Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Breffni Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Cavan
Type of inspection:	Unannounced
Date of inspection:	30 January 2024
Centre ID:	OSV-0000489
Fieldwork ID:	MON-0042106

About the designated centre

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

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The designated centre provides 24-hour nursing care to 18 residents over 65 years of age, male and female who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre is a single story building opened in 2001. Accommodation consists of four three bedded rooms, one twin bedroom and four single bedrooms. An additional bedroom is designated for the provision of end of life care. Communal facilities include Dining/day room, an oratory, visitors' room, hairdressing salon, smoking room and a safe internal courtyard. Residents have access to three assisted showers and a bathroom. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 January 2024	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 30 January 2024	09:00hrs to 17:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Overall, inspectors observed that there was a calm and relaxed atmosphere and residents were content with living in Breffni Care Centre. Residents' feedback to the inspectors regarding the service they received was positive and they were satisfied that they were well cared for and their needs were being met.

Many of the residents lived in the local community prior to moving to live in the centre and they expressed their satisfaction with being given opportunity to continue living close to their families and their community.

Residents told the inspectors that they could get up and go to bed as they wished, they felt safe and secure in the centre and that their meals were of a good standard. It was evident that management and staff knew the residents and were familiar with each residents' daily routines and preferences. Staff were observed to be kind and compassionate when providing care and support for individual residents. Residents told the inspector that the staff in the centre were 'very kind' and 'always willing and helpful'. One resident said that were very comforted by knowing 'that there was always someone there to help them if they needed help during the night'.

The inspectors met with the person in charge on arrival at the centre. Following a short introductory meeting, the inspectors walked through the premises with the person in charge, who discussed works done since the last inspection.

Residents' accommodation was arranged in three bedded, twin and single bedrooms. The inspectors observed that the provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance.

The premises was arranged in a square design, one corridor was dedicated to primary care services which included general practitioner (GP) surgeries. At the time of the inspection the primary care receptionist was located in an office at the front of the primary care area and opened the rear entrance door for members of the public to access the primary care area. As this rear door was in the designated centre, this access arrangement did not ensure that the rear entrance to the designated centre was secure as members of the public were accessing the designated centre unknown to staff on duty in the designated centre or in the primary care centre. Furthermore, the inspectors observed that access was unrestricted between this area of the designated centre and the primary care services area where members of the public were seated.

The inspectors observed that many of the residents had personalised their bedrooms and their bed spaces in the twin and three bedded rooms. Some residents displayed pieces of artwork they had completed, photographs and pictures on shelves provided since the last inspection. Residents told the inspectors that their bedrooms were 'warm and comfortable' and that they 'liked' their private space. One

resident commented that they had all their belongings 'beside them' and could reach their belongings as they wished.

The majority of the residents spent their time between the two sitting rooms and were obviously enjoying the social interactions with other residents and staff. There was also a comfortable seated area in the reception area which some residents liked to use to quietly sit and relax or meet with their families.

The social activities programme was displayed in both sitting rooms. The social activities facilitated included one-to-one activities for residents who were unable to actively participate in group activities or who preferred to stay in their bedrooms. Staff were also observed to regularly check on and spend time with residents who stayed in their bedrooms. However, while a staff member was facilitating residents' social activities in both sitting rooms, they were also involved in assisting residents with their personal care needs which necessitated them leaving the sitting rooms. Consequently, there was no staff member available in the sitting rooms to respond to residents' needs during these times. The inspectors observed that many of the residents in the sitting rooms were at high risk of falling.

The enclosed garden was accessible to residents from the dining room and residents could go out into this garden as they wished. A small number of residents enjoyed trips to local amenities, going into the town centre and to the shops with the support of staff and their family, and friends.

The inspectors observed that residents were well groomed and appropriately dressed in line with their preferences. Some of the female residents wore items of jewellery and liked to have their handbag with them.

Residents told the inspector that they would talk to any member of the staff or their family if they were worried about anything or were not satisfied with any aspect of the service. During the inspectors' conversations with residents, they confirmed that they felt, they were listened to by staff and any issues they ever raised were addressed to their satisfaction.

