



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

Issued by the Chief Inspector

Name of designated centre:	Strawhall Nursing Home
Name of provider:	Fermoy SNH Limited
Address of centre:	Strawhall, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	04 February 2022
Centre ID:	OSV-0000295
Fieldwork ID:	MON-0035571

About the designated centre

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

Strawhall Nursing Home is a two storey building with a small third storey section, located within walking distance of the town of Fermoy. The centre was established in 1988 and can accommodate 30 residents. The centre accommodates both female and male residents, over 18 years who require convalescent, respite, long term and palliative care. There is 24 hour nursing care available and the provider is also the owner with family involvement ongoing. It is surrounded by a large mature garden with an enclosed courtyard which provides a safe outdoor area with suitable furnishings. The bedroom accommodation is laid out in 22 single bedrooms, 10 which are en-suite with shower, toilet and wash basin. There are four twin bedrooms, one of which has en-suite facilities. Admission to Strawhall Nursing Home is arranged by appointment following a pre-admission assessment. The centre operates an open visiting policy within Strawhall Nursing Home. An activities coordinator is employed daily to enable Strawhall Nursing Home to fulfil residents' personal, social and psychological needs. The following therapy services are provided following assessment and as required: physiotherapy, speech and language therapy (SALT), dietitian, occupational therapy (OT), psychiatric services, chiropody, dental, optical and aromatherapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 4 February 2022	09:30hrs to 18:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Residents who resided in Strawhall Nursing Home told the inspector that they were happy living in the centre. Overall, residents were very complimentary about the staff caring for them, stating that they were very kind and patient. One resident said that 'the kindness is unbelievable'. The inspector spoke with all residents throughout the day, with five residents in more detail and spent periods of time observing interactions in communal areas. In addition, the inspector had the opportunity to meet three visitors who praised the kindness and dedication of staff working in the centre. Residents and relatives said they were relieved that the centre had remained free of the COVID-19 virus. Residents spoke positively with the inspector about how they spent their days and they were seen to be happily occupied throughout the inspection day.

The centre was located near the town of Fermoy in a nice scenic, rural location. There was adequate parking available for staff and visitors with good garden space for residents' use. On the day of inspection there were 27 residents in the centre with three vacant beds. The inspector arrived unannounced to the centre at 9.30am, and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, wearing a face mask, and temperature check. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. At this time, residents were observed in their rooms having breakfast, walking in the halls or in the sitting room getting organised for the day. The inspector observed that there appeared to be sufficient staff on duty to attend to residents' needs. The staffing levels had a positive impact on residents' care as the inspector observed that call-bells were answered promptly and there was time for social conversation, while bringing residents to the sitting room for their daily activity sessions. In relation to infection control, throughout the day, staff were seen to wash their hands using the proper technique, to use the hand sanitising gel frequently and to wear personal protective equipment (PPE), such as masks, as required under the national guidelines.

Nevertheless, on the walk around the inspector observed that there were some issues in relation to the premises that required attention for example, the toilet on the upper floor required a deep clean, another toilet was leaking, the sluice rooms were used for storage of clean bins and commodes and these rooms required tidying. In addition, the inspector identified risks in relation to fire safety management. All the aforementioned items were detailed in this report particularly under the relevant regulations.

However, on a positive note each bedroom was seen to be personalised with photographs, pictures, books and small items of furniture from their homes. One lady told the inspector that her large TV was being brought in from her own house at her request. She enjoyed her house plants which were displayed on the window sill in her bedroom. She particularly loved the fact that her bedroom had a window

