



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

## Issued by the Chief Inspector

Name of designated centre:	Castle Gardens Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Drumgoold, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	31 August 2022
Centre ID:	OSV-0000696
Fieldwork ID:	MON-0037601

## About the designated centre

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

Castle Gardens Nursing Home is a purpose-built single-storey facility that first opened in 2008. The centre is situated on the outskirts of Enniscorthy town. The premises can accommodate 64 residents. Bedroom accommodation consists of 54 single and five twin bedrooms and all bedrooms have full en-suite facilities. There is a large kitchen adjacent to the main dining room. There is a large central day room and several other seating areas. The centre has designed a memory care unit which has 19 of the 64 beds. Appropriate communal areas are provided within this unit as well. Other facilities include an oratory, hair salon and laundry room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find. The centre offers nursing care for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs with low, medium, high and maximum dependency. The stated objective of the centre is to ensure that the needs and wishes of residents will be fully taken into account through their involvement in making service decisions. The centre offers 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff. Two well maintained enclosed garden areas were available to residents and were freely accessible from a number of locations throughout the centre. Adequate parking is available at the front of the building.

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

Number of residents on the date of inspection:	58
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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
Wednesday 31 August 2022	12:30hrs to 19:30hrs	Catherine Furey	Lead
Thursday 1 September 2022	08:15hrs to 15:30hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that while staff were kind and caring to residents, staff shortages on the day of inspection meant that a person-centred, rights-based approach to care was not consistently delivered.

The inspector arrived unannounced to the centre and was met by a staff member who ensured that the minimum required infection control procedures were followed prior to gaining access, including a temperature and symptom check. Following an opening meeting to discuss the format of the inspection, the person in charge accompanied the inspector on a walkabout of the premises. The centre's regional manager attended shortly thereafter and remained for the duration of the inspection. The purpose-built single storey building is laid out in two separate areas; the main house and the memory care unit, which converged on a central communal section. Communal rooms and bedrooms were spacious and clean with sufficient storage space and areas for displaying personal items. A large garden was accessible to all residents from the main dining room. This area contained tables and chairs and had safe walkways for residents to enjoy the outdoors and take exercise. A smaller, enclosed courtyard garden was accessible to residents of the memory care unit. This area was tranquil and in keeping with a home garden, with seasonal flowers and shrubs, potted plants and garden ornaments.

The person in charge outlined that over 50% of the current residents had a formal diagnosis of dementia, and others were living with some level of cognitive impairment. Many of these residents were unable to fully voice their opinions and feedback to the inspector regarding the care they received. The inspector observed that residents were well-dressed and were seated comfortably, in their rooms and the main areas of the centre. Some residents spent all day in the main sitting room, and while they appeared content, those that could express their opinions stated that "there is not much on for the afternoon" and "the day is very long". On the first day of inspection, no structured activities took place, in either unit. The inspector observed residents spending long periods in the sitting rooms on both units with limited stimulation, other than music playing in the background. Staff did attempt to interact and stimulate the residents by chatting in a light-hearted and genuine manner, but the demands of their role in providing person care and assisting residents with oral intake left little time for meaningful engagement. By the second day of inspection, the person in charge had arranged for a healthcare staff member to provide activities. A quiz was held in the afternoon of the second day of the inspection. There remained no activities in the memory care unit. Healthcare staff reported that on the days when there was a full complement of staff, there was enough time to pay attention to residents' individual needs, however they reported regularly working with a reduced staffing complement and finding this a challenge.

The centre had a large central kitchen which serviced both units and was appropriately equipped. Dining space in the main house directly adjoined the kitchen and the inspector saw that there was adequate space afforded to residents to enjoy

their meals. Meals were seen to be nicely presented. Food options were clearly displayed on a large restaurant blackboard and cold drinks were available from tasteful glass dispensers. Residents spoken with had no complaints regarding the food offered. Staff were seen to assist residents with oral intake, however on two occasions staff were seen standing over the resident and not communicating with the resident while assisting them with their meal. This did not promote the dignity of the resident and added a rushed and impersonal atmosphere to the dining experience. The provision of meals in the memory care unit was improved since the last inspection, and the choices and presentation of food was on par with that served in the main house.

