



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

Issued by the Chief Inspector

Name of designated centre:	Arus Carolan Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Castle Street, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	11 April 2024
Centre ID:	OSV-0000656
Fieldwork ID:	MON-0042105

About the designated centre

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

The designated centre provides 24-hour nursing care to 34 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single storey building. Accommodation consists of two bedrooms with three beds, six twin bedrooms and 22 single bedrooms. Two twin bedrooms have full en-suite facilities and each two of four twin bedrooms share a toilet, wash basin and shower facility. Two single bedrooms have full en suite facilities and the remaining 20 single bedrooms have a wash basin available in each. There are assisted communal showers and toilets. Other communal facilities include a dining room, two sitting rooms, an oratory and a hair salon. Residents have access to a two safe outdoor courtyards, one with sheltered seating. The provider states that the designated centre's aim is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 April 2024	09:30hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, this unannounced inspection found that residents were content and happy with living in the Aras Carolan nursing unit. Residents expressed their high satisfaction with the recently completed upgrade and refurbishment works to the interior of the residents' lived environment. Residents told the inspector that the decor was 'fabulous', 'really nice' and one resident said the outcome 'was worth waiting for'.

On arrival, the inspector was met by the person in charge. Following an introductory meeting, the person in charge accompanied the inspector on a walk around the premises and demonstrated the refurbishments completed including reduction of two bedrooms with three beds to twin bedrooms. The inspector met with residents and staff and observed that there was a welcoming and lively atmosphere in the centre with residents going to the dayroom and preparing for their day. Residents told the inspector that they were 'very comfortable' and well looked after by 'very capable', 'kind' and 'caring' staff. Residents and staff were obviously knew each other well and were comfortable in each others company. Staff took time to chat to residents about what social activities were planned for the day and to highlight those that they knew individual residents were interested in.

The centre was observed to be warm and clean throughout. The communal areas were nicely decorated and furnished with comfortable seating for the residents' use. Residents' own artwork and ornaments were framed and displayed along the corridor and communal room walls. The inspector observed that a variety of other ornaments and traditional memorabilia made the residents' lived environment homely and familiar to them. The inspector observed a small animal themed display in the reception area and some residents liked to spend time looking at the animal and bird models. Comfortable seating areas were available in the reception area and in an alcoved area off the corridor further into the unit. The background walls in the alcoved area were painted to replicate a cafe and the small tables and chairs arranged along in this area were used by residents to spend quiet time or to meet with their visitors. This shopping street theme was also carried into the small outdoor courtyard where shop-fronts from the local town, that were familiar to residents were replicated. Comfortable outdoor seating and raised flower beds also made this courtyard an interesting and therapeutic area for residents to spend time in.

The inspector observed that the centre was a purpose-built single storey building. Residents' accommodation consisted of 22 single, and six twin bedrooms. Residents' bedrooms were personalised with their family photographs and other small items from home. Residents who spoke with the inspector said that their bedrooms were very comfortable and that they had enough storage for their clothes and personal belongings. Some residents used a combined storage/bed table unit in their bedrooms instead of a separate locker and bed table. A spacious sitting room was

also available, where the majority of residents spent their day, a dining room and a quiet room for those residents who preferred a more relaxed environment.

Outside of their mealtimes, most residents chose to spend their day participating in the various social activities taking place in the sitting room. Modified tables were available in the sitting and dining rooms to facilitate residents in assistive wheelchairs to comfortably access a table surface. The doors to the two outdoor courtyards were unlocked and during the day, some residents liked to sit out in the larger courtyard on seating that was sheltered with a large perspex roofed construction. The availability of this sheltered area in this courtyard meant that residents were not deterred from accessing the outdoors by the weather. This larger outdoor area was also interesting and contained large farm animal models, flowerbeds, a water feature and the garden shed door was painted to represent a stable with a horse looking out over a half door. The inspector was told that repainting of the wooden surfaces of the fence and the garden shed was planned in preparation for the warmer weather. The inspector observed that residents had unrestricted access to the two secure outdoor courtyards, accessible from the communal dining and sitting rooms.

