Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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| Name of designated centre: | Mullinahinch House Private Nursing Home |
| Name of provider: | Mullinahinch House Private Nursing Home Limited |
| Address of centre: | Mullinahinch, Monaghan |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 18 June 2020 |
| Centre ID: | OSV-0000148 |
| Fieldwork ID: | MON-0029722 |

## About the designated centre

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

Mullinahinch House Private Nursing Home is a purpose built facility that can accommodate a maximum of 54 residents. It is a mixed gender facility for dependent persons over the age of 18 which provides 24 hours general nursing care for both long term residents and short term such as respite, convalescence, palliative and end of life care. Based on a pre-admission assessment, residents with dementia can also be admitted if it is established that the facilities and services provided could adequately meet their needs. Care is provided for people with a broad range of needs: low, medium, high and maximum dependency. The centre is a two storey building situated 2.5 km from Monaghan town in a quiet country area on over an acre of landscaped gardens. Accommodation comprises of 28 single and13 twin bedrooms, each with its own en-suite facility. There are also two common rooms, a dining room, day room, activities room, a hairdresser salon and an Oratory on site. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. The centre's stated aims and objectives are to provide excellent health care, tailored to each individual resident needs in a place designed to emulate an environment as comfortable, welcoming, safe, and pleasant as residents' own homes. Parking facilities are available on site.

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

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| Number of residents on the date of inspection: | 31 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date | Times of Inspection | Inspector | Role |
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| Thursday 18 June 2020 | 09:30hrs to 17:30hrs | Sheila McKevitt | Lead |
| Thursday 18 June 2020 | 09:30hrs to 17:30hrs | Siobhan Kennedy | Lead |

## What residents told us and what inspectors observed

Residents told the inspectors about how their daily and evening routines had changed in recent months due to the COVID- 19 pandemic. They were very aware that staff wanted to make every effort to ensure that they were safe and comfortable. Residents confirmed that they felt secure in the centre. They told the inspectors that nurses and carers told them all about the pandemic and provided up-to-date information to help them cope and reduce their anxieties. A resident who wished to be in communal sitting room conveyed that wearing a mask was safer even though it was not comfortable to wear all the time.

Residents' description of life in the centre in the past few months were varied. They talked about the isolation and lock down. Some residents considered that they still had lots to do and that staff helped to engage them in creative situations for amusement and fun, but overwhelmingly they missed their usual activity plans and interactions with the local community, family and friends. They knew that all sorts of opportunities had been created for their relatives to communicate with them including the technologies and having a window visit either in communal viewing areas or in residents' own bedrooms. They told inspectors it was good to have visitors even if it was through the window, it was good to talk to them, though very emotional. It was great to see their family, 'just great'. A relative who was carrying out a window visit with a resident was fully satisfied with the quality of care provided and the support offered to the family members. In line with the revised guidance inspectors met with one relative who was visiting a family member in the designated centre and met with their loved one in the resident’s bedroom. The relative was overjoyed to be able to make this visit.

Staff told the inspectors that they made every effort to ensure the safety of the residents and followed all of the procedures including changing into uniforms when they entered the centre, wearing appropriate personal protective equipment (PPE)and changing this equipment between activities. They talked about providing empathy and looking after residents from a holistic perspective. Staff were thankful that they had nursed and cared for residents and brought them back to good health. Staff grieved that due to restrictions at the time they had not been able to provide the type of end-of-life care that they wanted to and that they could not attend resident's funerals to show their respects and sympathise with the families. The residents also grieved the death of so many of their friends and companions who died in the centre.

As the outbreak came to an end staff made every effort to normalise the routines for the residents. At the time of inspection some residents were in their bedrooms while others were in the communal areas participating in low-key activities such as reading the newspaper, watching television chatting to each other, having a hand massage or participating in a word game. An activity staff member described the individual and group activities that were being offered and told the inspectors that the greatest gift was to see residents smile and laugh again. Some residents were

having their meals in a communal setting albeit while social distancing. Residents were happy with the food and meals they received.