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

Overall, the inspector found that the actions taken by the registered provider to achieve compliance with the regulations were not sufficient to fully ensure the safety, care and welfare of the residents. While a number of the issues identified during previous inspections had been addressed and improvements were noted, there were repeated areas of non-compliance found on this inspection, particularly with regard to staffing levels and the overall governance and management of the centre.

The centre has a history of poor compliance with the regulations over the course of two inspections on 19 November 2021 and 18 January 2022. Following these inspections there had been ongoing engagement with the office of the Chief Inspector which included attaching a restrictive condition on the centre's registration aimed at improving the governance and management of the centre and improving the quality of life for residents. The restrictive condition was applied in January 2022 and required the registered provider to take all necessary action to achieve compliance with all regulations found to be non-compliant on the inspections in November 2021 and January 2022 by 31 May 2022.

This was an unannounced inspection, undertaken following the application by the registered provider in June 2022 to remove the restrictive condition, citing that the improvements they had made within the centre had led to compliance with the regulations. The inspector found that although the registered provider had addressed some of the regulatory non-compliance with regards to infection control, healthcare, complaints, and food and nutrition, some actions proposed by the provider were not completed or sustained and as a result the provider had not complied with condition 4 of their registration. Repeated non-compliance were found in:

- Regulation 15: Staffing

- Regulation 23: Governance and management
- Regulation 9: Residents' rights
- Regulation 29: Medicines and pharmaceutical services

In addition, the following regulation was found to be found to be non-compliant on this inspection:

- Regulation 16: Training and staff development

Additionally, seven pieces of unsolicited information of concern was received by the Chief Inspector since the previous inspection in January 2022. This information largely related to the overall governance systems in the centre, including poor communication, poor complaints management and issues in relation to residents' care including falls. There had been engagement with the registered provider prior to the inspection in relation to a number of these concerns, and these were followed up during the inspection. The inspector found that there had been significant improvements in relation to complaints management in the centre. Complaints and incidents which occurred were generally well-managed and investigated. Some information contained within the concerns received related to poor staffing of the centre, and this was substantiated by the findings of the inspection, as discussed further in the report.

Mowlam Healthcare Services Unlimited Company is the registered provider of Castle Gardens Nursing Home. The company is a large organisation that is provider to a number of designated centres nationally. There is a clear senior management structure in place; the person in charge of the centre reports to the regional healthcare manager, who in turn reports to the director of care services. There is further support from quality and safety and operational managers. Since the previous inspections, there had been personnel changes within the clinical management team in the centre. The assistant director of nursing had resigned and there were now two clinical managers in post, however these both worked some nursing shifts and their combined supernumerary shifts equated to one full-time post. The assistant director of nursing post was currently vacant and it was unclear if this post would be filled.

There was 58 residents living in the centre on the days of inspection. This included six short-stay or convalescent residents. There are a total of ten egress beds in the centre, under contractual agreement with the acute services to provide rehabilitation, convalescence and step-down care to residents. There had been overall improvements in the auditing of falls since the previous inspection. The audit tool in use now took into account the timings of falls, the person in charge was a member of the Mowlam falls committee which met regularly to discuss any falls that occurred, and staff allocations had been changed to try to improve supervision in each area of the centre. Nonetheless, while records showed that the total number of falls had reduced between January and June 2022, there had been a recent increase in falls, including falls resulting in serious injuries. Staff and management had identified that the majority of falls were happening in the memory care unit, however, there was insufficient evidence to show that the registered provider had taken action to mitigate the risks of residents falling in this area. For example; new

admissions continued to be accepted to the centre, and staff reported to the inspector that on occasion they were taken from the memory care unit to provide cover in the main house, leaving this vulnerable area understaffed. This a repeat finding from the inspection in November 2021.