The centre's activity coordinator facilitated a variety of social activities throughout the day and these activities gave residents opportunities to participate in meaningful social activities that interested them. A local musician facilitated a live music session for the residents during the afternoon and many of the joined in singing their favourite songs and some residents used this opportunity to dance. The inspector observed other residents singing and enjoying the singing activities in the main lounge throughout the day. Residents told the inspector that there was plenty of activities on offer and that they could choose whether or not to participate or just to watch and listen to the "craic". Other residents said that they preferred to spend their time quietly either watching television or reading in their bedroom. The inspector observed that care staff facilitated a one-to-one programme of social activities as part of their roles for any residents who preferred to spend time in their bedrooms.

Residents feedback to the inspector regarding the staff caring for them in the centre was overwhelmingly positive. Residents' comments included, "the best of people work here", 'good and kind people' and that 'staff here would do anything to help me'. These comments concurred with the inspector's observations that staff were empathetic and respectful. Care staff were observed to ask residents' permission before commencing any care interventions. Residents who were non verbal appeared comfortable in the presence of staff and staff gave them time to communicate their needs.

The residents' local priest celebrated a Mass on the day of the inspection and resident told the inspector that they were 'very happy' that they could continue to attend a weekly Mass in the centre. The oratory was separated from the sitting room by means of a partition that was opened to the sitting room every week so all the residents could join in the Mass.

Residents told the inspector that they felt safe and secure in the centre and that they would talk to staff or their families if they had any concerns. Residents were aware of advocacy services they could access if needed.

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

Capacity and capability

This inspection found that the centre was well managed and the provider had completed extensive refurbishment to the premises and upgraded fire safety in the centre. At the time of this inspection, the provider had not obtained confirmation by a person competent in fire safety that the designated centre was now in compliance with the fire safety legislation and standards. This assurance was forwarded to the inspector in the days following this inspection. While the provider had completed most of the actions committed to in their compliance plan from the last inspection, compliance was not sustained in Regulations 15: Staffing. The inspector found that inadequate staffing at night did not give assurances that residents' needs were effectively met.

This was an unannounced inspection to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The provider had applied to the Chief Inspector for renewal of the registration of Aras Carolan Nursing Unit and this application was reviewed as part of this inspection.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge works full-time in the designated centre and is supported by two clinical nurse managers and a team of nurses, carers and support staff. The organisational structure was clearly set out, and all staff roles and responsibilities were defined. The management team were knowledgeable about individual residents and the day-to-day events and incidents that were happening in the centre. Staff told the inspectors that managers were approachable and that they were well supported in their work.

The provider had a range of quality assurance processes in place, including audits and resident/family questionnaires. These processes were used to identify where improvements were required. Action plans were created and communicated to the relevant staff team. Overall, the audit processes were found to be effective,

however, oversight of care planning had not identified some of the findings of this inspection. These are set out under Regulation 5.

Although there were enough staff on duty on the day of the inspection to meet the needs of residents and to support residents to spend their day as they wished, the provider had recently reduced the number of care staff on night duty with a reduction in two beds in the centre's overall occupancy. Furthermore, additional staff to meet the one-to-one assessed supervision needs of one resident were not provided. This was having a negative impact on effectiveness care delivery.

Staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures.

The provider had arrangements for recording accidents and incidents involving residents in the centre and appropriately notifying the Health Information and Quality Authority as required by the regulations.

Records were maintained as required by the regulations and residents' documentation was held securely.

There was a complaints procedure in place which was made available for residents and their representatives. Details of the complaints procedure were available on the resident's information board. The procedure had been updated in line with the changes in the legislation. The provider had identified a complaints manager and a review officer. The policy included information about patient advocacy services. The provider had not received any formal complaints since the last inspection. Informal expressions of dissatisfaction were recorded and managed by the nursing and care team. These were discussed at team meetings and staff were made aware of any improvements that were required in their areas.

Residents were facilitated and encouraged to feedback on aspects of the service they received, and this informed improvements in the service and an annual review of the quality and safety of the service delivered to residents in 2023. This review included resident feedback and a quality improvement plan.

