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

## Issued by the Chief Inspector

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| Name of designated centre: | Gowran Abbey Nursing Home |
| Name of provider: | Gowran Abbey Nursing Home Limited |
| Address of centre: | Gowran Abbey Nursing Home Limited, Abbey Court, Gowran, Kilkenny |
| Type of inspection: | Unannounced |
| Date of inspection: | 20 February 2024 |
| Centre ID: | OSV-0000232 |
| Fieldwork ID: | MON-0040703 |

## About the designated centre

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

Gowran Abbey Nursing Home is a purpose-built single-storey building that first opened in 2007. It consists of 51 single ensuite bedrooms. The provider is Gowran Abbey Nursing Home Limited. The centre is located on the outskirts of Gowran village, Co Kilkenny situated in a quiet cul-de-sac among 10 retirement houses for independent living. The location is convenient for access to the GP surgery, pharmacy, post office and shop. The centre provides care and support for both female and male adult residents usually aged 50 years and over requiring long-term care with low, medium, high and maximum dependency levels. Persons under the age of 50 years may be accommodated following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual, and that there is no adverse impact on them or other residents. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess a potential resident's needs to ensure the centre can cater for each individuals' needs. The centre currently employs approximately 64 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

| Number of residents on the date of inspection: | 48 |
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Tuesday 20 February 2024 | 08:30hrs to 19:00hrs | Aisling Coffey | Lead |
| Tuesday 20 February 2024 | 08:30hrs to 19:00hrs | Mary Veale | Support |

## What residents told us and what inspectors observed

The overall feedback from residents was that they liked living in Gowran Abbey Nursing Home. The residents spoken with were highly complimentary of the staff and the care they received. Residents said to inspectors they were happy, felt safe, the food was good, and that the staff were kind to them. Staff were aware of residents' needs, and inspectors observed warm, kind, dignified and respectful interactions with residents and their visitors throughout the day by staff and management.

Inspectors arrived at the centre in the morning to conduct an unannounced inspection. Throughout the day, inspectors spoke with several residents and their families to gain insight into their experience in Gowran Abbey Nursing Home. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre provides long-term care to adults with low, medium, high and maximum dependency levels. The centre is registered to accommodate 51 residents, and there were 48 residents in the centre on the morning of the inspection.

On arrival, inspectors noted signage in the porch directing staff and visitors to wear surgical face masks throughout the centre. The person in charge informed inspectors that the signage was necessary due to the increased transmission of respiratory infections within the community and advice received from the Health Service Executive.

Inspectors reviewed residents' bedroom accommodation and found it was homely and comfortable, personalised with photographs, pictures, art and other items of significance belonging to the residents. Each room was set up to provide a pleasant environment for residents; for example, each bedroom had a call bell, bedside locker, storage facilities, a wardrobe, seating and television facilities. All bedrooms had en-suite bathrooms, which were seen to contain a toilet, wash hand basin and shower with grab rails.

While overall, the centre was well decorated and provided a pleasant environment, some of the décor required updating, such as flooring leading into some of the en-suites and paintwork along corridors and in some bedrooms. The provider had a plan to address this and was working through rooms individually, as seen by the inspectors.

The centre's design and layout supported residents' free movement, with wide corridors, sufficient handrails, and comfortable seating. Several communal areas were provided for residents, including a large reception area with couches and armchairs that residents and visitors were seen to use throughout the day. There was also a living room and adjoining dining room, an activities room, a prayer room offering a space for quiet reflection and a quiet room. While residents were seen

using all of the different communal areas, it was noted on the day of inspection that the quiet room (activity room) was being used for staff breaks and, therefore, was unavailable for resident use.

While there were two secure courtyard areas within the centre, neither was available for resident use on the day of inspection due to the requirement for paving maintenance works. Inspectors were informed these works were on the provider's maintenance schedule, and their commencement was subject to weather conditions.

The laundry for residents was done in the centre, and the laundry was seen to be well organised. All bed linen and residents' laundry were washed in the centre and returned to residents' rooms.