A review of the centre's training records showed that there was a large number of important training modules offered, including moving and handling, infection control and fire safety. A small number of newly-recruited staff had not completed the majority of the centre's required training modules. Additionally, while there was a good induction form in place for new staff, the system of inducting staff into their roles required review, to ensure that all staff were assessed as competent in their individual roles, and were confident to perform their assigned duties. This is discussed further under Regulation 16: Training and staff development.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had completed an application to remove the centre's restrictive condition 4, which detailed the reasons for the proposed removal, and included the appropriate fee.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider did not ensure that the number and skill-mix of staff was appropriate, having regard for the assessed needs of the residents, and given the size and layout of the centre. The inspector found evidence to support this finding as follows:

- The centre was not fully operating in line with the staffing levels outlined in their statement of purpose which outlines that there are 10.5 whole time equivalent (WTE) staff nurses. The rosters provided to the inspector showed that there were currently 8 nurses and two CNM's employed. The CNM's each worked nursing shifts to a total of one WTE. The remaining hours were made up by the 8 nurses, who were currently working up to 48 hours each week. Additionally, 48 hours of agency staff were required to maintain the roster. This is not a sustainable model for staffing the centre.
- Due to healthcare assistant staff shortages, the rosters showed that at times, staffing resources in the memory care unit were moved to the main house, leaving the memory care unit operating below their baseline staffing level. For example, a planned rota showed that in one two-week period, there was only three days where staffing levels were at full capacity in the memory care unit. Given a recent increase in falls sustained in this unit, and the high



dependency of the residents residing there, some of whom displayed behaviours that challenge, this posed a risk to residents' welfare. This is also referred to later in the report under regulation 7: Managing behaviour that is challenging.

- Due to a recent resignation and an extended unplanned absence, there were insufficient staff on duty to support the provision of activities for residents. The activity programme in the centre was dependant on the presence of staff that were designated to provide activities. There were none of these staff on duty on the day of the inspection and as a result, there were minimal activities facilitated for residents.

Issues with the staffing of the centre to ensure resident safety were previously brought to the attention of the registered provider in the inspections of November 2021 and January 2022. The registered provider gave assurances that new nursing staff had been recruited and were due to commence shortly, and that the additional hours required to be worked by the nursing staff was a temporary measure, agreed with all staff in the short-term.

Judgment: Not compliant

## Regulation 16: Training and staff development

Records showed that a new cohort of seven staff who were working in the centre, had not yet completed training in infection prevention and control, safeguarding, or the management of behaviours that challenge.

A review of staff files showed inconsistencies in the completion of induction records of staff which did not provide assurances that staff were appropriately supervised in their roles. For example;

- The induction form for a staff nurse had not been signed as completed until 10 months after commencement of employment
- Some induction forms gave no detail into the competency of staff to perform certain duties, despite the form being designed to capture additional information
- There was no evidence of three or six-monthly reviews being conducted, which is indicated as required in the company's own induction procedure.

Judgment: Not compliant

## Regulation 21: Records

A review of staff files found that all contained the required documents specified

under Schedule 6 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were inadequate staffing resources in place to ensure the effective delivery of care in accordance with the centre's statement of purpose, as discussed under regulation 15: Staffing. This impacted negatively on the rights of the residents, and placed residents at risk, as discussed under regulation 7: Managing behaviour that is challenging and regulation 9: Residents' rights.

The management systems in the centre required further strengthening to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The deputising arrangements for times when the person in charge was not present in the centre, including evenings and weekends, needed to be reviewed to ensure that all staff members with additional responsibilities were supported to be able to carry out their assigned duties
- Oversight of the induction and training of new members of staff was not robust enough to provide assurances that staff were competent to carry out their relevant roles
- Call bell audits had commenced following the previous inspection, however, these audits only addressed the response time to a call bell, and did not take into consideration the times when bells were ringing most. This was important as a recent complaint, and an incident form, noted that call bells ringing consistently at busy times were a potential contributing factor to the incident occurring
- Audit results showed that the levels of falls had decreased from January to June 2022. The weekly data reports for July to September had identified that the number of falls had again increased. There had been no correlation made between the lack of sufficient staffing and the increase in falls sustained
- Repeated regulatory non-compliance was found by the inspector in relation to medication management, despite audits of medication carried out finding high levels of compliance
- Communication systems required strengthening. A staff nurse meeting had not been held since 2 February 2022. Subsequent meetings had been cancelled for various reasons. There was a number of new staff nurses, and changes to the clinical management staff in the centre. Regular meetings, in addition to the daily handovers are important to ensure that staff are aware of their specific roles and responsibilities, and that lines of authority and accountability are clearly defined.