Regulation 14: Persons in charge

The person in charge is a registered nurse and was appointed in this role in March 2018 and their management qualifications and experience met the requirements of the regulations. The person in charge works full time in the designated centre and are well known to residents and to staff. The person in charge demonstrated a good knowledge of their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the staffing levels necessary to support the complex care needs of some residents was not adequate. The provider had reduced the number of healthcare staff available at night since February 2024 and this was having a negative impact on residents' care and welfare. This was evidenced by the following findings;

- the majority of falls by residents occurred from 8pm to 8am and the number of residents falling at night had increased since rostering of a second health care assistant at night had ceased in February 2024.
- additional staff were not provided to meet the assessed one-to-one needs of one resident from 8pm to 8am each night to ensure their and other residents' safety. Subsequently, a peer-to-peer incident occurred at 10pm. A number of staff told the inspector that they were unable to effectively meet this resident's increased needs at night with the staffing levels provided.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had ensured that staff working in the centre were facilitated to attend professional development training, as necessary, to update their skills and knowledge to competently meet residents' needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents in the centre was maintained and included all information pertaining to each resident as specified by the regulations.

Judgment: Compliant

Regulation 21: Records
The records as set out in Schedules 2, 3 and 4 were held securely in the centre and were made available to the inspector for inspection.
Judgment: 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
Governance and oversight processes did not ensure that care and services were safe and appropriate. For example; <ul style="list-style-type: none"> • The provider had failed to appoint to a number of staff vacancies and as a result the staffing levels in the centre were not in line with the statement of purpose against which the centre was registered.
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
A sample of residents' contracts of care were reviewed by the inspector. Each resident's contract document was signed and dated and outlined the terms and conditions of the accommodation including the fees to be paid by each resident.
Judgment: Compliant
Regulation 30: Volunteers

Arrangements were in place to ensure people involved on a voluntary basis with residents in the centre appropriately vetted, supported and supervised. One person was involved with the centre on a voluntary basis and their role and responsibilities were stated in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the timeframes specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and had been updated in line with recent legislative changes. The complaints policy identified the person responsible for dealing with complaints and included a review officer, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose document.

Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated and the outcome was communicated to complainants without delay. Agreed actions to address the issues raised were implemented.

Access for residents to advocacy services to assist them with making a complaint was in place and residents were regularly informed about this service and were assisted to access this service to support them as needed.

A review process was in place and the review officer was identified, if a complainant was not satisfied with the outcome of the investigation by the complaints officer.

All complaints were also reviewed as part of the centre's governance and management process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had ensured that the Schedule 5 policies and procedures were made available to staff. A review of the policies found that they had been updated in the last three years.

Staff induction and ongoing training included Schedule 5 and other relevant policies and procedures. This helped to ensure staff were clear about what was expected of them in their work and the standards that were required to meet.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs and residents' rights were respected. Several examples of good practices and person-centred care were observed that enriched residents' quality of life in the centre including opportunities for them to participate in a variety of social activities that suited residents' individual interest and capacities. However, the inspector was not assured that the management 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) was effective and ensured the safety of all residents, particularly at night.

This inspection found that the provider had completed extensive upgrading of fire safety in the centre and had refurbished the residents' lived environment to a good standard. This refurbishment included reconfiguration of two bedrooms with three beds to two twin bedrooms and replacement of floor covering and surface repainting throughout. Completion of these necessary works significantly improved residents' safety and quality of life in the designated centre. The newly refurbished twin bedrooms provided a comfortable and safe living space for the residents accommodated in these rooms.

The provider had completed necessary works to address identified fire safety risks at the same time as refurbishment of the premises. Evidence not available on the day of inspection was forwarded to the inspector in the following days to confirm that the provider had sought assurance from a person competent in fire safety that all necessary fire safety works were satisfactorily completed in line with fire safety legislation and relevant standards.