Residents said that they enjoyed their food and that their meals always met their satisfaction. Two residents commented in a questionnaire survey completed by service that they would like their teatime meal later in the day as they still felt 'full' after their lunch. The inspectors were told that this was being addressed.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Although this inspection found that there was established governance and

management structures in place, improved oversight by the provider was necessary to ensure effective delivery of care in accordance with the centre's statement of purpose. The provider's failure to provide adequate staffing resources in line with the centre's statement of purpose and residents' assessed needs was negatively impacting on the quality and safety of the service and on residents' quality of life.

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider's application to renew registration of Breffni Care Centre was also considered as part of this inspection. The inspectors followed up on progress with completion of the compliance plan from the last inspection in January 2023 and found that that compliance actions relating to the eleven regulations had been progressed but compliance was not sustained and further non compliances were found in a number of these regulations. Furthermore, actions to bring regulations 15: Staffing and 5: Individual Assessment and Care Plan were not effective and these regulations were found to be not compliant again on this inspection. The inspectors' findings are described under the relevant regulations in this report.

The registered provider of Breffni Care Centre is the Health Service Executive (HSE), and a service manager was assigned to represent the provider and oversee the operation of the designated centre. As a national provider involved in operating residential services for older people, this designated centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

The designated centre's local management structure consisted of a person in charge and a clinical nurse manager. However, the rosters confirmed that the clinical nurse manager was regularly involved in providing direct nursing care to residents. This reduced the time they had to fulfill their supervisory management role and was impacting on the effective oversight of key areas such as care records. The inspectors also found that some audits that had been completed did not identify a number of the non compliances found on this inspection.

In addition the inspectors found that oversight of staffing levels did not ensure there was adequate staff available to ensure residents' needs were met. This was impacting on residents' safety when they were using the communal rooms and on the standards of housekeeping in the centre.This was a finding from the last inspections in January 2022 and January 2023 and is a repeated non compliance on this inspection.

All staff working in the centre had received up-to-date mandatory training which included fire safety training, safe moving and handling and safeguarding training. Staff were also facilitated to attend training including infection prevention and control to ensure they had the necessary skills and competencies to meet residents' needs.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training.

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. Housekeeping staff had completed a specialised hygiene training program for support staff working in healthcare. However, inspectors also identified, through talking with staff, that further training was required to ensure staff are knowlegable and competent in the management of residents colonised with Multi Drug Resistant Organisms (MDROs) Carbapenemase-Producing Enterobacterale (CPE). Details of specific issues identified are set out under regulation 23.

Inspectors found that not all restrictive procedures that impacted on residents were reported in writing to the chief inspector as required under Regulation 31: Notification of Incidents.

A directory of residents was maintained and contained all required information regarding each resident in the centre.

The provider had ensured that there was up-to-date insurance against injury to residents and loss or damage of their property.

The centre's complaints procedure was available and while inspectors were assured that all complaints received were managed in line with the complaints policy, documentation was limited and did not contain adequate information to reference that all steps of the complaint management process were completed. This is a repeated finding from the last inspection. Furthermore, the centre's complaints policy had not been fully updated in line with recent changes to the legislation.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

Regulation 14: Persons in charge

The person in charge was appointed in October 2016 and their qualifications and experience met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The provider had failed to ensure that the number of staff available was appropriate to meet the needs of residents. and the size and layout of the centre. The inspectors found that cleaning and healthcare staffing resources were not adequate and these findings were repeated from the last inspections in January 2022 and January 2023.

For example;

- Cleaning staff resources were reduced by an average of eight hours each Saturday and Sunday. Evidence gathered by inspectors confirmed that cleaning staff were unable to carry out the same breadth of cleaning tasks at weekends as they completed during the week. As a result inspectors were not assured that staffing resources were being managed in line with the operational needs of the centre.
- On the day of the inspection staff were not present for prolonged periods of time in the main sitting room to respond to residents' needs for assistance. Residents were left unsupervised during these periods.
- The inspectors observed that the staff member facilitating residents' social activities in the second sitting room was also involved in meeting residents' care needs which required this staff member to leave residents alone in this sitting room. This meant that residents social activities were frequently interrupted and staff were not available at all times to assist these residents, the majority of whom had high care and support needs.
- There were not sufficient nursing staff available to cover all shifts and as a result the clinical nurse manager was working as a nurse on some shifts providing direct care to residents. This impacted on their ability to complete their clinical management functions.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles and as a result, the inspectors found the following;

