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

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| Name of designated centre: | Cashel Residential Older Persons Services |
| Name of provider: | Health Service Executive |
| Address of centre: | Our Lady's Campus, The Green, Cashel, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 28 June 2022 |
| Centre ID: | OSV-0007812 |
| Fieldwork ID: | MON-0034377 |

## About the designated centre

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

Cashel Residential Older Persons Service is a new centre operated by the Health Service Executive (HSE) set in the grounds of our Lady's hospital Cashel. It is set out over three floors and consists of three units providing a total of 60 beds. One of the units St Clare's is a stand alone unit for 11 female residents and specializes in dementia care. The other two units are in the main building in Our Lady's hospital one on the first floor which can accommodate 29 residents and one on the second floor that can accommodate 20 residents. The bedroom accommodation is provided in a mixture of single bedrooms, two rooms, three bedded rooms and one four bedded room. The majority of the bedrooms contained full en-suite bathrooms and additional shower rooms and toilets were located in close proximity to bedrooms. The communal space included a number of sitting rooms and dining rooms in each of the units and additional multipurpose rooms including a large sitting/activity room and an oratory were located on the ground floor. A large enclosed garden area was available at the front of the building that provided walkways and seating for residents and a smaller rooftop garden was available on the second floor. St Clare's unit have their own separate, well-maintained and enclosed garden. Cashel Residential older persons service provides 24 hour nursing care for female and male residents. It provides for residents of all dependencies from low to maximum. There is a good ratio of nurses on duty during the day and at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

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| Number of residents on the date of inspection: | 59 |

## 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 |
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| Tuesday 28 June 2022 | 09:00hrs to 18:30hrs | Mary Veale | Lead |
| Wednesday 29 June 2022 | 09:00hrs to 16:00hrs | Mary Veale | Lead |

## What residents told us and what inspectors observed

This was a pleasant centre where residents for the most part enjoyed a good quality of life. Residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents' who were happy, and well cared for in the centre. The overall feedback from residents' who the inspector spoke with, was of satisfaction with the care and service provided. Residents' were very positive about their experience of living in Cashel Residential Older Persons Services. The inspector greeted almost all the residents over the two days of inspection and spoke at length with 16 residents. The inspector spent time observing residents' daily lives and care practices in order to gain insight into the experience of those living there.

On arrival the inspector was met by a member of the centres administration team and guided through the centres infection control procedures before entering the building. Following an introductory meeting with the person in charge the inspector was accompanied on a tour of the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms. The centre comprised of two separate buildings. The main campus was a three storey building. Tir na Óg unit was on the first floor and Croí unit was on the second floor. The centre had 23 single bedrooms, 2 twin bedrooms, 9 three bedded bedrooms, and 1 four bedded room. Five single bedrooms did not have ensuite facilities but had toilet facilities in close proximity. The remaining bedrooms had access to shared or ensuite facilities with a shower, toilet and wash hand basin. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. St Clare's unit was a stand alone unit on the grounds of Our Lady's Hospital campus. St Clare's unit provided care for residents with dementia. This unit had 9 single rooms and 1 double room. All rooms had ensuite facilities with a shower, toilet and wash hand basin. Pressure reliving specialist mattresses and cushions were seen in residents' bedrooms.

There was a choice of communal spaces. For example; in the main campus, there were two day rooms on the first and second floors, two dining rooms on the first floor, and an oratory on the ground floor. Dining and day rooms had Abel tables which allowed easy access for residents in wheelchairs, and the tables could be raised, and lowered in accordance with the requirements of the residents. On the days of inspection the residents lounge area on the ground floor was used as a staff canteen. St Clare's unit had two large bright day room spaces. Both spaces had dual functions as a dining room or sitting room space, and alternated in use to take advantage of natural light during the winter to summer months. There was a designated outdoor smoking area, and two balcony areas were identified off two bedrooms on the Tír na Óg unit as designated smoking areas for two residents.