Up-to-date infection prevention and control policies and procedures provided guidance to staff regarding the standards of practice required to ensure that residents were adequately protected from risk of infection. Furthermore, the provider had improved the measures in place to protect residents from risk of infection with installation of clinical hand hygiene sinks along the corridors for staff use, close to their point of care delivery to residents. Staff responsible for

housekeeping were knowledgeable regarding cleaning and decontamination in the centre and their practices and procedures reflected evidenced-based practice.

Staff were familiar with the residents individual needs and residents were provided with good standards of nursing care and support. Residents' care plan documentation was mostly completed to clearly guide staff with providing person-centred care in line with residents' preferences and wishes. Care plans were for the most part, regularly updated and residents or, where appropriate, their families were consulted with regarding any changes made. Residents' food and nutrition needs were met.

The provider ensured that residents had timely access to their general practitioner (GP), specialist medical and allied health professionals, as necessary.

There was an overall positive approach by staff to the care of a small number of residents who were predisposed to experiencing episodes of responsive behaviours.

Restrictive practices in place reflected the National Restraint Policy guidelines and the number of restrictive full-length bedrails in use was reducing with use of alternative less restrictive equipment such as: sensor alert mats, low profile beds and foam mattresses placed by residents' beds. Records showed that where restrictions were in use, appropriate assessments were completed. Procedures were in place to ensure residents' safety was monitored when restrictive equipment was in use and to ensure that use was not prolonged.

Measures were in place to ensure residents were safeguarded from abuse and that any concerns were managed and fully investigated.

Residents were supported to speak freely and their feedback on the service they received was encouraged. Issues brought to the attention of staff were addressed.

Residents had access to local and national newspapers and radios and provision of televisions for each resident's use in the twin bedrooms ensured residents' had individual choice of television viewing and listening.

Visits by residents' families and friends were encouraged and facilitated with practical precautions in place to manage any associated risks.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspector 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 assistive equipment and support from staff 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' personal clothing was laundered in the centre's laundry and returned to them without delay and residents confirmed they were satisfied with this laundering service provided to them.

Residents had access to and were supported to maintain control of their own personal clothing and possessions. Residents bedside lockers were within their easy reach and each resident had enough space to store their clothes and to display their photographs and other items in their bedrooms as they wished.

Judgment: Compliant

Regulation 17: Premises

The centre premises was appropriate to the number and needs of the residents and was in accordance with schedule 6 of the regulations and in line the centre's of purpose.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured the requirements of Regulation 27: infection control and National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from risk of infection. The centre

environment and equipment was managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example, alcohol hand gel dispensers and clinical hand hygiene sinks located along corridors convenient to the point of care (where care procedure takes place) for staff use. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place and were completed by staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had satisfactory measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Evidence was available that fire safety management servicing and checking procedures were regularly completed to ensure all fire safety equipment was effective and operational at all times. Residents' evacuation needs were assessed and simulated emergency evacuation drills were regularly completed to ensure residents' timely and safe evacuation in the event of a fire in the centre. All staff were facilitated to attend fire safety training and to participate in the simulated evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were regularly assessed and their care plans were developed and reviewed to reflect each resident's current care needs in line with their individual preferences and usual routines. However, actions were found to be necessary to ensure the following was completed;

- One resident's care plan developed to direct staff on managing this resident's diabetes did not state the frequency with which their blood glucose levels should be assessed or the parameters their blood glucose levels should be maintained within to optimise their health and wellbeing. This posed a risk that this pertinent information would not be communicated to all staff.
- Recommended amounts of fluid intake over each 24 hour period were specified in some residents' care plans but a record was not maintained of these residents' fluid intake to ensure that these recommendations were met.
- Recommendations made by the tissue viability nurse regarding one resident's wound dressing treatment was not updated in their wound care plan and although the correct dressing regime was being implemented, there was a

risk that this would not be communicated to all nursing staff. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents nursing and healthcare needs were met. Residents had timely access to their general practitioner (GP) and residents' GPs visited the centre three times each week. An on-call medical service was accessible to residents out-of-hours as needed. Residents were appropriately referred to and reviewed by allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists. Residents has access to national health screening programmes and were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents experienced intermittent responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, assurances were not available that risks responsive behaviours during the night were appropriately managed.