on two of the walls, affording lovely views of the surrounding hills and trees, which reminded her of her home. She showed the inspector a picture of her old home which was set in the country side surrounded by fields and the garden which she loved. She hoped to be supported to go out home to collect some more "bits" in the near future. Another resident was heard to chat happily to family, on her personal phone. This was a daily occurrence according to the person in charge. Daily newspapers were available and were seen to be read throughout the day. Residents said that they enjoyed the company of other residents in the sitting and dining room. One resident told the inspector, she "learned to walk again in the centre", while another said that the care was "A1". A socially distanced group were seen to play a competitive game of bingo, basketball, rings and skittles during the inspection. The well-furnished and nicely planted garden area and patio was accessible all day. The inspector observed that at least six residents were accompanied outside for fresh air during the day and they were suitably attired in their coats and hats. Residents spoke with the inspector about the hairdressing service which had resumed when the restrictions were lifted. They said that they liked to look good in the company of their friends in the home. Residents stated that they had a nice selection of clothes available in their spacious wardrobes with a variety of new outfits on hand.

Documentation relating to residents' survey results and residents' meetings were reviewed. This demonstrated that a wide range of issues, including the COVID-19 risks, were discussed, as well as news from the community. Residents said that they were delighted to be able to meet their visitors in person again, after the difficult times when the virus was more rampant. They understood the need to be kept safe particularly at the beginning of the pandemic when it was all very new. The inspector acknowledged that they had experienced very challenging times in the last two years, which had been met with resilience and stoicism on their behalf. They talked about their experience with other viral outbreaks and vaccination programmes in their youth. Visitors were plentiful throughout the day and they were seen to be appropriately risk assessed on entering the centre. They were observed to be welcomed, with kindness and empathy, by staff. Those spoken with praised staff, the management team and communication in general. One relative said that she was very happy with the communication with the nursing home team and felt her relative was well looked after in the centre. The resident had been a respite resident previously and constantly spoke about how much she enjoyed her stay when she went home.

The inspector spent time with residents as they enjoyed their meals and also observed the dining experience. The food was nicely presented with choice available at each meal. Residents' likes and dislikes were known to staff and recorded in the minutes of meetings. A review of these records indicated that the catering team addressed areas for improvement as identified by residents such as suggestions regarding food choice and home baking.

Residents informed the inspector that there was attentive medical care available and they felt safe in the centre. They were particularly delighted that a physiotherapist had been employed to come to the centre on a weekly basis. They said that they were looking forward to the additional expertise and plans on how to improve their

mobility.

Residents said that staff were supportive and they were thankful for the kind and respectful care they received. They spoke with the inspector about the daily events which kept them occupied and they were excited about upcoming St Patrick's day and Easter celebrations.

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

Capacity and capability

The governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were, on the whole, well defined in the centre. The inspector found that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. However, improvements were required to ensure more effective oversight of the service, to address fire safety management, infection prevention and control issues, maintenance of the premises and care planning. An urgent action plan was issued to the provider following this inspection, to reduce the risks identified with regards to fire safety which would in turn provide a safer environment for residents. The registered provider actively engaged in this process.

Strawhall Nursing Home was operated by Fermoy (SNH) Ltd, which was the provider. There was a clearly defined management structure in place, with clear lines of authority and accountability. There were two directors in the company. At operational level, support was provided by one director of the company, representing the provider, who was present in the centre each week, including on the day of inspection. The person in charge was supported in the delivery of care by an assistant person in charge, nurses, two administration staff, a healthcare team, as well as household and catering staff. There was evidence that regular management and staff meetings took place, where topics such as risk, staffing, COVID-19, complaints and incidents were discussed.

Staffing levels were appropriate to the needs of residents. Staff attended appropriate and mandatory training courses for their various roles to support them to deliver care of a high standard. There was a comprehensive COVID-19 emergency plan in place with risk assessments carried out. Up-to-date training had been provided to all staff in infection prevention and control (IPC), hand hygiene and in donning and doffing (putting on and taking off) of PPE.