Residents' had access to enclosed garden areas. The main campus had a large enclosed garden area at the front of the building which was easily accessible. The

large garden had level walkways and seating for residents. Croí unit had a small roof top garden overlooking the Rock of Cashel. There were a small number of rooms with balcony areas on Tír na Óg unit. St Clare's unit had an attractive, enclosed garden space.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person- centred interventions throughout the day. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents' very complementary of the staff and services they received. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care.

Residents' who the inspector spoke with, were complimentary of the food and the choice of meals offered in the centre. The inspector observed the dining experience at lunch time on Croí unit, and saw that there was one sitting for lunch in the dining room. The lunch time meal was appetising and well-presented and the residents were not rushed. However, it was observed by the inspector that residents who were independent accessed the dining room for their lunch, and residents' who required assistance with their dietary needs had their lunch in their bedrooms. The inspector was informed by staff that residents' requiring assistance with their dietary needs had all their meals in their bedrooms. A review of the centres menu system had recently taken place, this will be discussed further in the report.

Residents' expressed high levels of satisfaction with the centres activities programme and team. The weekly activities programme was displayed in the reception area, and group activities were observed taking place throughout the centre. For example; a bingo session on Croí unit and an exercise class on St Clare's unit. The inspector observed staff and residents having good humoured banter during the activities. The inspector observed the staff chatting with residents about their personal interests and family members.

A laundry service was provided for the residents. All residents' who the inspector spoke with were happy with the laundry service and there were no reports of items of clothing missing.

The inspector observed that visiting was facilitated. The inspector spoke with three family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complementary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff for keeping their family member safe during the pandemic.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents. The provider had progressed the compliance plan following the previous inspection in January 2021. Improvements were found in relation to Regulation 16; training and staff development , Regulation 23; governance and management and Regulation 17; premises. The inspector found evidence of non- compliance in relation to fire safety, and food and nutrition. Following the inspection an urgent compliance plan was issued to the registered provider requesting assurances that adequate precautions were provided against the risk of fire for residents who smoked.

Areas of improvement were required to come into compliance for Regulation 5; individual assessment and care planning, Regulation 6; health care, Regulation 19; directory of residents, Regulation 21; records, Regulation 23; governance and management, Regulation 24; contract of the provision of services, Regulation 31; notification of incidents, and Regulation 34; complaints procedure.

This centre is operated by the Health Service Executive (HSE), who is the registered provider. A review of the governance structure had taken place since the previous inspection. The director of nursing (DON) was a person participating in management (PPIM) who had oversight responsibility for this centre, a rehabilitation unit in Cashel and another residential care unit in Clonmel. The person in charge (PIC) had sole responsibility for this centre and was supported in her role by DON, clinical nurse managers (CNM's), nursing staff, health care assistants, activity staff, kitchen staff, housekeeping, and administration staff. The manager of the service, who was the registered provider representative also provided support to the PIC. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; nursing documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. For example; psychotropic medication management audits completed identified a review of PRN (as required) psychotropic medication was necessary. There was evidence of a review of PRN medication by a clinical practitioner. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly management meeting agenda items included corrective measures from audits, KPI's, complaints, fire precautions, restrictive practice, and complaints. The annual review for 2021 had been completed. It set out an improvement plan and initiatives with timelines to

ensure actions would be completed. There was evidence of implementation of quality improvement initiatives in the centre for example; a new nursing documentation system was being piloted on a unit, a falls prevention collaboration on a unit, and the introducing of a link practitioner infection control nurse on each unit. The centre had plans to extend the pilot nursing documentation system across all units, and had plans to introduce an electronic clinical care audit platform later in the year. Although there were good management systems in place to monitor quality and safety, the oversight of identification of risks required review. This is discussed further under Regulation 28; fire precautions.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspector noted that restrictive practice training had taken place recently, and fire training was due to take place in the days following the inspection as part of the centre's ongoing training schedule. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. Policies and procedures as set out in schedule 5 were in place and up to date.

The provider supported a third of the residents to manage their pension and this was done in line with the department of social protection guidelines. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

Incidents and reports as set out in schedule 4 of the regulations were mostly notified to the Chief Inspector within the required time frames. Three incidents had been omitted in error and were submitted following the inspection. The inspector followed up on incidents found on the day of inspection and found these were managed in accordance with the centre's policies.