While all staff had completed online training to enhance their skills and knowledge with caring and supporting residents who experienced responsive behaviours, 14 staff had not yet completed instructor-led training made available to them by the provider.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had up-to-date policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures in the centre and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. All staff were facilitated to attend training on

safeguarding residents from abuse. Residents confirmed that they felt safe and secure in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make choices regarding their lives in the centre. Residents' privacy and dignity was respected in their lived environment and by staff caring for them.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings and integrate with their local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services as they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Arus Carolan Nursing Unit OSV-0000656

Inspection ID: MON-0042105

Date of inspection: 11/04/2024

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 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.</p> <ul style="list-style-type: none"> - On the 17/04/2024 The Registered Provider and Person in Charge completed a staffing at night and resident dependency review in the designated center. - Following this review of staffing at night it has been determined that an additional staff member is required to support resident safety. - An additional Healthcare assistant has been assigned to night duty as and from 17/04/2024. - The Registered provider will continue on an ongoing basis to review staffing and resident dependency levels in the designated centre to ensure the number and skill mix of staff is appropriate to meet the assessed needs of the residents. - If at any point the Person in Charge requires additional resources/ staffing to support resident safety this will be supported by the Registered Provider and put in place. - The Person in Charge completes a daily and weekly review of staff rosters to ensure that the number and skill mix of staff provided is appropriate to ensure that the residents assessed care needs are met to a high standard. - For any vacant positions agency staff are providing cover in these posts, - There are currently no funded vacant positions within the centre which are not staffed. - All necessary recruitment proceses have been completed pending the HSE recruitment pause being lifted. - The Registered Provider will continue to monitor staffing, resources and the supervision of residents on an ongoing basis to ensure that the services provided are safe and meet the assessed needs of all residents within the centre. - The Registered Provider and Person in Charge will continue to review baseline staffing in the context of the current resident profile to ensure the ongoing safety of all residents is met. - This will continue to form part of the Registered providers governance assurances processes, provider meetings and compliance inspection visits. 	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with 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.</p> <p>Compliance will be met by the following:</p> <ul style="list-style-type: none"> - On the 17/04/2024 the Registered Provider and Person in Charge completed a staffing and resident dependency review in the designated center. - Following this review of resident dependency and staffing levels, it is deemed that the current allocation of staff adequately meets the clinically assessed needs of all residents within the designated center. However an additional HCA has been implemented on night duty as and from 17/04/2024 to ensure adequate supervision of residents. - The Registered Provider will continue to review staffing levels and resident dependency levels in the designated centre and ensure the number and skill mix of staff is appropriate to meet the needs of the residents. - For any vacant positions agency staff are providing cover in these posts, - There are currently no funded vacant positions within the centre which are not staffed. - All necessary recruitment proceses have been completed pending the HSE recruitment pause being lifted. - The provider representative and Person in charge have formally reviewed incidents within the designated centre on the 18/04/2024 and all appropriate safety measures are in place to support residents. - The Registered Provider and Person in charge formally review all incidents within the centre and track and trend incidents to determine route causes and ensure risk mitigation measures are in place to support a safe environment for residents. - This will be completed on an ongoing basis as part of the registered provider support and compliance inspection visits. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

To ensure compliance with 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.

To ensure compliance with 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.

- The Person in charge has completed a review of all residents care needs and care plans within the designated centre. This was completed on the 18/04/2024.

- This review focused on ensuring that all residents care needs were appropriately assessed and a plan of care in place that meets all aspects of the resident's individual needs.

- This review also focused on wound management, Fluid and hydration and diabetes as these were highlighted on the day of the inspection. A robust Quality Improvement plan following this review has been actioned and the Person in charge is overseeing this continual quality improvement plan.

- The Person in Charge has also focused on reviewing in particular the care plans of those residents with Diabetes to ensure staff have clear direction on managing resident's diabetes.