There were hand hygiene sinks in the corridors, which were available for staff to use following the delivery of care. While they did not meet best practice specifications for clinical hand-wash sinks, the person in charge informed inspectors that the taps would be replaced so they could be operated with a lever.

A map displaying the centre's layout was on the wall. It identified the two fire compartments to support horizontal evacuation and guide the reader to the nearest exit in an emergency.

There was a calm and relaxed atmosphere in the centre. Residents were up and dressed in their preferred attire on the inspection day. Residents read newspapers, watched television and participated in activities in the living room. An activities coordinator on duty on the inspection day facilitated virtual golf and indoor planting activities. A physiotherapist was also onsite attending to individual residents. Visitors were observed coming and going throughout the day, spending time with their relatives in communal areas or bedrooms, as per their choice. Residents and their visitors confirmed there were no restrictions on visiting.

The dining experience was seen to be positive for residents. Various food and refreshments were available for residents throughout the day. Freshly prepared in the centre's kitchen, the food was nutritious and pleasingly presented. Inspectors observed mid-morning refreshments and snacks at 11:00 am. The main meal in the dining room was a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Some residents were facilitated to eat in their bedrooms, aligned with their preferences. Residents spoken with were highly complimentary of the quality and quantity of food on offer.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

While the centre had an established management team and a range of oversight structures in place,some areas required further strengthening. For example arrangements for fire precautions, premises improvements, infection prevention and control (IPC), and notification of incidents.

This was an unannounced inspection to assess the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended and to review the registered provider's compliance plan following the previous inspection of 07 March 2023. The inspectors also followed up notifications submitted to the Office of the Chief Inspector of Social Services since the previous inspection.

Gowran Abbey Nursing Home is a privately owned nursing home. The registered provider is Gowran Abbey Nursing Home Limited. At the time of inspection, there were four directors in the company, one of whom was the registered provider representative. The person in charge reported to the board, worked full time in the centre and was supported by an assistant director of nursing and a team of nursing, healthcare assistants, an activity coordinator, chefs, catering, housekeeping, laundry, maintenance and administration staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the inspection day. The centre had a staff team that was supported in performing their respective roles. They knew the needs of the older persons in their care and respected their wishes and preferences. Staff were supervised by the person in charge, the assistant director of nursing, the clinical nurse manager and a senior nurse.

The registered provider had put systems in place to monitor the quality and safety of care. Communication systems were in place between the registered provider and management within the centre and between management and staff. Governance meetings reviewed matters, including infection prevention and control, resident care needs, complaints, and wound care. An annual review of the quality and safety of care delivered to residents was completed for the period July 2022 to December 2023. Residents and families had been consulted in the preparation of this review. The report reviewed areas including governance, records, incidents, nutrition, activities, fire safety, premises, IPC, staffing, staff communication, policies and complaints. This review identified the improvements completed in the period and the improvement plans for 2024. A schedule of audits was completed since the previous inspection. Staff collected data concerning falls, call bell response times, out-of-hour audits, restrictive practice audits, infection prevention and control (IPC) audits, and medication management audits. Notwithstanding these assurance systems, improvements were required in the oversight of auditing to identify trends, evaluate the effectiveness of care delivery, enhance safety and promote quality improvement. This is discussed further under Regulation 23: Governance and management.

A sample of five residents' contracts for the provision of services were viewed. One amendment was required to all of the contracts in order to fully comply with Regulation 24: Contact for the provision of services, which was to add the room number of the bedroom allocated to the resident.

Staff files were reviewed and seen to contain the majority of required information including Garda Siochana (police) vetting, documentary evidence of qualifications and personal identification.

There was a record of accidents and incidents in the centre. Some notifications were appropriately submitted to the Office of the Chief Inspector of Social Services. However, five three-day notifications were not submitted, which is discussed under Regulation 31: Notification of incidents.