As found on all previous inspections the management team engaged proactively throughout the inspection. The regulatory annual review of the quality and safety of care had been completed for 2020/2021. This review was made available to the

inspector. A number of actions from this review were seen to have been addressed. There was evidence of quality improvement strategies and ongoing monitoring of the service. For example, falls, complaints and incidents were trended for patterns. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. For example, the use of sedative medicine was audited to ensure residents were receiving optimal care to support full engagement in the daily life of the centre. The centre was fortunate in that one of the administration staff in the centre was also a pharmacist and carried out audits on various aspects of medicine management. Following completion of audits, there was evidence that an action plan had been developed and the issues were discussed at each management meeting.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment required for care provision and for fire safety equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely stored and retrievable for inspection purposes.

Policies on recruitment, training and vetting of staff were available in the centre.

Overall, improvement was required in the management systems to ensure improved oversight of key issues as outlined under Regulation 23.

Regulation 14: Persons in charge

The person in charge was experienced in the position and fulfilled the regulatory requirements for a person in charge. She was supported by an assistant director of nursing (ADON) and a knowledgeable team. The person in charge worked full time in the centre and along with the ADON she supervised the provision of care, staff practices and training.

Judgment: Compliant

Regulation 15: Staffing

The staff roster was correctly maintained and was available to the inspector. The staffing levels and skill mix of staff on the day of inspection appeared adequate to meet the needs of residents. There was 24-hour nursing care available in the centre. Arrangements had been made to ensure that a member of staff, dedicated to activity provision, was on duty every day over the seven days.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate and mandatory training was delivered to staff. For example, training in the prevention of elder abuse, training in manual handling and fire safety management.

The staff induction programme and staff appraisals formed part of the training and supervision programme. A sample of these records were reviewed by the inspector.

Judgment: Compliant

Regulation 21: Records

The records required under Schedule 2, 3 and 4 of the regulations were available for inspection. Records were safely stored and accessible. These included staff files, contracts, copies of statutory notifications, complaints and residents' care plan records.

A sample of staff files reviewed by the inspector contained all the requirements of Schedule 2 of the regulations. The provider confirmed that all staff had the required Garda Síochána (Irish police) vetting clearance in place prior to commencing employment. Personal identification numbers (PINs) were in place for all nurses registered with An Bord Altranais agus Cnaimhseachais na hÉireann.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was appropriately and effectively monitored.

This was evidenced by:

- Fire evacuation drills in the upstairs sections and in the largest compartment downstairs had not been undertaken using simulated night time staffing levels, in order to ensure that residents could be evacuated safely in a timely manner at a time of decreased staffing. This and other fire safety concerns were outlined under Regulation 28 and necessitated the issuing of an urgent action plan on fire safety management.

- A number of premises issues required attention, as outlined under Regulation: 17
- A number of care plans required updating.
- Residents' meetings were not held on a regular basis. There was a nine month gap seen between meetings.
- The emergency plan, which included the fire safety policy was not dated.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose set out the aims and ethos of the centre.

It also described how the care needs of residents were to be met as well as the provision of daily activities.

The statement contained the complaints procedure and contact details for independent advocacy and the ombudsman for older people.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents defined by the regulations were notified to the Chief Inspector within the specified time frame.

These included falls requiring hospitalisation, any sudden death or activation of the fire alarm outside of training purposes.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded. A review of the complaints book indicated that issues were proactively addressed.

For example, where a resident said that his money went missing, the room was searched and it was found. The satisfaction of the resident was recorded.

The complaints procedure was displayed in a prominent position in the foyer.

Judgment: Compliant

Regulation 4: Written policies and procedures

A sample of Schedule 5 policies reviewed were found to be updated within the three-year regulatory time frame.

Infection control policies and COVID-19 related policies were live documents, which were updated according to any new Health Protection Surveillance Centre (HPSC) guidelines.

Judgment: Compliant

Quality and safety

Overall, residents in Strawhall nursing home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The findings of this inspection were that the quality of life of residents had been maintained to a high standard throughout the challenges of the pandemic. There was evidence of consultation with residents and their needs were being met through timely access to healthcare services and improved opportunities for social engagement. Residents' meetings when held and surveys were undertaken which were seen to have positive comments on the service and the staff. Staff were found to be knowledgeable, kind and respectful to residents. Nonetheless, this inspection found that the quality and safety of residents' care was compromised and required increased oversight by management in relation to fire safety, premises issues, care planning updates and infection prevention and control issues.