- Residents' care documentation was not completed to a standard that adequately directed their care needs and did not consistently reference the residents' health, condition and the care provided to each resident on a daily basis.
- Staff allocated to support and supervise residents in the sitting rooms were not ensuring there was a member of staff in these areas at all times. As a result, staff were not available to respond to residents' needs for assistance in the sitting rooms for prolonged periods.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider ensured that a directory of residents was maintained in the

designated centre. It was available to the inspectors to review and the information contained in it was accurate and up-to-date. The directory included the information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records as required by schedules 3 and 4 of the regulations were not maintained in the designated centre as follows;

- annual certification for the emergency lighting system was not available in the centre for inspection
- a record detailing each resident's health, condition and treatments given was not completed in some residents' care records by nursing staff on a daily basis.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had an up-to date contract of insurance in place that provided indemnity against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Although, some improvements had been made since the last inspection in January 2023, management and oversight of the service was not effective in maintaining compliance with the Health Act 2007 (Care and Welfare of resident in Designated Centres for Older People) Regulations 2013 (as amended) and ensuring the service were delivered in line with the centre's statement of purpose. This was evidenced by the following finding;

Governance and oversight processes did not ensure that care and services were safe and appropriate. For example;

- The provider had failed to appoint to a number of staff vacancies including nurse vacancies. As a result the staffing levels in the centre were not in line

with the statement of purpose against which the centre was registered.

The monitoring systems in place to ensure the service provided to residents was safe and consistent were not effective. This was evidenced by the following findings;

- Surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL). As a result accurate information was not recorded in a small number of resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents. Further training was required to ensure staff were knowlegable and competent in the management of residents colonised with MDROs. The overall antimicrobial stewardship programme also needed to be further developed, strengthened and supported in order to progress. For example, antimicrobial stewardship audits were not undertaken and antimicrobial consumption data was not analysed to inform quality improvement initiatives.
- Care plan audits were not effectively identifying the improvements needed to ensure residents' care documentation was completed to a high standard.
- Residents had identified a number of improvements they saw were needed in the service provided to them through resident meetings, questionnaires and complaints processes. Inspectors found that this information was not analysed and improvement actions were not progressed to address these areas. This is a repeated finding from the last inspection.
- The provider's fire safety oversight procedures were not effectively identifying and addressing deficits. This issue was discussed with management at the inspection feedback meeting

All risks were not identified and appropriately mitigated. For example,

- Access to parts of the designated centre by the general public was not well managed. The risk of allowing the general public to enter the designated centre to access the primary care services located in adjacent parts of the same building had been identified by the provider. However the provider had not taken appropriate steps to ensure this access was appropriately controlled to ensure the safety and security of the residents in their home. This is a repeated finding from a previous inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care were reviewed by the inspectors. They were signed and dated and outlined the terms and conditions of the accommodation and

the fees to be paid for services by each resident.

Judgment: Compliant

Regulation 31: Notification of incidents

Quarterly notification reports did not include details regarding the following restrictions on residents access in the designated centre;

- residents' access to a part of the centre where the hairdressing room was located was restricted by a locked cross corridor door, for which staff controlled access.
- residents' access through the main entrance door was controlled by staff.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre's complaints policy had been updated but did not adequately reference the recent changes to the legislation. While, the inspectors were assured that all complaints received were investigated, the records maintained of the complaint investigation did not include details of the investigation process and that the complainant was communicated with regarding the outcome of the investigation in writing.

Judgment: Substantially compliant

Quality and safety

Overall, residents' nursing and healthcare needs were met. However, residents' care documentation was not well maintained and did not ensure that all residents' care needs were clearly set out to guide staff when providing care and did not ensure that when a resident's condition changed that this information was communicated to the relevant staff working in the centre and to specialist services when required.

While there was a rights-based approach to care and residents' privacy was mostly respected, residents' privacy was compromised by unprotected windows in all bedroom doors.

The provider had completed fire safety works in recent years to ensure effective

compartmentation and an effective fire evacuation strategy. While, measures were in place to ensure residents were protected from risk of fire, further actions were required to

ensure effective containment of fire and smoke in a fire emergency
the fire door checks in the centre were carried out in line with the centre's own procedures.

The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place on the day of the inspection. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Residents were observed to receive visitors throughout both days of inspection. However excessive COVID-19 (social distancing) signage was observed on corridors throughout the centre.