Judgment: Not compliant

## Regulation 34: Complaints procedure

Records showed that complaints were being addressed in line with the centre's complaints policy. Complaints were responded to promptly and closed complaints included details of the outcome and evidence of the complainants satisfaction with this outcome

Judgment: Compliant

## Quality and safety

Overall, the inspector found that since the previous inspection, there had been incremental improvements in the quality and safety of care being delivered to residents. Despite these efforts, the quality and safety of resident care on the day of inspection was compromised by insufficient opportunities for activation and social engagement, due to staff shortages. This directly led to a service that could not fully deliver individualised, person-centred care which was respectful of residents' rights.

There had been significant improvements in the choice and delivery of food at mealtimes, particularly for residents in the memory care unit. Meals were no longer plated up at tea time, instead were served from a heated bain marie which contained the same selection of foods as those being served in the main house. This enhanced the overall dining experience, as residents could choose their own meal from the options on offer. Each option, where possible, was also available in a modified consistency for residents with swallowing difficulties.

Improvements were also noted with regard to the centre's overall infection prevention and control procedures. A retrospective review of the January 2022 COVID-19 outbreak had been completed and lessons learned had been identified and shared with staff. The review identified areas the required improvement in relation to immediate response to an outbreak. As a result of this learning, the subsequent outbreak in June 2022 was professionally managed and well contained. Additionally, a review of sluicing and handwashing facilities had been completed and a plan was underway to address these as part of a continued upgrade and maintenance plan for the centre. The overall premises was well-maintained and domestic staff were using appropriate methods and equipment for decontamination and cleaning of the centre.

All residents in the centre had been reviewed by their general practitioner (GP) following the last inspection. These reviews included advanced planning and anticipatory prescribing to manage the care of the residents should there be a further outbreak of COVID-19 in the centre. Care plans were reviewed by the inspector, and these were seen to be completed with personalised, individual detail,

and routinely updated with important changes. A review of residents' risk assessments showed that clinical risks such as risk of pressure-related skin damage, falls, and malnutrition were assessed using validated assessment tools on admission to the centre, and thereafter as required. The inspector found that the pre-admission assessment of residents required review to ensure that all pertinent information including risks such as risk of wandering, was obtained, to ensure an appropriate plan of care could be put in place.

There was a low use of restraints such as bedrails in the centre. When these were used, they were subject to regular risk assessment. Supporting documentation in place with regard to the decision making process in consultation with the resident concerned. There was alternatives to bedrails, for example, low profile beds, falls reduction mats and sensor alarms in use. There was a clear procedure in place for the administration of PRN (pro re nata) "as required" medication to minimise responsive behaviours. Residents were assessed for underlying factors that may perpetuate these behaviours, and medication was only administered as a last resort. Aspects of the centre's overall medication management systems had been improved since the previous inspection. For example, short-stay residents had the same form of prescription chart as long-stay residents, to maintain a consistent approach to administration of medications and new checking systems were in place to sign for medications received from the pharmacy. Despite these improvements, the inspector found continued issues in relation to medication which were not in line with best-practice guidance. These are outlined under regulation 29: Medicines and pharmaceutical services.

Overall, systems to improve the quality and safety of residents' care required further strengthening. On the days of inspection, residents were not fully afforded the right to participate in activities. The protected hours for overseeing social care and activities in the Memory Care Unit were not in place. Staff, though dedicated and kind, struggled to meet these important needs.