There was a complaints procedure in the centre which was displayed in the entrance lobby. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Each unit keep a log of complaints. Records of complaints viewed found evidence of effective management of complaints, however the satisfaction of the complainant was not consistently recorded.

## Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

## Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safe guarding, restrictive practice, infection prevention and control, and specific training regarding the prevention and management of COVID-19. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents provided to inspector on the day did not contain all the required information as set out in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Details regarding resident medical practitioner details and next of kin address were not recorded.

Judgment: Substantially compliant

## Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Records were stored in a safe and accessible manner

In a sample of four staff files viewed, one of the staff files had a gap in employment

in line with schedule 2 requirements.

Judgment: Substantially compliant

## Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was safe, appropriate and effectively monitored. For example;

- The system of risk identification, review and analysis regarding residents who smoke was not sufficient.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care. The centre had recently updated its contract of provision of services and was in the process of changing the previous contract of provision to the most recent version. The most recent version of the contract of provisions did not reflect the current bedroom accommodation for the resident .

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector following the inspection. All notifications as set out in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 must be notified to the Chief Inspector within 3 days of occurrence.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Complaints viewed by the inspector on two units did not consistently record if the complainants were satisfied with the outcome.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

## Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, risks associated with fire precautions had not been identified, and required immediate actions to ensure the on-going safety of residents and staff. Improvements were required in food and nutrition, care planning, health care and premises.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example; temperature checks and health questionnaires. Residents' could receive visitors in their bedrooms, the centres communal areas and outside in the garden areas. Visitors could visit at any time and there was no booking system for visiting.

The centre was an agent for a third of the resident's pension. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident/representative and a staff member. There was ample storage in bedrooms for residents' personal clothing and belongings. The residents' laundry services was contracted to a private provider in the centre.

Improvements had been made to the premises since the previous inspection. Storage space for equipment and material goods had improved throughout the centre but storage rooms did require better organisation of stored items. Cleaning trolleys had been relocated from the sluice rooms to the cleaners rooms. The centre was cleaned to a high standard. There was an on-going schedule of preventative maintenance which ensured the standard of painting and condition of the premises was in good repair. Communal spaces and bedrooms were bright and comfortable. However; some improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

Although general feedback from the residents in regard to food was positive, the rights and choices for residents' with swallowing difficulties required improvement in the centre. Review of the centres menu identified that residents' requiring a modified diet lacked choice for their main meal option. Residents who required a modified diet had the same main meal offered for 18 days over a 28 day menu plan. A ready-made meal was offered to residents with swallowing difficulties for their main meal and evening meal. The dining experience was relaxed and there were adequate staff to provide assistance . However, on the second inspection day it was noted in one area, that residents who were independent with their dietary needs attended the dining room, and residents who required assistance had all their meals in their bedrooms. There was a production kitchen on site and each unit had a kitchenette areas where refreshments and snacks were served from. It was evident in the centres management meetings minutes that there were on going meetings with the catering department to improve the nutritional contain of the food on the centres menu.

The centre had recently recovered from a COVID -19 outbreak. The centre had followed the advice of Public Health specialists, and had put in place many infection control measures to help keep residents and staff safe. The centre was clean, tidy and found to be well maintained. Alcohol gel was available, and observed in convenient locations throughout the building. Dani- centres were available on all floors to store personal protective equipment (PPE). Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The centre had implemented new cleaning schedules

and records since the last inspection. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. The centre had an identified infection prevention control (IPC) link nurse on each unit. The link nurses had received training in IPC. There was evidence of monthly IPC meeting with agenda items such as shared learning discussions and actions required from specific IPC audits, for example; glucometer audits, hand hygiene and mattress audits.

An immediate action plan was issued to the provider for a fire risk identified on inspection. There was a serious risk of fire identified for residents who smoked. On the first day of inspection the inspector found a resident who smoked, smoking in their bedroom. This is discussed further under regulation 28: fire precautions. Fire training was completed annually by staff. There was evidence that fire drills took place quarterly. Fire drills records were detailed containing the number of residents evacuated , equipment used, how long the evacuation took and learning identified to inform future drills. There was a robust system of weekly checking , of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP) in place.