The premises was laid out over three floors and was comprised of 22 single bedrooms and four double bedrooms. Ten of the single and one of the double bedrooms were equipped with full en suite facilities. Other residents shared toilet and shower facilities. There was a large dining room available for residents' use, two interlinked sitting rooms and a double conservatory, which served as a sitting area for residents and a space for private visiting. This had proved very useful during the restrictions as it could be directly assessed from outside. A small additional residents' relaxation room led out to a secure patio for residents' and relatives' use. While the stairs and main entrance hall in the centre was carpeted this was steam cleaned daily according to the person in charge, to supported infection control. In addition, there were hand washing facilities available for staff on each floor, additional to the sinks in residents' bedrooms. Nevertheless, there were aspects of the premises requiring attention which were outlined under Regulation 17: Premises

Residents in the centre had remained COVID-19 virus free up to the time of this

inspection. Adequate procedures were in place for monitoring residents, staff and visitors to minimise the introduction of the virus and for the early recognition of symptoms should an outbreak occur. A COVID-19 contingency plan was in place and was updated in line with any new Health Services Executive (HSE) guidelines. Household staff spoken with were found to be generally knowledgeable of their training and the products in use. Staff were seen to wear their masks appropriately. The inspector found that there was an adequate supply of PPE which was available in the event of an outbreak of COVID-19 and to prevent cross infection at the present time.

The care plan system ensured that information about residents was accessible; however, further work was required to ensure they were updated and contained evidence of best evidence-based practice. This was highlighted under Regulation 5: Care planning. Residents' healthcare needs were met with good access to individual GPs and consultants where necessary. Documentation from members of the medical team was seen in residents' files and it was apparent that there was timely intervention available for infections, falls, medicine review or other medical need. Staff and residents were satisfied with the expertise and input from the physiotherapist, who was employed to attend weekly.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and a number of those spoken with were aware of the actions to be taken if there were suspicions or allegations of abuse. There was an up-to-date adult safeguarding policy available and a member of staff was the designated person and trainer in the prevention of abuse. Systems were in place to promote safety and effectively manage risks. Policies and procedures for health and safety, risk management, fire safety, and infection control were up to date. There were contingency plans in place in the event of an emergency or the centre having to be evacuated.

In general, systems had been developed for the maintenance of the fire detection and alarm system and emergency lighting. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis. Residents all had Personal Emergency Evacuation Plans (PEEPs) on file and these were updated regularly. A number of fire drills were conducted. Nonetheless, the fire safety location maps required updating and the frequency and efficacy of fire drills required improvement, as addressed in more detail under Regulation 28.

The provision of varied daily activities for residents continued to be a positive focus in residents' lives and lent structure to their day. Residents were familiar with the various items in use on the day of inspection and were seen to engage in singing, discussions on the headlines in the newspaper and board games. This aspect of residents' lived experience was outlined under Regulation 9: Residents' rights.

As found on previous inspections food was seen to be nicely served. Mealtimes were seen to be happy social occasions. The chef was experienced and had a lovely manner with residents. All kitchen staff had attended food safety training. Social distance was respected at meal times in the spacious dining room. The dietitian and

the speech and language therapist (SALT) were seen to have attended residents and their input was documented. The malnutrition universal screening tool (MUST) was used to establish any risk of malnutrition in residents: residents' weights' were recorded monthly to support this assessment.

Medicines were generally well managed and subject to audit both within and external to the centre. The local pharmacy was attentive to staff and residents in the centre. Allergies were recorded and GPs had prescribed when a resident's medicine was to be crushed.

Regulation 11: Visits

New protocols were set up for visiting and these were found to be in line with the current national guidelines. These included the use of a conservatory for visitors which was accessed from outside so that visitors did not always have to walk through the centre. In addition, as restrictions were now more relaxed visitors had access to residents' bedrooms for individual visits. Visitors were seen to respect social distancing guidance and wear appropriate PPE. There was a lively, steady stream of visitors in and out of the centre during the inspection.