Staff working in the centre had managed several small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely manner. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

An infection prevention and control risk assessment had been undertaken following a recent COVID outbreak and during the current period of high levels of community transmission. A decision was taken to reintroduce routine wearing of surgical masks by staff in the centre. All staff were observed to be wearing masks correctly on the day of the inspection.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care (hospital). This document contained details of health-care associated infections to support sharing of and access to information within and between services.
Works were completed since the last inspection to ensure the premises was maintained to a good standard and residents' living environment met their needs. Four bathrooms had been refurbished and a clinical hand washing sink had been installed in the treatment room following the last inspection. The inspectors observed that the layout of the spacious sluice room supported effective infection prevention and control practices. This area was well-ventilated, clean and tidy. There was a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. However, there was no janitorial unit available within this room and buckets were filled in a separate room which was dedicated for this purpose. A sink was also not available in the hairdressing room.

The inspectors observed that conveniently located alcohol-based product dispensers along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements. Clinical hand wash sinks were located in the treatment room and multi occupancy bedrooms. However, inspectors were told that sinks within single bedrooms were dual purpose, used by both residents and staff. In addition,

mirrors were installed above hand wash sinks which is contrary to best practice guidelines. Drainage in a small number of clinical hand wash basins was observed to be poor. Pooling of water in sinks may serve as reservoirs of infection including multi drug resistance organisms (MDROs). This finding is discussed under regulation 27: Infection control.

Equipment and furniture viewed was generally clean. All areas and rooms were cleaned each day and the environment appeared visibly clean with a few exceptions. For example, dust was observed on high surfaces within two multi-occupancy bedrooms. A number of practices were identified which had the potential to impact on the effectiveness of environmental hygiene within the centre. For example, mops were not laundered in line with best practice guidelines. Inspectors were also informed that a chlorine based disinfectant was routinely used on a weekly basis for disinfecting frequently touched sites when there was no indication for its use. Findings in this regard are further discussed under regulation 27.

Residents' care plans were accessible on a computer based system. Each resident's needs were comprehensively assessed. However, residents' care documentation was not maintained to a satisfactory standard. For example, a review of care plans found that accurate infection prevention and control information was not recorded in resident care plans to effectively guide and direct the care residents that were colonised with an MDRO. Furthermore, a number of residents' care plans did not include information regarding recommended care procedures to ensure residents' hydration and wound care needs were met. As a consequence these recommendations by allied healthcare specialists were not being implemented as part of the residents' care. Daily records of each on resident's condition and the care and treatments they received were poorly maintained and did not give assurances that the residents were receiving care and support in line with their care plans.

The provider ensured that residents had timely access to their general practitioners (GPs) and specialist medical and allied health professional services who were located on the the same site. However, delays in referring residents for review by a dietician were evident. Residents were supported to attend out-patient appointments as scheduled.

Residents' accommodation was provided in four single bedrooms, one twin bedroom and four bedrooms with three beds in each. The twin bedroom and the four bedrooms with three beds had en-suite toilet and wash basin facilities available. Communal shower and toilet facilities were provided to meet the needs of the other residents. There was adequate storage facilities for residents' assistive equipment.

While, there were measures in place to ensure residents were safeguarded from abuse. The provider had not taken adequate measures to ensure that any risk of unauthorised access by members of the public attending the adjacent primary care centre This finding is discussed under Regulation 8: Protection.

A minimal restraint environment was generally promoted in the centre and procedures in place were mostly in line with local and national policies. Part of the designated centre was restricted to residents and the impact of this restriction on

residents rights was not identified and assessed. A restraint register was maintained and reviewed on a regular basis. Records showed that restraints were only used following a comprehensive risk assessment but suitable alternatives were not available for trying prior to use of full-length restrictive bedrails.

Staff maintained a positive and supportive approach in their care of the small number of residents who were predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were facilitated to attend training to ensure they had up-to-date knowledge and skills to effectively care for residents with responsive behaviours.

Residents' meetings were regularly convened and issues raised for areas needing improvement were addressed.

Residents had access to local and national newspapers and radios.

Residents had access to religious services and were supported to practice their religious faiths in the centre. There was an oratory in the centre available to residents to say prayers or for quiet reflection.

Residents who had opportunities to attend both sitting rooms and were supported to participate in a variety of social activities that met their interests and capabilities.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for a small number of residents who needed support from staff and assistive equipment with meeting their communication needs.