Residents individual assessments and care plans were updated within the required time frames. St Clare's unit was implementing a new nursing documentation system of person centred care planning. This project was in its pilot phase and the centre had plans to implement this documentation of person centred care planning across all units. The new nursing documentation had comprehensive assessments completed based on validated assessment tools. The model of nursing was based on 14 activities of living using a person-centred planning model map. A selection of the residents nursing documentation in the pilot project viewed had person centred care plans, which were routinely reviewed and updated in line with the regulations and in consultation with the resident. However, care plans viewed on the Croí and Tír na Óg units required review to ensure a person-centred approach to care was documented.

Residents had access to medical care by the medical officer in the centre. Following the previous inspection the centre had employed a physiotherapist to assist in residents mobilisation and rehabilitation. However, residents did not have access to other allied health professionals which is discussed in regulation 5: healthcare. Residents had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There were policies in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre.The use of bed rails had significantly reduced since the previous inspection. There was evidence that restrictive practice training was on-going in the centre. Each unit had a restrictive practice register. Risk assessments were completed, and the use of restrictive practice was reviewed regularly. Regular audits of restrictive practices were completed.The centre had completed a self assessment for the restrictive practices for the restrictive practice thematic

programme based on the national standards.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. In addition the centre were using the national safeguarding policy to guide staff on the management of allegations of abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

Resident's choices were respected within the confines of the centre. The centre had established an activities team since the previous inspection. Regular resident meetings and informal feedback from residents informed the organisation of the service. Residents were consulted with about their individual care needs, and had access to independent advocacy if they wished. There was a varied and fun activities programme. There was evidence that the centre was returning to pre-pandemic activities, for example; some of the residents regularly went to the local coffee shop, group exercise activities regularly took place and some of the residents went on a bus trip on the last inspection day. Residents has access to daily newspapers, books, radio's and shared access to televisions in multi- occupancy rooms. Residents were highly complementary of the activities in the centre.

## Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in pace to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Clothes were marked to ensure they were safely returned from the laundry service.

Judgment: Compliant

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Some residents ensuite bathrooms did not have suitable storage for personal items.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

A number of issues were identified requiring improvement, for example;

- residents with swallow difficulties had limited choice at mealtimes
- not all residents were given a choice or opportunity to have a dining experience in the dining room.
- the cooking and serving of ready meals required improvement.

Judgment: Not compliant

## Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.

A register of live risks was maintained which included additional risks due to COVID-19, these were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

## Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire, for example;

- some residents who smoked were smoking in their bedrooms where the risk of fire associated with piped oxygen and combustible equipment such as nebuliser equipment was not identified.
- personal emergency evacuation plans (PEEP's) to guide staff on the resident's needs in the event of an emergency had been completed for residents, however; PEEP's did not include the location and supervision of residents after an evacuation.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Overall the standard of care planning was very good and described individualised and evidence based interventions to meet the assessed needs of residents. Risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments continuously informed the residents care plans.

Some residents care plans required review as they were generic in format and not person- centred to the individual resident.

Judgment: Substantially compliant

## Regulation 6: Health care

At the time of inspection there was no access to a dietitan, speech and language therapist, or occupational therapist for residents.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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 | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Substantially compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Not compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | 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 | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Cashel Residential Older Persons Services OSV-0007812

## Inspection ID: MON-0034377

## Date of inspection: 29/06/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

## Section 1

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

**Compliance plan provider's response:**

| Regulation Heading | Judgment |
|---|---|
| Regulation 19: Directory of residents | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 19: Directory of residents:<br>Directory of Residents will be compliant by the 15/09/2022 and will contain all the required information including resident's medical practitioner details and next of kin. | |
| Regulation 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>Staff Records now compliant with scheldue two requirements as of the 11/08/2022 | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>Residents who smoke now have system of Risk Identification , Review and Analysis completed on the 30/06/2022 | |

| | |
|---|---|
| Regulation 24: Contract for the provision of services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:<br>Contract of care currently being reviewed and will reflect the current bedroom accommodation for the Resident by the 30/08/2022 | |
| Regulation 31: Notification of incidents | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 31: Notification of incidents:<br>All outstanding notifications submitted to Inspector on the 25/07/2022 | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 34: Complaints procedure:<br>Complaints procedure being reviewed with complaints log. To be completed by the 30/08/2022 with new changes reflecting whether complainants were satisfied or not with outcome. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>Review of additional storage space in ensuite bathrooms and also on the Residential Units. For review by Technical Services with works completed by the 30/11/2022 | |