### Regulation 11: Visits

Visits to the centre were ongoing and posed no unnecessary restrictions on residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were provided with adequate quantities of wholesome and nutritious food and drink which were properly and safely prepared, cooked and served. Residents had a choice of menu at meal times and could avail of food, fluids and snacks at

times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs.

Judgment: Compliant

### Regulation 27: Infection control

The centre was cleaned to a high standard, with well-organised cleaning schedules and routines. The person in charge maintained links with the local area HSE infection control nurse, to support staff to implement infection control measures in line with the standards for the prevention and control of healthcare associated infections published by HIQA. A documented, time-bound infection control improvement plan was in process, which addressed identified issues from the previous inspection, such as the provision of clinically-compliant handwashing sinks and a sluice room for the memory care unit.

Judgment: Compliant

### Regulation 28: Fire precautions

Only one aspect of this regulation was assessed during this inspection; 28(1)(e).

Records of timed fire evacuation drills showed that these were being completed regularly, clearly simulating various different scenarios and detailing the methods of evacuation of each resident, and the level of assistance required. Staff confirmed that they were aware of the procedures to follow in the event of a fire in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed examples of poor practice in relation to the storage and use of some medications which could lead to adverse outcomes for residents. For example;

- An insulin pen was stored inappropriately in a fridge, despite guidance on the packaging stating it is not to be stored in a fridge when in use
- Boxes of insulin were stored next to a freezer compartment in a fridge, despite the packaging clearly indicating that it is not to be stored in this manner. Additionally, this freezer compartment was leaking and had damaged many boxes of medication

- The available quantity of a medication indicated that it had been omitted in error 17 times for one resident, and 14 times for another resident. This medication had been signed on all occasions as being administered
- Dates of opening were not consistently recorded for medications which had a reduced expiry once opened. One expired medication was still being administered
- A topical patch was in use which had specific instructions regarding it's application. These instructions were not being followed correctly

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed prior to a residents' admission to the centre. The person in charge confirmed that this could be completed during an in-person assessment, or over the phone with the resident's family or with staff from the discharging facility. A review of this assessment tool showed that it was not sufficiently capturing all relevant details, including potential health and safety risks. It did not include validated, evidence-based assessment of the resident's needs, and had the potential to lead to inappropriate admission to the centre, or failure to identify important risks.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents received a good level of nursing and medical care in the centre. There was regular access to GP services, and evidence of regular reviews of medications and overall health. Professional expertise was sought in a timely fashion, for example, community psychiatry services and wound care specialists were appropriately referred to, and there was evidence that following the review, the suggested plans of care were implemented.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who displayed behaviours that challenge all had an individual care plan which detailed the specific needs of the residents including the triggers to the behaviour, and the known methods to de-escalate and minimise the behaviour.

Nonetheless, staff reported that there was a number of residents who required enhanced supervision in the memory care unit, for example; disorientated wandering residents, residents who displayed occasional aggression to staff and other residents, and residents who had previously fallen and were at risk of further fall. The inspector was not assured that there was sufficient staff to ensure an adequate level of supervision for residents who were displaying behaviours that challenge, as detailed under regulation 15: Staffing.

Additionally, some staff working with residents displaying behaviours that challenge did not have up-to-date knowledge and skills , to respond to and manage this behaviour, as outlined under regulation 16: Training and staff development.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Action was required to ensure that all residents were provided with opportunities to participate in activities in accordance with their interests and capacities;

- Due to the recent absences of both activity coordinators, residents' choice in activities was restricted over both days of the inspection. Care assistants worked hard to provide some level of stimulation, however, they were busy with their other assigned duties. During the inspection, a member of staff was brought in to provide group activity in the main house, which was also attended by residents from the memory care unit. However, the residents were seen to spend long periods of time in their chairs in the sitting room, with limited stimulation other than music or television playing in the background.

Action was required to ensure that all residents were consulted about and participate in the organisation of the centre;

- Records showed that residents' meeting were usually held every two months in the centre, however there was a low attendance, and it was generally the same residents attending. Additionally, resident and family satisfaction surveys were only conducted once a year, therefore residents' feedback was not being consistently captured.