Judgment: Compliant

Regulation 11: Visits

Residents' families and friends were facilitated to visit and practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and suitable facilities were available to ensure residents could meet their visitors in private outside of their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and were supported to maintain control of their own personal clothing and possessions. Each resident had enough space to store their clothes and personal possessions. Residents had shelf space to display their photographs and ornaments.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises met the current residents' needs and conformed to the requirements set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a varied diet and they confirmed that they could have alternatives to the hot meal menu options offered if they wished. Residents' special dietary requirements were effectively communicated to catering staff and dishes were prepared in accordance with residents' individual preferences, assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available at mealtimes and throughout the day.

Mealtimes were facilitated in the dining room. A small number of residents preferred to eat their meals in their bedrooms and their preferences were facilitated. Residents were provided with discreet assistance as needed. Sufficient numbers of staff were available to provide residents with timely assistance in the dining room and in their bedrooms at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

Equipment and the environment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection, however further action is

required to be fully compliant. This was evidenced by;

- Flat mops were not decontaminated in washing machines dedicated for this purpose. Inspectors were informed that the domestic style washing machine was occasionally used to launder residents clothing. This posed a risk of cross contamination. Inspectors also observed that mops were laundered at 40 degrees centigrade. This is not in line with best practice guidelines as low washing temperatures may impact the effectiveness of decontamination.
- Barriers to effective staff hand hygiene were identified during the course of this inspection. The sinks in the single bedrooms were dual purpose used by residents and staff. Resident's wash-water was emptied down clinical hand wash sinks in residents rooms after use. Wash basins were then washing in the clinical hand washing sinks. This may lead to environmental contamination and the spread of MDRO (Multiple Drug Resistant Organism) colonisation.
- Several single use wound dressings dressings were observed to be open and partially used. This may have impacted the sterility and efficacy of these products.
- Dust was observed on high surfaces within two multi-occupancy bedrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

Although, measures were in place to protect residents from risk of fire, the following findings required further actions to ensure residents' safety and to achieve compliance with Regulation 28: Fire safety.

The oversight of the fire equipment checks was not robust and did not ensure that where faults were identified that these were addressed in a timely manner. For example;

- the inspectors found two fire doors into the bedrooms occupying three residents did not close fully. These faults were not identified in the fire door checks that had been completed. This finding did not give adequate assurances that the deficits in the fire doors were being identified without delay and that smoke and fire in the event of a fire in the centre would be effectively contained.
- the inspectors found that where deficits in the operation of the fire doors were identified, there was delays with addressing these deficits. For example, one door was not operating as required for a two week period and another door was not closing fully from 22 May 2023 to 11 September 2023.

Action was also required by the provider to ensure adequate precautions were in place to ensure residents' safe evacuation and that they were protected from risk of

fire as follows;

- the records of the simulated emergency evacuation drill information available did not provide assurances that staff supervision for residents post their evacuation had been considered as part of the evacuation procedure. At the time of this inspection, the majority of the residents in the centre would require supervision post evacuation to ensure their safety.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors found that actions were necessary to ensure that residents' care plan information clearly directed the care interventions staff must complete to meet their needs and to ensure that care provided for residents is recorded on a daily basis by nursing staff. This was evidenced by the following findings;

- a review of residents' care plans found that accurate infection prevention and control information was not recorded in resident care plans to effectively guide and direct the care residents that were colonised with an MDRO.
- one resident with three wounds did not have a care plan developed to inform the wound care procedures that staff must complete for each wound.
- the dressing frequency and dressing recommendations made by the specialist tissue viability nurse for one of this resident's three wounds were being not implemented by staff.
- a recommendation made by the occupational therapist regarding a resident's pressure relieving cushion was not documented in their care plan and there was no information available to confirm that staff were using the appropriate equipment for this resident.
- the fluid intake records for two residents' including a resident receiving fluid nutrition through a PEG (percutaneous endoscopic gastrostomy) tube, confirmed that they did not have the amount of fluids as recommended in each 24hour period. Their care plan information did not direct staff on the actions they should take in response to these residents' inadequate fluid intake and consequently there was limited evidence of any actions taken by staff to address these fluid intake deficits.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence of delay in referring residents with unintentional weight loss for review by a dietician. For example, one resident had evidence of ongoing

unintentional weight loss from July 2023 up the time of this inspection in January 2024 and a referral for assessment by the dietician had not been made.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge and staff were committed to minimal restraint use in the centre and their practices generally reflected the national restraint policy guidelines. However, use of full-length bedrails had increased in quarter four 2023 and the person in charge confirmed that three of these four full-length bedrails were used to enable residents to change position and to support their feelings of security while in bed. Alternatives to full-length restrictive bedrails were tried but did not include modified length bedrails. The inspectors were told that modified bedrails were not available in the centre.