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| Regulation 18: Food and nutrition | Not Compliant |
| Outline how you are going to come into compliance with Regulation 18: Food and nutrition:<br>Menus to be reviewed with Catering Division/ Supervisor so as to include greater choices for modified diet same to be completed by 22/09/2022. With immediate effect residents now no longer have all of their meals in their bedrooms subject to consent for same implemented 30/06/2022. | |
| Regulation 28: Fire precautions | Not Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>Cigarettes and lighter were removed from Residents Room. External balcony areas outside of Residents single rooms and three bedded room were checked to ensure there was a Fire blanket, Fire retardant apron and Fire Extinguishers were present and within easy reach if required to use. Staff are trained in use of this equipment.<br>Smoking check list was commenced immediately whereby a nominated staff member would check morning, evening and night time that any of the Resident do not possess cigarettes or lighter. Meeting held with C.N.M1 and staff present to increase awareness of risk of fire particularly in these areas and also to be vigilante in ensuring that residents are not in possession of cigarettes/lighter in their rooms. Absent staff will be notified through handover and direct communication. We have implemented a Smoking Risk Assessment that will be part of Residents Care Plan effective 30/06/2022. Next of Kin /Visitors are requested not to supply the Residents who smoke with cigarettes or lighter and to give to Staff for storage at the Nurses Station. This ensures greater control measures are in place. The mobile shop personnel are aware not to supply residents with cigarettes and to give to Staff for safe storage. Documented in Nursing Notes. All in place since the 30/06/2022<br><br>PPPE evacuation plan will contain the location and entry reflecting the supervision of Residents after an evacuation by the 30/09/2022. | |
| 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:<br>Documentation Plan | |

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| Currently the Person centered care plans are being piloted in Clare's Unit. From auditing these care plans they are proving to be more person centered and more suitable for the service then the care plans in place. The aim is to roll out these care plans in all our residential Units. Due to time needed for planning and education the aim is to have these care plans permanently in our residential Service by 30/03/2023. |

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| Regulation 6: Health care | Substantially Compliant |

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| Outline how you are going to come into compliance with Regulation 6: Health care:<br>No permanent appointment of Dietician, Occupational Health or Speech Therapist to Cashel Residential Older Persons Services.<br><br>Agency service available for Occupational Health but subject to availability.<br><br>A current submission for recruitment of posts under "Winter Plan" is being completed for escalation to the Head of Service, whereby the posts will be purposed under Older Persons services specifically by the 30/10/2022.Currently there is no allocated funding for these posts to recruit. |

## 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 |
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| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 30/11/2022 |
| Regulation 18(1)(b) | The person in charge shall ensure that each resident is offered choice at mealtimes. | Not Compliant | Orange | 22/09/2022 |
| Regulation 18(1)(c)(i) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served. | Not Compliant | Orange | 22/09/2022 |
| Regulation 19(3) | The directory shall include the information | Substantially Compliant | Yellow | 15/09/2022 |

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| | specified in paragraph (3) of Schedule 3. | | | |
| 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 | 11/08/2022 |
| 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 | 25/06/2022 |
| Regulation 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre. | Substantially Compliant | Yellow | 30/08/2022 |
| Regulation 28(1)(a) | The registered provider shall take | Not Compliant | Orange | 30/09/2022 |

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| | adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | | | |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence. | Substantially Compliant | Yellow | 25/07/2022 |
| Regulation 34(1)(f) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. | Substantially Compliant | Yellow | 30/08/2022 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not | Substantially Compliant | Yellow | 30/03/2023 |

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| | 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. | | | |
| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment. | Substantially Compliant | Yellow | 30/10/2022 |