The provider displayed the complaints procedure prominently in the reception area. The centre had an up-to-date complaints management policy. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were knowledgeable about the centre's complaints procedure. There was a record of one complaint received in 2023. Evidence showed that the complaint was effectively managed, and the outcome was recorded.

## Regulation 15: Staffing

On the day of the inspection, staffing was found to be sufficient to meet the residents' needs. The registered provider ensured that the number and skill mix of staff were appropriate. There were two registered nurses in the centre at night.

Judgment: Compliant

## Regulation 19: Directory of residents

While the centre had an electronic and paper-based directory of residents, the directory did not contain all the information required under Schedule 3 of the regulations. For example, the residents' address, general practitioner (GP) address, and sex were not consistently recorded.

Judgment: Substantially compliant

## Regulation 21: Records

Records for staff included references, Garda Siochana (police) vetting disclosures, and the other documents required by Regulation 21.

Judgment: 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

Systems for monitoring the quality and safety of the service required review to ensure the systems were consistently informing ongoing safety improvements in the centre. For example:

- The risk management systems were not fully effective. For example, improvements were required in fire safety, falls assessment and management, access to timely healthcare and infection prevention and control.
- The systems for recognising statutory notifications that need to be notified to the Chief Inspector of Social Services had not ensured that required notifications had been made.
- The centre's audit system required review as it did not consistently identify risk and drive quality improvement as was evidenced by the findings on the day of inspection. For example; the monthly falls analysis reports reviewed falls with no injuries. Falls resulting in serious injuries were not captured in these monthly reports, which was a missed learning opportunity.
- While the provider had policies and procedures guiding evidence-based practice in the centre, staff could not locate these polices and procedures on the inspection day.

While staffing levels were appropriate to meet residents' needs on the day of inspection, the number of staff available was not in line with those set out in the statement of purpose against which the provider was registered to operate. For example, the clinical coordinator post was vacant.

Inspectors observed some discrepancies between the floor plans and what they observed on the day of inspection. For example, two of the four sluice rooms were not operating as sluice rooms.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

Residents had a written contract of care agreed with the centre's registered provider. While the sample of contracts viewed contained the majority of regulatory requirements, however the contracts did not include the number of the bedroom to be provided to the resident.

Judgment: Substantially compliant

## Regulation 30: Volunteers

No persons were working on a voluntary basis with the designated centre. The person in charge understood the regulatory requirements if volunteers commenced attending the designated centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

A review of the records related to incidents in the centre showed that five three-day notifications related to injuries that required hospital treatment were not notified to the Office of the Chief Inspector within the required time frames.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The provider had an up-to-date complaints management policy to guide staff, and records showed any complaints made had been managed in line with the guidance. One complaints procedure, displayed in the centre's reception, needed to be updated with the correct people, and the provider committed to do it on the day of the inspection.

Judgment: Compliant

## Quality and safety

While inspectors observed kind and compassionate staff treating residents with dignity and respect, actions were required to ensure residents' care needs were consistently assessed to inform the development of care planning, particularly concerning falls management, and ensuring residents had timely access to medical and healthcare services. In addition, actions were required to ensure residents received care in an environment that protected them from risk through appropriate fire precautions and infection prevention and control practices.

The design and layout of the centre were appropriate to the number and needs of the residents accommodated. The centre also had an onsite laundry service, which was clean and tidy upon inspection. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. Notwithstanding this good practice, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

While the centre's interior was generally clean on the inspection day, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

Systems were in place to monitor fire safety. The fire alarm, emergency lighting and fire extinguishers were serviced at recommended intervals. Staff spoken with were knowledgeable about what to do in the event of a fire. Three fire drills had taken place since the last inspection; however, further assurances were required to ensure staff were suitably trained with respect to evacuation procedures based on the centre's compartments and layout. No residents chose to smoke while living in the centre. Overall, however, inspectors found that the current arrangements for oversight of fire safety management and systems to identify fire safety risks within the centre needed to be more robust to ensure the safety of residents. Improvements were required in several areas, which will be discussed under Regulation 28: Fire precautions.