Judgment: Not 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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Castle Gardens Nursing Home OSV-0000696

Inspection ID: MON-0037601

Date of inspection: 01/09/2022

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Please see feedback document regarding Staffing.</p> <ul style="list-style-type: none"> <li>• There is an ongoing and active recruitment programme to fill all vacant posts in the nursing home. This includes recruiting appropriately qualified staff locally, nationally and from overseas. Two nurses have commenced in post since 29/08/2022, leaving one current nursing vacancy. There is a candidate expected to fill this vacant post by the end of October pending successful completion of the RCSI exams.</li> <li>• This brings the number of nurses appointed in 2022 to four and we have also appointed nineteen Healthcare Assistants. We are fully committed to recruiting the right staff until we have a full complement of staff in accordance with the Statement of Purpose.</li> <li>• We are currently recruiting an Assistant Director of Nursing.</li> <li>• We will continue to monitor staffing levels to ensure that safe and person-centred care is always provided to all residents. The use of agency staff will be required to safely staff the home in the interim and we will reduce our reliance on agency staff as the number of permanent staff increases.</li> <li>• It is always our preference to ensure that our permanent nursing home staff are on duty; however, due to national challenges in recruiting nurses the registered provider has maintained safe staffing levels by supporting our own staff with agency staff to fill vacant posts and short-notice absenteeism if there are no available permanent staff. We have been fortunate to secure the continued services of agency staff who work exclusively in the nursing home, so they are familiar with the residents, the staff and the working practices and routines in the home. We have included these agency staff in our staff training and development programmes to enhance the quality of care they provide and ensure that they are an integral part of the care team.</li> <li>• We have an incentive scheme in place for permanent staff to voluntarily work additional hours if they wish, and the PIC monitors rosters carefully to ensure that staff have sufficient rest periods and do not work excessive hours.</li> <li>• To maintain compliance with the regulations on staffing, we will continue to provide sufficient numbers of appropriately qualified staff and skill mix as per 15(1) and 15(2). In</li> </ul>	

the interim, we will continue to supplement permanent staff with agency staff to backfill vacancies and staff unavailability until our recruitment programme is completed; suitable mitigations are in place to ensure that where agency staff are in use, they are appropriately supervised and providing safe care.

- HCAs are not regularly redeployed from the Memory Care Unit to the main house and the PIC will continue to monitor rosters to ensure this does not occur. This occurred on one week and was done safely; the PIC ensured that there were always sufficient staff to care for all residents' assessed care needs in the Memory Care Unit.
- Based on a review of incidents undertaken by the PIC, the senior management team can find no evidence to indicate that staffing levels impacted on or were a causative factor in any adverse events in the home during the period stated in the report above.
- Due to unanticipated unavailability, the centre's two Activities Coordinators were unavailable for one week only. One had resigned one week prior to the inspection. A new Activities Coordinator commenced full time on 12/09/2022. One HCA staff, who has experience in providing activities is currently providing part time cover for activities. The PIC has a contingency plan to ensure that there are no gaps in provision of activities for residents in the nursing home.

Regulation 16: Training and staff development	Not Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- All new staff will receive training commensurate with their role as part of the induction programme. The PIC will monitor individual personnel files to ensure they include details of induction, probation and training and development needs.
- All staff who commenced employment prior to the recent inspection have now completed all required mandatory training; the PIC has scheduled refresher updates for on-site training.
- A monthly review is now in place to ensure all new starters are up to date with the induction programme, including mandatory training courses.
- The PIC has completed an analysis of staff development needs and will schedule further education including enhanced dementia care, responsive behaviour management, wound care, medication management and care planning.
- The PIC has scheduled individual meetings with all staff to complete a competency appraisal which covers the core competency of each role, including emergency response procedures. The outcome of the individual meetings will be recorded in the induction/probation documentation and will provide assurances that all staff are aware of their role and function.