An electronically locked cross corridor door put in place on the rear corridor of the centre to safeguard residents and prevent unauthorised access from the general public accessing the primary care services. The locked internal door also prevented residents accessing the hairdressing room at the rear of the centre unless there were staff available to let them out through this internal corridor door. This placed a restriction on residents' access to a part of their home that had not been identified as a restriction on residents' access and had not been notified to the chief inspector as a restraint.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had failed to put appropriate measures in place to adequately secure the designated centre and ensure that any unauthorised access by members of the public using the adjacent primary care centre was prevented. The general public continued to access primary care services through an unmanned rear entrance which led through part of the designated centre where the resident's hairdressing room was located.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents privacy was not assured due to windows that had no coverings available in the doors to all of the residents' bedrooms. As a result, residents, visitors and staff walking past these bedrooms would be able to see into the rooms when the residents were carrying out personal activities. This is a repeated finding from a previous inspection.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Breffni Care Centre OSV-0000489

Inspection ID: MON-0042106

Date of inspection: 30/01/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider will come into compliance with Regulation 15 Staffing by the following; • Full review of the cleaning Staff roster was undertaken to ensure that two member of the cleaning staff team are on duty every day Monday- Sunday – (28/03/24). • The Healthcare Assistant's staff break time have been reviewed and following this a designated staff member is allocated to supervise Resident's in the main sitting room, to respond to their needs for assistance. The staff allocation sheet is completed at handover each morning. This will be monitored by the A/Don and CNM II, and at weekends by the senior staff Nurse on duty. (01/02/24). • There is a call bell system in the second sitting room to enable the staff member facilitating Resident's social activities has been reminded to use the call bell to request assistance from other staff members to attend Resident's personal care needs. (30/01/24). • The Staff Nursing roster has been reviewed and there are two Staff Nurses rostered for duty seven days a week. (31/01/24). In the event of an emergency, where there are no staff available, the A/Don or CNM II will cover the shift to ensure that Residents receive care appropriate to the identified needs.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and	

staff development:
The provider will come into compliance with Regulation 16 Training and Staff Development by the following;

• A comprehensive review of Resident's care documentation has been facilitated by the Practice Development Co Coordinator to ensure that the care documentation adequately directs Resident's care needs and references Resident's health, condition and care provided on a daily basis. (25/03/24).

• Update 12th April 2024: The practice development coordinator on a monthly basis is engaging with nursing staff in updating the residents care plan. This will ensure that all nursing staff are aware of the standard of documentation which is required when completing care plans.(week commencing 15th April 2024)

• Updated 12th April 2024: The provider will engage with the practice development coordinator on a monthly basis to ensure that the training requirements of staff are being met. The provider as part of the monthly visits to the Centre will randomly review a selection of residents care plans. This will provide an assurance to the provider that staff have the knowledge and skill to complete residents care plans to a high standard. (week commencing 15th April 2024)

• The Healthcare Assistant's staff break time have been reviewed and following this a designated staff member is allocated to supervise Resident's in the main sitting room, to respond to their needs for assistance. The staff allocation sheet is completed at handover each morning. This will be monitored by the A/Don and CNM II, and at weekends by the senior staff Nurse on duty. (01/02/24).

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The provider will come into compliance with Regulation 21 Records by the following;

• A comprehensive review of Resident's care documentation has been facilitated by the Practice Development Co Coordinator to ensure that the care documentation adequately directs Resident's care needs and references Resident's health, condition and care provided on a daily basis. (25/03/24). Nursing documentation audit is carried out by the senior management team on a three monthly basis and quality improvement plans are issued to the individual nurse. Records of same are available to the inspector on request.