- This review has ensured that the frequency with which resident blood glucose levels should be assessed or the parameters their blood glucose levels should be maintained within to optimise their health and wellbeing are stated in the care plan .This was implemented on 23/04/2024

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- A weekly random sample of residents care plans with Diabetes is being audited by the Person in charge or designate A robust time-bound quality improvement plan is developed to address any areas of non-compliance. The findings of audits and details of the improvement plan are communicated at safety pause and staff meetings. This has been implemented on 23/04/2024

- A review of a wound dressing care plan that was identified during the inspection has been completed by the Person in charge and any changes to the wound dressing regime has been updated in the residents wound care plan and communicated to all nursing staff. This was completed on 12/04/2024

- The Person in charge has reviewed the audit schedule for the designated centre and a weekly review of all wound charts and care plans will be completed in adherence to the designated centres auditing schedule. Findings will be discussed at daily handover and Safety Pause and quality risk and patient safety committee. This is in place from 23/04/2024

- The Person in charge in conjunction with the Practice Development Co-ordinator will continue to support staff with care-plan training sessions to ensure that all staff are familiar with the care-planning process and complete person centred care plans to the required standard.

- The Registered provider will on an ongoing basis monitor the individual care plans of

residents within the centre to ensure they are person centred and reflect the assessed care needs of the resident and that all MDT advice is documented and adhered too .

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:

To ensure compliance with Regulation 7(1)The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging

To ensure compliance with Regulation 7(2) Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.

- The Person in Charge in conjunction with the Registered Provider has completed a review of the training records of all staff in the designated centre with a specific focus on managing Behaviours of Concern and Positive Behavioural Support on 15/04/2024.
- Following this review additional training has been sourced to support staff to manage residents with behaviours of concern. This training commenced on the 3rd of May 2024. Further dates are planned for the 4th and 5th June 2024.
- In addition the ANP in Old Age Psychiatry will also facilitate additional onsite training in the management of non-cognitive symptoms of Dementia and the development of Positive Behaviour Support Plans for residents with BPSD.
- An annual training plan is in place to address all training requirements within the designated centre to include training on restrictive practices this is reviewed on an ongoing basis by the Person in Charge.
- The Registered Provider reviews training and training compliance on a monthly basis as part of the Older persons governance meetings to ensure training compliance
- Prior to admission the Person in Charge or their deputy completes a comprehensive pre-assessment to ensure the residents needs can be safely met within the designated centre and that by admitting this resident it will not adversely affect any other resident .
- All residents have a comprehensive person centred assessment and care plan completed on admission and every 4 months or more frequently if required which includes a review of responsive behaviours. Following each incident. Staff complete an ABC chart which is then analysed to inform the delivery of a person centred Positive Behaviour Support Plan. The resident, Family member and members of the Multi-disciplinary team are involved in the delivery of this plan as appropriate.
- Responsive behaviours are discussed at daily handover, three times daily at safety pause and also at staff meetings.
- The person in charge reviews all incidents within the designated centre and tracks and

trends any issues. Learning is shared with all staff post incident and safety measures are put in place to assure residents safety

- All incidents are also discussed at the monthly Provider Representative Older persons Governance meetings and learning is shared across the service with any additional outcomes actioned.

- The Person in Charge reviews rosters weekly to ensure that the required staffing and skill mix are in place to deliver safe care.

- 15 minute safety checks are in place for residents and additional supervision (1:1) is in place to support those residents with identified complex care needs

- The Person in Charge now reviews a random selection of ABC charts and positive Behaviour Support Plans weekly. The findings of this review are shared with staff at the Safety Pause and care-plans are updated as required following this discussion. This is in place from 20/05/2024

- Person Centred Interventions in place to support each resident are the least restrictive and the unit is working towards a restraint free environment.

- A Residents Rights Committee has been established on the 29/04/2024 and meets to discuss all aspects of restrictive practice with a view to removal of restrictive practices

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	17/04/2024
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.	Substantially Compliant	Yellow	30/06/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for	Substantially Compliant	Yellow	23/04/2024

	a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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	23/04/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/06/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	30/06/2024