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The PIC has reviewed deputising arrangements. There are two Clinical Nurse Managers (CNM) and two Senior Staff nurses who deputise in the absence of the PIC, including weekend cover. Staff nurses in charge on night duty have also been reviewed and the PIC has met with these key staff to ensure they are aware of their roles and responsibilities for escalating any risks and managing emergency situations.</li> <li>• Oversight of induction and training has been reviewed and specific actions are listed under respective regulations.</li> <li>• The PIC will review call bell audits and will include periods of time when call bells are ringing most frequently.</li> <li>• The PIC has reviewed falls audits and compared them with staffing levels at the time of falls incidents. The review found no evidence to support the falls incidence being associated with a shortage of staff. The audit also identifies reporting of incidents as per policy and clear lines of communication on incident reporting. The falls audit available at the time of the inspection identified that supervision and allocation required review for unwitnessed falls between the hours of 18.00 to 23.00hrs. As part of a quality improvement plan, an additional twilight shift commenced on 05/09/2022 to enhance supervision during these hours.</li> <li>• The PIC will continue to ensure that all medicinal products are administered in accordance with the directions of the prescriber.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• The PIC has reviewed storage of medications. New medication fridges were installed on 03/10/2022.</li> <li>• The PIC has reviewed medication omission errors and signature omissions with nursing staff and a system is now in place to ensure that nurses check individual medications and that they are aware of the location and storage arrangements of medications that are not stored in the medication trolley.</li> <li>• The PIC has commenced one-to-one supervision meetings with all nurses and will ensure that each individual nurse is competent in the safe administration of medications and that they have a clear understanding of their accountability regarding medication management.</li> <li>• Management of expired medications, disposal of unused medications and topical medication management will be included in the PIC's supervision meetings with individual nurses.</li> </ul>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• All residents have a comprehensive assessment on admission to the home by nursing staff initially and then by the GP, physiotherapy and occupational therapy if warranted.</li> <li>• A review of pre-admission assessment records was undertaken prior to the inspection, and we have introduced new templates to our electronic care records system on 26/09/2022. This new pre-admission assessment includes validated nursing assessment tools, fire safety and health and safety risk assessments.</li> </ul>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• Current staffing levels in the Memory Care Unit are proportionally higher than in the main home in order to provide enhanced supervision and care for residents who have increased needs related to dementia.</li> <li>• Effective management of responsive behaviours will also assist staff in reducing anxiety, distress and agitation of residents in the Memory Care Unit.</li> <li>• There is an emphasis on all staff supporting residents in Memory Care with quality of life as well as providing care; for example, nurses and Healthcare Assistants take time to chat, walk, read, participate in activities with residents and promote a relaxed environment.</li> <li>• The design of the internal and external area of the Memory Care Unit facilitates residents with a desire to walk with purpose as they are self-contained and devoid of trip hazards.</li> <li>• Enhanced training and education in dementia care and managing behaviours that challenge will be scheduled for staff.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant

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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- It was regrettable and unanticipated that both Activity Coordinators were absent at the same time, but thankfully this is a rare occurrence. The situation has since been resolved. There is also a back-up arrangement in place for designated Healthcare Assistants with experience in activities who will prioritise the provision of activities for residents in the event of the Activity Coordinators being unavailable.
- There are regular scheduled activities for all residents, including individual, small and large group activities. There is a wide variety of scheduled activities that take place in the home by external providers which supplements the work of the Activities Coordinators and staff, including Mass, quizzes, hairdressing, music/dance, bingo and arts/crafts.
- One to one activities and small group activities are provided daily by nursing and care staff in the Memory Care Unit. During the recent inspection, a group painting activity took place on the first day, and on the second day there was a music session, and an art and craft activity took place which involved several residents.
- Feedback from residents and families is encouraged and important to the ongoing improvement of good quality care and meaningful and varied activities in the home. The PIC has an open-door policy and actively engages with residents and their families.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	07/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	18/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	07/10/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	07/10/2022

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	07/10/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	07/10/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident	Not Compliant	Yellow	26/09/2022



	immediately before or on the person's admission to a designated centre.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	25/10/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	12/09/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	31/10/2022