• Update 12th April 2024: The practice development coordinator on a monthly basis is engaging with nursing staff in updating the residents care plan and the updating of residents care needs on a daily basis. This will ensure that all nursing staff are aware of the standard of documentation which is required when completing care plans and daily records.(week commencing 15th April 2024)

• Update 12th April 2024: The provider will engage with the practice development coordinator on a monthly basis to ensure that the training requirements of staff are being met. The provider as part of the monthly visits to the Centre will randomly review a selection of residents care plans. This will provide an assurance to the provider that staff have the knowledge and skill to complete residents care plans to a high standard. (week commencing 15th April 2024)

• Update 12th April 2024: The Person in Charge and the Clinical Nurse Manager will ensure that all care plans are updated on a daily basis to reflect the resident's current needs.

• Update 12th April 2024: The Person in Charge and the Clinical Nurse Manager have reviewed the audit schedule within the Centre in relation to care plans and monthly audits have commenced. Following these audits quality improvement plans will be developed with time bound action plans.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The provider will come into compliance with Regulation 23: Governance and Management by the following;

• Updated 15th April 2024:The Registered Provider Representative will as part of the monthly Governance visits to the Centre ensure that all Care and Services provided in the Designated Centre are appropriate to meet the resident's needs : to include - Review of Rosters to ensure staffing levels are in line with the Centre's Statement of Purpose, MDRO Surveillance of consolidation, Review of Care Plan Audits to ensure that they are effectively identifying improvements needed to ensure they are completed to a high Standard, any improvements / requests by residents will be analysed and actioned in a timely manner, that deficits in Fire Safety are identified and addressed in a timely manner and that Risk Assessments are in place to identify and mitigate against members of the public entering the Designated Centre and controls are in place to ensure safety and security of residents in their Home.(15/04/2024).

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The provider will come into compliance with Regulation 31 Notification of Incidents by the following;

• The Centre's quarterly notification report will now include details regarding the following restrictions on Resident's access in the Designated Centre

Centre unknown to staff. Residents whom have capacity and whom can mobilize freely within the Centre have been provided with the code to the key pad. This allows residents to move unrestricted within the Designated Centre.

• Update 15th April 2024: A Full Review of all restrictions on residents movement within the Designated Centre has been completed and Risk Assessed.
• All restrictions to residents will be appropriately notified to the Authority via the Provider Portal going forward. The Registered Provider Representative will as part of the monthly Governance visits to the Centre, ensure that appropriate and timely notification of all restrictions to the Authority via the Provider Portal.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The provider will come into compliance with Regulation 34 Complaints Procedure by the following;

• The Centre's complaints policy has been reviewed and updated to adequately reflect the recent changes to the legislation. (29/02/24).

• The Centre's issues and complaints log contains the following information;

Details of complaint, including date of complaint, person making the complaint, actions carried out, learning, actions in place to minimise risk of reoccurrence, ongoing evidence that improvement actions have been sustained and evidence that the complainant has been communicated with regarding the outcome of the investigation in writing.

Regulation 27: Infection control	Not Compliant

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

control:
The provider will come into compliance with Regulation 27 Infection Control Procedures by the following;

• The Centre has a designated washing machine for decontamination of flat mop system ONLY- no personal laundry will be washed in this machine. All staff are aware of same. (31/01/24).

• Flat mop heads are now washed at 65 degrees, for 10 minutes or 71 degrees for 3 minutes. (31/01/24).

• Resident's wash water is now emptied into the toilet, the wash basin is rinsed with clean water, which is emptied into the toilet. (31/01/24).

• Single use wound dressings are disposed of appropriately, once they have been opened (31/01/24).
• As part of the clinical governance walkabouts and spot checks carried out by the management team and completion of monthly MEG audits, observational audits are carried out to check for dust on high surfaces. (31/01/24).

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider will come into compliance with Regulation 28 Fire Precautions by the following;

• The two fire doors into the bedrooms occupying three Residents have been repaired and now close fully (31/01/24).
• All fire doors within the Centre have been reviewed and are all operating as required.
• On a weekly basis maintenance personnel review all fire doors to ensure they are operating as required. Any issues or faults are recorded in the Centre's fire register and are reported immediately to ensure timely and appropriate actions are complete