Residents reported that they immensely enjoyed the food in the centre and that it was provided in sufficient quantities. Water and other refreshments were available for residents throughout the day. Food was freshly prepared in the centre's kitchen and was observed to be attractively presented, and a good choice was available. Choice of meal was offered to residents in the morning, and options not on the menu were also available if a resident chose this. Inspectors observed mealtimes in the dining room as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Some residents were facilitated to eat in their bedrooms, aligned with their preferences. A written communication system was in place between nursing and

catering staff to ensure residents received the food and nutrition aligned with their care plan.

The centre had an electronic resident care record system. The person in charge had arranged for the assessment of residents prior to their admission into the centre. Upon admission, care plans were promptly developed based on initial assessments to guide staff on care delivery. These care plans were reviewed at regular intervals, not exceeding four months, and the reviews involved consultation with the resident or their representative. Inspectors found that residents were supported in communicating freely and had specialist communication requirements recorded in their care plan. Where a resident had been transferred to a hospital, inspectors noted the sharing of relevant information about the resident with the receiving hospital to support the safe transfer of care. Similarly, upon the resident's return to the centre, the person in charge took steps to obtain relevant information from the treating hospital. Notwithstanding these areas of good practice there were gaps and discrepancies observed in the assessments and care plans following accidents, which could negatively impact the quality of care provided to residents and their safety in the centre. This is outlined under Regulation 5: Individual assessment and care plan.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, speech and language therapy and palliative care services. Notwithstanding this good practice, inspectors found that residents were not always referred to a doctor or a healthcare professional in accordance with their assessed needs and the centre's policies. This will be discussed under Regulation 6: Healthcare.

## Regulation 10: Communication difficulties

Staff were observed communicating appropriately with residents who were cognitively impaired and those who did not have a cognitive impairment. Inspectors found that residents with communication difficulties had their communication needs assessed and had a care plan supporting resident and staff engagement. For residents with hearing and visual difficulties, their care plan referred to their use of glasses and hearing aids to enable effective communication and inclusion.

Judgment: Compliant

## Regulation 17: Premises

Inspectors observed some discrepancies between the statement of purpose, floor plans and what was observed on inspection, for example:

- Inspectors found that the quiet room (activity room) was being used for staff breaks and was, therefore, unavailable for resident use on the inspection day.
- The floor plans did not reflect that the centre had changed from four sluice rooms to two sluice rooms, a linen store room and a cleaners' store room. The plans did not reflect the current layout of the laundry and ironing facilities.

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- Both secure courtyard areas were unavailable for resident use on the day of inspection as they were awaiting paving maintenance works.
- Decor in some areas, such as corridors and bedrooms, were showing signs of wear and tear and similarly the provider had a painting schedule in place to address this.
- There was a lack of suitable storage in the centre, with the resident communal bathroom and resident rest areas being used to store equipment.

While the provider was working through bedrooms and en-suites, further work was required to ensure all have appropriate floor covering.

Judgment: Not compliant

## Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

## Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information about the services and facilities provided, including complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

Inspectors reviewed four residents' records and saw that relevant information about the resident was provided to the receiving hospital, where the resident was temporarily absent from a designated centre. Upon residents' return to the designated centre, the person in charge ensured that all relevant information was obtained from the discharging hospital. This two-way sharing of information supported the safe transfer of resident care.

Judgment: Compliant

## Regulation 27: Infection control

While the interior of the centre was generally clean on the day of inspection, areas for improvement relating to the management of the environment and equipment were identified to ensure residents were protected from the risk of infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018) for example:

- The inspectors were informed by two staff members that the contents of commodes, bedpans or urinals were manually decanted into residents' toilets prior to being placed in the bedpan washer for decontamination. This practice could result in increased environmental contamination and cross-infection. Bedpan washers should be capable of disposing of waste and decontaminating receptacles.
- Two of the four sluice rooms had changed the purpose, and due to the location of the two remaining sluice rooms, both on the right-hand side of the building, staff had to travel some distance from bedrooms on the left-hand side of the building with bedpans and urinals.
- While the two sluice rooms had racks to invert bedpans and urinals, there was no drip tray, so residual fluids would drip onto the floor.
- In one of the sluice rooms, the sink was visibly dirty, the floor was stained, and there was a strong odour in the room.
- Shower chairs and commodes had significant rust to the stainless steel legs and wheel areas. This posed a risk to residents and staff as these commodes and shower chairs could not be cleaned effectively. This was a repeated finding from the March 2023 inspection.
- Two cold drinking water dispensers located in the dining and sitting rooms were not on a cleaning schedule. They were observed to have significant white residue on the faucets, white drip staining on dispenser, and a build up on residue in the drip tray. Additionally these water dispensers were overdue their six monthly service. The person in charge was notified and informed inspectors that these water dispensers would not be used pending servicing and cleaning.

Several storage practices posed a risk of cross-contamination, for example:

- A store room was operating in dual capacity as a store room and a hairdressing room. It contained a dressing trolley and medical supplies, clinical equipment such as nebulisers and suction machines, and hairdressing equipment. The use of this room for multiple purposes poses a risk of cross-contamination to residents.
- The system to identify that shared equipment had been cleaned after use had not been consistently implemented at the time of inspection.
- A store room containing resident equipment such as wheelchairs, cushions and walking aids was also used to store dirty household equipment such as the hoover, floor washer, and floor buffer.
- Store rooms throughout the centre had objects and boxes stored directly on the floor, which would impact the ability to effective clean the area.

Judgment: Not compliant

## Regulation 28: Fire precautions

A review of fire safety management and improved oversight of fire safety is required to protect residents from the risk of fire and ensure adequate procedures are in place in the event of a fire.

While arrangements were in place for staff to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, further assurances were required, for example:

- As per the main floor plans, the centre had two fire compartments. However, the fire evacuation drills practised in the centre simulated the evacuation of smaller areas, which were described as compartments in the fire drill records.
- Evacuation drills had not been practised covering the different types of external escape routes to assure the provider that arrangements were in place to evacuate all persons in the event of a fire.

A review of the precautions against the risk of fire was required as:

- Inspectors observed an undesignated external smoking area was located close to the boiler house. There was signage in the area advising of the risk to fire safety and instructing no smoking. An immediate action was issued to cease smoking in the undesignated area.
- Three oxygen cylinders were found unsecured in the assisted bathroom. An immediate action was issued to ensure the safe storage of the oxygen cylinders.

Fire containment measures in place required review as inspectors observed a number of fire doors did not meet the required standards.

Evacuation maps, dated 2012, displayed in the centre to support evacuation procedures had not been updated to reflect the current layout to include bedrooms 2A and 2B, two store rooms and an office.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

While there were care plans in place covering multiple areas, including mobility, communication and nutrition, action was required concerning individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example, three residents' care plans were not updated after a fall or sustaining an injury, while a fourth care plan was inaccurately updated. This fourth resident who sustained a fall had an inappropriate and inaccurately described intervention documented in their care plan post-fall, which had not been correctly assessed as required for the resident.

Judgment: Substantially compliant

## Regulation 6: Health care

Notwithstanding the access residents had to a range of healthcare professionals to support their well-being, there was insufficient clinical oversight and rigorous monitoring of weight loss and injuries noted in the records reviewed. In some cases residents did not have access to appropriate medical and healthcare based on their assessed needs, including a high standard of evidence-based nursing care, for example:

- Inspectors found that where two residents had experienced weight loss and were assessed to be at high risk of malnutrition, this information was not followed up with a referral to a dietitian for professional expertise, as per the management guidelines within the malnutrition risk assessment tool.
- Inspectors found one example where a resident had sustained an injury and had not been reviewed by a doctor in accordance with the centre's policies.
- Inspectors found one example where there were no records of neurological observation assessment monitored and documented in line with the centre's policies for a resident who sustained a head injury. Such assessments allow for early identification of clinical deterioration and timely intervention.