Judgment: Compliant

Regulation 17: Premises

Due to the era and diverse layout of the building there were ongoing premises issues requiring action:

- One toilet was leaking: a repair had been requested.
- One toilet seat, in the toilet set aside for kitchen staff, was stained and required replacement.
- New flooring on one bathroom was stained, which staff thought was caused by the cleaning products in use. A request had been sent to the flooring provider to come and assess this.
- Shelving was required by the front desk to store documents and files.
- A number of wardrobes required tidying as toiletries were not properly stored at the bottom of these.
- Scuffed sections on the paintwork required repainting.
- Lack of sufficient storage was identified as an issue: in the upstairs bathroom, two commodes, a laundry bin and a shower chair were stored. This meant that the risk of a fall for a resident trying to access the toilet was increased due to the clutter in the room which also contained a shower.
- Additionally, sluice rooms were small and in one sluice room four commodes and a shower chair were stored: this meant that there was a lack of access to

the sluice room sink and the bedpan washer.

Judgment: Substantially compliant

Regulation 26: Risk management

As found on the previous inspection the risk register was updated on a regular basis. One staff member was assigned to the management of health and safety and minutes of health and safety meetings were recorded. The health and safety statement and an emergency plan had been developed including the policy and protocol for the management of a fire in the centre.

A maintenance book was used to identify any hazard and these issues were addressed on a regular basis.

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues identified that required action to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff.

- One raised toilet seat was not sufficiently clean on the underside of the seat.
- The stainless steel outlet on the sink in the upstairs bathroom was rusty.
- There was some rust noted on the commode wheels and on some bed table legs. This made effective cleaning difficult
- In the second sluice room, empty, clean waste bins were stored in an alcove, which was not suitable as the environment by nature of its location was prone to contamination. In addition the rack for the storage of urinals was located over these stored bins leading to a high risk of contamination.
- Some repair was required to the exposed woodwork under one sink to enable effective cleaning.
- Additional wall mounted containers of hand sanitising gel and danicentres (wall mounted dispensers) for the storage of aprons and gloves, were required in some corridors to ensure PPE was adjacent to the point of care.
- A full mattress which had been on the ground overnight next to a bed was seen stored on the top of the resident's 'dressed' bed. This was not consistent with good infection control practice.
- The hand hygiene sinks did not comply with current recommended specifications for clinical hand wash sinks as set out in document HBN-09 Infection control in the built environment (DoH 2013).

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were risks identified in relation to fire safety management which resulted in an urgent action plan being issued to the provider as the inspector was not assured that residents could be safely and quickly evacuated in the event of a fire. This related in particular to the upstairs compartments over two floors, where up to ten residents could be accommodated in all. This was particularly concerning as staffing levels reduced to three staff at night.

- A fire evacuation drill was required to be undertaken for the zones on floor three and floor two of the centre. This was last done, according to records seen, on 02 December 2020. Fire evacuation drills were required to be done with night time staffing levels of three staff, to ensure that all staff were able to evacuate residents in a timely manner at a time when staffing levels were lowest and most residents would be in bed.
- There was a gap in one fire safety double door which was meant to provide a thirty minutes fire and smoke barrier in the event of a fire. This presented an additional risk and the intumescent strip was replaced to create a safer barrier, following the inspection.
- There were four devices plugged into an extension lead on the upstairs landing, hoist batteries were plugged into an small alcoved area upstairs and devices were plugged into an extension lead on top of one resident's wardrobe. These were additional potential fire hazards and required risk assessment and action if necessary.
- The maps indicating fire zones required a 'mark' for the reader to be able to see his/her location, relevant to a fire exit and the direction of evacuation.

