throughout the day.

- Residents who ate in the first floor corridor or the living room at individual pull away tables did not have access to condiments. Furthermore, due to the limitations of dining space available to residents, family or friends would not be in a position to assist residents at mealtimes having regard to the presence of other residents.
- The layout of double-occupancy rooms did not always uphold residents' rights to privacy, dignity and decision-making about their lives. For example: The personal space of the residents in some of the double rooms did not afford the residents access to their chairs within their private space.
- While there was evidence of communication with families who would be obliged to vacate the building on commencement of proposed building works in January 2024. However, there was no evidence that any of the residents themselves had been approached at the time of inspection.
- Residents had some opportunities to participate in the organisation of the service through surveys and resident committee meetings. However, from documentation provided during the inspection, the inspector noted only two resident meetings had occurred in 2023 (March and November). The centres' statement of purpose stated that these meetings should take place every 12 weeks. No resident questionnaires had been issued in prior to the inspection during 2023 to elicit residents views on the service provided.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Terenure Nursing Home OSV-000047

Inspection ID: MON-0042157

Date of inspection: 06/12/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Following the Inspection, the Provider conducted a review of the identified non-compliance. The Provider put in place arrangements to ensure that all staff completed fire training by 10 January 2024.</p> <p>The Person in Charge will review the training matrix on a monthly basis to ensure that all training that is due to be delivered to staff is identified in a timely manner to ensure adherence with Regulation 16.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following the Inspection, the Provider conducted a review of the identified non-compliance.</p> <p>The Provider, to ensure the sufficiency and adequacy of resources within the Centre, has satisfied itself that it has allocated sufficient resources and put in place effective systems to ensure the delivery of the reconfiguration of the Centre through a 4 phase project outlined in the compliance plan under Regulation 17.</p> <p>As part of the management of the project plan, additional risk assessments relating to</p>	

fire and infection control risks as a result of building works were submitted to the Chief Inspector on 18 January 2024.

Further, as part of the project planning and management, the Provider, as part of the reconfiguration project, has put in place an enhanced communication strategy with residents and also their families. A copy of the communication strategy utilised in relation to the building works was provided to the Inspector on 18 January 2024, outlining the communications that had taken place with all residents and their families in relation to the planned reconfiguration. This communication remains ongoing within the Centre.

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:
The Provider refers to the compliance plan under Regulation 17. The Provider has put in place a comprehensive plan for the reconfiguration of the Centre to be completed in 4 phases.

The delivery of a state-of-the art private meeting room for residents and their families is planned for delivery within the first 2 phases of the reconfiguration project to be delivered on or before 29th November 2024.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Following the Inspection, the Provider conducted a review of the identified non-compliance.

The Provider confirms that the reconfiguration project will take place across 4 distinct phases. The enhancement of the Centre will be delivered to ensure a minimum of interference with the Centre's residents.

Phase 1 will be completed by 2nd May 2024 and will concentrate on the enhancement of the main upstairs area of the Centre. The phase 1 reconfiguration will entail:

- Four upgraded double rooms
- An upgraded shared bathroom
- A new residents' communal area
- A fire corridor outside bedrooms 21, 22 and 23
- the delivery of a new resident communal area; and

- a new sluice room.

Phase 2 will be completed by 29th November 2024 and will focus on the reconfiguration of the ground floor level of the Centre. Phase 2 will commence on 6th May 2024. As part of its Phase 2 project, the Provider will deliver the upgrade and enhancement of 10 resident bedrooms, as well as extending the resident communal area on the ground floor level so that each resident has a minimum of 4m² communal space, as required by the applicable standards. The delivery of a state-of-the-art private meeting room for residents and their families is planned for delivery within the first 2 phases of the reconfiguration project to be delivered on or before 29th November 2024.

Phase 3 of the project will commence on 2nd December 2024 and will be completed by 28th February 2025. As part of its Phase 3 part of the project, the Provider will deliver on the ground floor level to the side of the Centre the upgrade and enhancement on the ground floor level the conversion of two double bedrooms into, two single bedrooms and one double bedroom.