Judgment: Substantially compliant

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

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 19: Directory of residents | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Substantially compliant |

# Compliance Plan for Gowran Abbey Nursing Home OSV-0000232

## Inspection ID: MON-0040703

## Date of inspection: 20/02/2024

**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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 19: Directory of residents</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 19: Directory of residents:<br><br>Changes have been made to the electronic database to ensure additional information i.e. Registered GP address and gender of Residents is now included.</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:<br><br>The Provider has robust governance and management systems in place to ensure oversight of all activities, risks, and service provision in the nursing home.<br>The Provider will continue to review risk management systems and all other areas of Governance and Management and approve implemented actions and improvements as/if required.<br><br>In addition to regular Clinical Governance Meetings, Provider Review Meetings take place 2 x times weekly and currently include a scheduled weekly review of reports and records relating to any incidents or falls which require NF Statutory Notification or the implementation of individual enhanced safety measures or intervention.<br><br>Adjustments have been made to our computerised falls / incident recording system to ensure relevant additional information is captured at source for ease of audit review and analysis.</td></tr>
</table>

Records indicate that all staff have accessed and are aware of nursing home policies and procedures. Policy documents are available in digital and hard copy format for ease of access to nursing home staff.

Following the recruitment of an Assistant Director of Nursing and other additional nursing staff our current staffing levels exceed those identified in our Statement of Purpose which was under review at the time of inspection.

Our Statement of purpose has been updated to reflect these enhancements in staffing levels and will, as discussed post-inspection, be submitted to the authority following the implementation of our proposed new management structure.

There have been no changes to floor plans submitted to the authority at initial and subsequent registration processes. The Provider has however, arranged for the builder and architect to review the building floor plans and provide new maps/plans which accurately identify various room usage and areas throughout the nursing home. On completion, these will be submitted to the Authority.

| Regulation 24: Contract for the provision of services | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All Care Service Agreements (Contracts of Care) have been updated to include the Residents individual bedroom number.

| Regulation 31: Notification of incidents | Not Compliant |
| --- | --- |

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Incidents will continue to be reviewed by the Provider, PIC, and ADON. A scheduled weekly review of records is in place relating to any incidents or falls to identify those which may require statutory notification or the implementation of enhanced safety measures and/or intervention.
This measure will continue to ensure robust Provider oversight of all incidents and the timely submission of notifiable events.

| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:

The Provider undertook a comprehensive assessment of required premises improvements in November / December 2023. A comprehensive maintenance and refurbishment plan was approved and in process at the time of inspection. All required actions identified in our maintenance plan have been either fully or substantially completed during the first quarter of 2024 as scheduled. Substantial planned works, some of which were also in process at the time of inspection have subsequently been completed.

Our Maintenance and Improvement Programme will continue as scheduled.

The main Courtyard which required post-Winter maintenance has had safety improvement works and area enhancements completed as scheduled, and in consultation with Residents, who have full access to this area and utilise the facility as weather permits.

All flooring in bedrooms, sluice rooms, and in all other rooms / areas throughout the nursing home has replaced as scheduled between January - May 2024 and works have been completed.

The repurposing and refurbishment of the previous 'Residents Smoking Room' as a Reflection Room / EOL Visiting area has been completed.

The nursing home has been repainted internally and externally, and our weekly maintenance Painting Schedule remains in place to address unavoidable day-to-day wear and tear from wheelchair or mobility aid damage to doors and/or walls in all areas of the nursing home.

| Regulation 27: Infection control | Not Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:

The nursing home has a comprehensive Infection Prevention and Control Policy to which staff have access. Staff have been provided with enhanced Infection Control Policy training in addition to scheduled twice yearly updates.

The Provider undertook a comprehensive assessment of required premises improvements and Infection Control measures in November / December 2023. A comprehensive maintenance and refurbishment plan was approved and in process at the time of inspection. All required actions identified in our maintenance plan have been either fully or substantially completed during the first quarter of 2024 as scheduled.