The requested fire evacuation drill reports were forwarded in a timely manner following the inspection and the issues found on inspection were stated to have been addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector found that although residents had a nursing assessment completed prior to admission and their needs were assessed using validated tools, the findings in relation to care planning from the sample of files viewed were mixed.

Although there were comprehensive care plans seen for some residents, care plans for other residents were not as comprehensive.

- For example, there was an end of life care plan in place for a resident dated 2014. This had been updated on a number of occasions in various sections of the care plan. However, it was not identified on the original document that the resident had changed their decision in previous months: this was prone to cause an error as the older documents remained in the resident's care plan.
- Improved and consistent recording of social and activity provision was required. For example, in one care plan all recording of the resident's social activity had stopped from April 2021 to November 2021 when the resident became ill, even though he was having regular visitors, room visits and conversation with activity staff members.
- Property lists required updating, as one list seen was dated 2014.
- One care plan did not have a risk assessment in place for a resident at risk of aspiration (choking).
- One skin integrity care plan was last updated on 14 October 2020.

Overall, a number of care plans were not sufficiently detailed and did not contain all the required updated information to demonstrate a person-centered approach and safe practice.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to attentive, local general practitioners (GPs) and a consultant, if required. Residents had availed of a range of other health professionals' advice and care which had continued throughout the pandemic. Dietitian visits to the nursing home had resumed in recent weeks and documentation seen by the inspector confirmed this. There was also good input from local palliative care services, the physiotherapist, the chiropodist and psychiatry of old age.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents with dementia had a comprehensive pre-admission assessment carried out to ensure that their needs could be met in this small homely setting. The inspector found that residents living with dementia, who had been found suitable for admission, were settled in the centre. Staff had been trained in this aspect of care and were seen to be kind and understanding towards residents.

Judgment: Compliant

Regulation 8: Protection

Staff in the centre had attended mandatory training in the prevention of abuse. A designated person within the centre had been trained to deliver this training and carry out any appropriate follow up.

- The centre was acting as pension agent for two residents and individual accounts were set up for them.
- The provider gave an assurance that all staff had the required Garda Síochána vetting (GV) clearance in place.
- There was a policy on restraint use in the centre. The use of bed rails was minimal. Bed rail use was subject to hourly checks at night and risk assessments and consent for use had been completed.

Judgment: Compliant

Regulation 9: Residents' rights

As found on previous inspections residents' rights were protected in the centre.

- A human rights-based approach underpinned the ethos of care in the centre and this approach was evident in how residents were spoken with and how they were facilitated to engage fully in life in the centre.
- Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were made aware of any changes in the centre. Residents felt that their rights were respected and the advocacy service was accessed if required.
- Residents said that their choices were respected in relation to visits, meals, bedtimes, to access outdoor activities, personal newspapers and mobile phones.

An example of the activity records described a range of activities as follows:

- Mass was available through video-link and rosary was said daily.
- The centre had engaged the services of a physiotherapist on a weekly basis, which residents said they were really looking forward to.
- The hairdresser and the chiropodist visited on a regular basis and these visits were documented.
- Newspapers were seen to be delivered on the day of inspection and the news was read out to residents during activity sessions.
- A number of outdoor walks were supported as well as wheelchair access outside, on the day of inspection.
- Residents engaged in gardening activities such as planting flowers and growing tomatoes.

- They were looking forward to having tea on the patio again on the warm days.
- Relaxation exercise, music and arts and crafts were continuing.
- Card playing had been revived during the pandemic and ring games were seen to be enjoyed.
- Bingo was popular as always and sessions had been increased by popular demand.
- The person in charge said that community interactions during the COVID-19 pandemic had been very kind and generous, this included the provision of technology to support video calls with families, during times when visiting had been restricted.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Strawhall Nursing Home OSV-0000295