Phase 4 of the project will commence on 2nd December 2024 and be completed by 28th February 2025. As part of its Phase 4 of the project, the Provider will deliver on the upstairs level to the side of the Centre the upgrade and enhancement of two double bedrooms each having a shared floor space of 7.4 metres square as required by the applicable regulations: a shared shower facility and a storeroom.

Regulation 27: Infection control

Substantially Compliant

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

Following the Inspection, the Provider conducted a review with a view to addressing the identified sub-compliance.

The Provider has ensured that the store room beside bedroom 15 has been decluttered and cleaned, and no items are stored on the floor. This process has been communicated to all staff. Furthermore, the Person in Charge will conduct daily spot checks to ensure that this practice continues within the Centre, effective immediately.

Any pieces of damaged equipment have been identified and a replacement programme for all equipment is underway in the Centre. This project is on-going and will be completed throughout 2024.

The practice of storing linen trollies in a number of bathrooms was discontinued on the day of Inspection, and the review of storage within the Centre ensures that this practice does not continue.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the Inspection, the Provider conducted a review with a view to addressing the identified non-compliance.</p> <p>The Provider has put in place steps to ensure that all storage items have been moved to an area of appropriate storage within the Centre. Any piece of equipment that was not needed was removed from the Centre, and this is monitored on a daily basis by the Person in Charge to ensure safe practice.</p> <p>On the day of Inspection all staff who required fire training were scheduled for training, this training was completed by 10 January 2024. Fire training will continue in the normal course.</p> <p>The Person in Charge of the Centre arranged for the dependency levels of all residents upstairs to be reviewed and this review was completed by 20 December 2023. Any resident who was not suitably placed upstairs due to their dependency levels was transferred to a suitable room downstairs with their consent by 20 December 2023.</p> <p>Following the Inspection, a meeting was held with all staff to remind them that the first floor space is not to be utilised as communal space. This is monitored on a daily basis by the Person in Charge to ensure compliance.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following the Inspection, the Provider conducted a review with a view to addressing the identified non-compliance.</p> <p>The Provider has made arrangements for a review to be undertaken of the dining experience for all residents, including those utilising individual pullout tables to ensure they have a pleasant dining experience. This will be completed by 16 February 2024.</p> <p>A review will be undertaken of the frequency of resident committee meetings within the Centre to ensure they are conducted in line with the Statement of purpose. This will be completed with ongoing review by 30 June 2024. A resident and family satisfaction survey was underway at the time of inspection by the Person in Charge. This has since been completed and the findings of same will be discussed with residents through the first quarter of 2024, and also included in the Annual report on the Quality of services for</p>	

2023.

Following the Inspection, a meeting was held with all staff to remind them that the first floor space is not to be utilised as communal space. This is monitored on a daily basis by the Person in Charge to ensure compliance.

A copy of the communication strategy utilised in relation to the building works was provided to the Inspector on 18 January 2024, outlining the communications that had taken place with all residents and their families in relation to the planned reconfiguration. This communication remains ongoing within the Centre.

The Provider has put in place arrangements for the delivery of enhanced communal space within the Centre as part of its 4 phase reconfiguration project with the communal space (upstairs and downstairs) to be delivered within the first 2 phases of the reconfiguration project. Please refer to the compliance plan for Regulation 17.

The Provider, as part of the same reconfiguration project, will attend to the reconfiguration of all twin rooms in line with the reconfiguration plan summarised under Regulation 17.

To support the reconfiguration project, and with a view to minimizing the impact on residents' rights, the Provider has arranged for once a week off site external excursions for the benefit of residents who wish to partake in this element of the Centre's enhanced social programme, in accordance with the residents' preferences.

Further, temporary communal space will be provided for the benefit of residents during Phase 2 of the reconfiguration project.

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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	29/11/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	10/01/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre	Not Compliant	Orange	31/03/2025

	are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	Orange	31/03/2025
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	14/02/2024
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	14/02/2024
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	14/02/2024

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	14/02/2024
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	14/02/2024
Regulation 28(2)(i)	The registered provider shall	Substantially Compliant	Yellow	14/02/2024

	make adequate arrangements for detecting, containing and extinguishing fires.			
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.	Not Compliant	Orange	14/02/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	14/02/2024
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.	Not Compliant	Orange	14/02/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the	Not Compliant	Orange	14/02/2024

	designated centre concerned.			
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