Infection control procedures and storage facilities have been reviewed as planned,

improvements made, and all issues have been rectified regarding storage, including the provision of additional external on-site storage facilities.

Specialised mobile shower chairs in the nursing home with 'stainless steel' legs are not available as a 'rust-proof' product and are replaced annually due to ongoing issues with rusting. All chairs were replaced during January - July 2023 and again in January/April 2024.

No changes of purpose have been made to sluice rooms since the nursing home's initial registration, however the Provider has provided a new/additional sluice room to enhance infection control measures. This will be reflected in updated Floor Plans and SOPS.

Planned maintenance, premises improvements, essential refurbishments, and new equipment purchases identified in the Provider's Assessment of November/December 2023 and subsequent actions required to rectify and enhance the nursing home premises and/or infection control improvements have been fully completed as scheduled.

The Provider will continue to review and update the maintenance plan and to reflect completion of works and implemented planned or scheduled improvements for review as/if required.

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

All staff working in the nursing home have had fire training and or fire training updates. Additional scheduled training is provided as required for any new employees during induction period.

A review of Fire Drill records has taken place and format changes made to reports which accurately identify and reflect 'sub compartments' within the nursing homes' two identified fire compartments.

Fire drills have taken place to include utilisation of external evacuation routes.

The Provider's Maintenance assessment had identified the need for 3 x replacement fire doors which were ordered from the manufacturer in February 2024. These new doors were installed and certified by a competent professional in March 2024. In addition, door fire-seals and smoke-seals on all doors throughout the nursing home have also been replaced as scheduled.

Following receipt of the inspection findings and allegations in relation to fire safety non-compliance, the Provider and is awaiting a comprehensive report following an independent inspection of the nursing home premises by an external Fire Safety Expert. A Fire Safety Expert has also been engaged by the Provider to prepare updated 'Emergency Evacuation Maps' for the nursing home following receipt of architects revised

CAD Plans.

Should any additional issues or required measures be identified within the external Fire Safety Report, they will be actioned immediately.

| Regulation 5: Individual assessment and care plan | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The Provider has reviewed all individual Assessment and Care Plans and noted the recording of comprehensive information and assessments. Nursing staff have been re-trained in the Assessment and Care Plan processes. The ADON reviews Care Plans on a scheduled basis with individual 'named nurses' responsible for each Resident to ensure consistency and accuracy.

| Regulation 6: Health care | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 6: Health care:

The Provider (Representative) and another Director of the Nursing Home, both Medical Practitioners, have comprehensively reviewed the nursing and medical records of any resident who has experienced weight loss, is at risk of malnutrition, or who has sustained an injury in the nursing home.

The Provider is confident and assured that there are robust referral processes in place for referral to other healthcare professionals and that such residents are, and have been referred appropriately to Dieticians, Medical Practitioners, or other Healthcare Professionals based on appropriate clinical assessment.

The Provider will continue to discuss the needs of any vulnerable Residents at scheduled weekly meetings.

## 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(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Not Compliant | Orange | 27/05/2024 |
| 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 | 30/09/2024 |
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3. | Substantially Compliant | Yellow | 23/02/2024 |

| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | Substantially Compliant | Yellow | 30/09/2024 |
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| 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 | 30/09/2024 |
| 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 | 22/02/2024 |
| Regulation 27 | The registered provider shall ensure that procedures, | Not Compliant | Orange | 29/08/2024 |

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| | consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Not Compliant | Orange | 15/10/2024 |
| Regulation 28(1)(c)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Substantially Compliant | Yellow | 15/10/2024 |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, | Not Compliant | Orange | 23/02/2024 |

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| | location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. | | | |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 23/02/2024 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 23/02/2024 |
| 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. | Not Compliant | Orange | 05/03/2024 |

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| 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 | 05/03/2024 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | Substantially Compliant | Yellow | 05/03/2024 |
| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional | Substantially Compliant | Yellow | 29/02/2024 |

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| | professional expertise, access to such treatment. | | | |