• The records of the stimulated emergency evacuation drill has now been updated to identify the staff member whom is identified to supervise residents post their evacuation. This ensures residents safety is maintained at all times.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The provider will come into compliance with Regulation 5 Individual Assessment and Care Plan by the following; • Update 12th April 2024;The practice development coordinator on a monthly basis is engaging with nursing staff in updating the residents care plan and the updating of residents care needs on a daily basis. This will ensure that all nursing staff are aware of the standard of documentation which is required when completing care plans and daily records.(week commencing 15th April 2024) • Update 12th April 2024: The provider will engage with the practice development coordinator on a monthly basis to ensure that the training requirements of staff are being met. The provider as part of the monthly visits to the Centre will randomly review a selection of residents care plans. This will provide an assurance to the provider that staff have the knowledge and skill to complete residents care plans to a high standard. (week commencing 15/04/24) • Update 12th April 2024: The Person in Charge and the Clinical Nurse Manager will ensure that all care plans are updated on a daily basis to reflect the resident's current needs. • Update 12th April 2024: The Person in Charge and the Clinical Nurse Manager has reviewed the audit schedule within the Centre in relation to care plans and monthly audits have commenced. Following these audits quality improvement plans will be developed with time bound action plans.(week commencing 15/04/24) • The Resident with three wounds now has three individual care plans, one for each wound (31/01/24). • Dressing frequency and dressing recommendations as recommended by TVN are implemented by staff. Any changes required are discussed with the TVN Specialist based on the resident's clinical presentation. • Recommendations by Occupational Therapist are now clearly documented in the Residents care plan and communicated to the rest of the staff team at the Centre's morning handover. Recommended equipment is identified in the Residents care plan and the Resident's SSKIN bundle. • Resident's fluid intake and output is recorded on the EpicCare system, a report is generated from the system daily for review, discussion and appropriate action at the Centre's daily safety pause. Resident's care plans now directs staff on the actions they should take in response to a Resident's inadequate fluid intake.	

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The provider will come into compliance with Regulation 6 Health Care by the following;

• Resident's with unintentional weight loss are referred to the Dietician in a timely manner. Evidence of referral, review and recommendations by the Dietician are recorded in the Resident's care plan and daily progress notes.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The provider will come into compliance with Regulation 7 Managing Behaviour that is challenging by the following;

• Update 15th April 2024: Alternatives to ¾ length bed-rails will be trialed utilizing Modified Length Bed-rails to reduce the restrictions on residents while ensuring their safety. The Registered Provider Representative will as part of the monthly Governance Visits to the Centre ensure that the least restrictive type of Bed-rail is used in the Designated Centre. (30/04/2024)

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The provider will come into compliance with Regulation 8 Protection by the following;

• Update 12th April 2024: The Centre's Management Team have met with the local maintenance department and representation for Primary Care Services to review access by members of the general public, through the Designated Centre into the Primary Care Centre. It is proposed to fit a secure door on the back corridor, to secure the Designated Centre this will eliminate any members of the public or primary care team accessing the designated Centre. This will be completed by the 31/08/24. This is to ensure that the HSE tender process is adhered to in line with the National Financial Regulations.

• Update 12th April 2024: In the interim to mitigate the risk any residents requiring to use the hairdressing room will be accompanied by a staff member from the designated

Centre which ensures the residents safety is maintained at all times. To further mitigate the risk the door leading into the designated Centre is key padded with a secure lock which is only know to staff working within the designated Centre. This reduces the likelihood of any members of the public entering the designated Centre unknown to staff. Residents whom have capacity and whom can mobilize freely within the Centre have been provided with the code to the key pad. This allows residents to move unrestricted within the designated Centre.

• Update 12th April 2024: The Provider and the Person in Charge have reviewed the access for residents via the main entrance door. This review has resulted in a "push button system" for exit and "key pad system" for entry will be installed. This will ensure that residents can access the front door independently. (31/08/2024)

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider will come into compliance with Regulation 9 Residents Rights by the following;

• Windows in Resident's bedroom doors that had no covering, have been covered preventing other Resident's visitors and staff who walk past the bedroom to see into the room (31/01/24).

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	28/03/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	25/03/2024
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	25/03/2024
Regulation 23(a)	The registered provider shall	Not Compliant	Orange	28/03/2024

	ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	28/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	08/04/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	02/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	21/01/2024

	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.	Substantially Compliant	Yellow	30/01/2024
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	01/04/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	31/01/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a	Substantially Compliant	Yellow	29/02/2024

	complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	19/04/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	25/03/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in	Substantially Compliant	Yellow	05/02/2024

	paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	01/04/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/08/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2024