Inspection ID: MON-0035571

Date of inspection: 04/02/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - Fire evacuation drills for all staff members were scheduled involving upstairs sections and the largest compartment of the building. We aim to have each staff member to have undergone the fire evacuation drill by March 11th 2022. <p>Announced and unannounced Fire drills will continue every month thereafter.</p> <ul style="list-style-type: none"> - The PIC will facilitate a residents' meeting every second month. Also, the PIC will continue her regular rounds to meet the residents and ensure all their needs are met. - Care plans that require updating were completed on February 07th. - The fire safety policy was reviewed and dated. - Maintenance of the premises is ongoing and continuous. However, some progress was understandably delayed over the past two years due to the Covid-19 pandemic. Please see below for a comprehensive reply to all issues identified during this inspection. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - The toilet with a leak was repaired, and new flooring was fitted on February 26 as planned prior to the inspection. - The toilet seat was replaced in the kitchen staff bathroom on February 8th. - The cleaning products representative is visiting the home on March 15th, to review our floorings, make recommendations and provide training for the right product to use. - Our front desk has lockable shelves and drawers. We will endeavour to keep all files safe and secure. - Storage units were purchased for certain rooms and wardrobes to ensure residents' 	

toiletries and items can be stored in a clutter-free and tidy manner

- We are currently painting all scuffed skirting boards, corners, and walls.
- To rectify our lack of storage in the upstairs bathroom, we have planned to convert the office upstairs into a storage room by the end of summer, where we can store the clean commodes, laundry basket, and shower chairs. As a result, the bathroom will be free from clutter, thus creating easy access for the resident. In the meantime, we will ensure to keep the laundry basket in the laundry room and the commodes and shower chair on the left side of the bathroom to easily access the toilet.
- We have decluttered the main sluice room downstairs for easy access to the bedpan washer and sluice sink. Excess/unused commodes were removed and stored in outside storage. Shower chairs are now kept in shower rooms (one in each shower room).

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

- The housekeeping staff will ensure to clean toilet seats thoroughly on the top side and the underside of the seat. In addition, the PIC will endeavour to conduct a regular audit on the cleanliness of the facility.
- Rust on the stainless steel sink, commodes and bed table legs were cleaned and painted. Also, checking of rust on surfaces was added to our IPC audit.
- Clean and unused bins were removed from the upstairs sluice room and stored in the outside storage room.
- A new urinals/bedpan rack was purchased for the sluice room upstairs.
- Exposed woodwork is currently being treated and upgraded to ensure all surfaces are wipeable.
- Danicentres were purchased, and other hand sanitizing gel dispensers were mounted on each zone of the building.
- After an assessment, the safety mattress was discontinued and removed from the resident's bedroom. Moreover, it has liaised to all staff that a safety mattress must not be kept on top of a resident bed.
- We have planned to replace the hand hygiene sink by the end of this year's summer.

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

- We endeavour to have our fire evacuation drill monthly, particularly in a night scenario where there is less staff on duty and involving the upstairs zone and the biggest compartment.

- The electrician has installed more electrical sockets on the upstairs landing, thus the extension leads were removed.
- The intumescent strip on the safety double door was replaced on February 08th.
- Our zone maps now have a 'green mark' for the reader to quickly identify their current location, particularly during an emergency evacuation.

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:

- Older documents were removed from the resident's active folder and filed away to prevent errors or confusion on the resident's care plan. We endeavour to reflect any changes on residents End of Life care plans and wishes on their End of Life purple form.
- Recording of social and activity provision has been amended. The activity staff no longer use the dedicated Activity Diary where Social and Activities were recorded and communicated daily. Instead, they are now documenting the resident's social and recreational activities of the day in the resident's care plan.
- Property lists that are greater than 1 year old are currently being updated for all residents. From now on these lists will be reviewed on an annual basis.
- The resident care plans requiring updating were reviewed. The nursing team will ensure that all residents' individualized care plans are comprehensive and reviewed regularly, documented, and dated regardless of whether there are no changes in their care plans.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/03/2022
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	11/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/08/2022

	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	Red	11/02/2022
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.	Not Compliant	Red	11/02/2022
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	Substantially Compliant	Yellow	08/02/2022

	the resident concerned and where appropriate that resident's family.			
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