Residents were satisfied with their bedroom accommodation confirming that they had sufficient space for their personal items. They acknowledged that the staff members kept the bedrooms and all areas in the home neat, tidy and clean. Residents told inspectors that they were glad to be out of their bedrooms. It was good to see others and to be in the sitting room engaging with all the goings on.

Residents told inspectors about the change in the ownership of the nursing home. They spoke about the previous provider and person in charge with fondness and told inspectors that the new lady manager appears nice. They appeared to be well informed of the recent changes to the management structure and were quick to say there were no changes to the good standard of care they received. Management and staff also commented on the challenges of the acquisition coupled with the impact of the pandemic which resulted in the absence of a number of staff. Some staff described the efforts that they had gone to to ensure that they could remain in their role whist protecting their own families. A number of staff had moved out of their family home into temporary accommodation for over three weeks in order to prevent the potential spread of COVID-19 during the outbreak in the centre. Another consequence of these events at that time was that the current person in charge who had come into post in March 2020 did not have an opportunity for a handover or induction from the previous management team.

Staff who contracted COVID-19 described the severity of the illness and had a great understanding of what residents were experiencing. They confirmed that management and colleagues were very supportive. However, the grief and loss on returning to work was immense. A palpable sense of loss - a heartbreaking time were some of the phrases that staff used to describe how they felt and in some cases were still feeling. Some staff made reference to the media coverage of how the nursing homes had performed during the COVID-19 pandemic and were hurt and angry that the coverage had not included the hard work of many staff working in difficult conditions trying to do their utmost to care for residents whom they perceived as their extended family members. Residents confirmed how hard staff had worked during the outbreak and said that staff were extremely kind, would do anything and nothing was too much trouble for any one of them.

## Capacity and capability

In October 2019 the company that is the registered provider, Mullinahinch House Private Nursing Home Limited, underwent a change of directors and provider representative. In addition a new person in charge was also appointed. As a result the inspectors found that there was a new management team in place who had experienced a COVID-19 outbreak in the designated centre within their first four weeks of coming into post.

Inspectors were informed that the management team was still being established. An assistant director of nursing post remained vacant and two clinical nurse managers had just been appointed and were due to start in the coming days. As a result roles and responsibilities had yet to be identified and implemented as the new management team came into place. Although inspectors acknowledged that the current management team had been through a challenging time since March 2020 they found that significant improvement and focus was now required to achieve good quality safe services and to bring the service into regulatory compliance.

Inspectors found that there was no clear systems in place to monitor some areas of practice. This had resulted in the management team not having a clear oversight of all aspects of the service provided. The lack of oversight resulted in non compliance's identified below:

- Regulation 23: Governance and Management
- Regulation 34: Complaints
- Regulation 4: Policies and Procedures
- Regulation 26: Risk Management

The poor management of complaints was also reflected in the fact that HIQA had been contacted a number of times in 2020 in relation to issues of concern. These concerns related to the quality of the care and services being provided to residents living in the centre.

Key policies and procedures had not been reviewed and implemented in line with the most up to date infection and prevention control guidance. "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units" version 6, 08 June 2020.

The number and skill mix of nursing and care staff was good during the day and night. The needs of the resident's were being met and residents were satisfied with the standard of care they were receiving.

Staff spoken with had a clear awareness of the signs and symptoms of COVID-19 and identified a clear pathway to report any concerns they might have regarding a resident. They had all received training in standard infection and prevention (IPC) precautions, including hand hygiene, respiratory hygiene and cough etiquette and in the transmission-based precautions and the appropriate use of personal protective equipment. Residents had also received training on hand hygiene, respiratory hygiene and cough etiquette.

## Regulation 14: Persons in charge

The person in charge was present on the day of inspection. She had commenced in

this role on 02 March 2020 and had been deemed fit to hold the post of person in charge prior to this inspection. She was due to complete a management course by Mid June 2020, however, inspectors were informed that this would not be completed until mid July 2020. She worked full-time and was supported in her role by the provider representative. The Assistant Director of Nursing (ADON) post was vacant, inspectors were informed that this post was advertised but not filled to date.

Judgment: Substantially compliant

## Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the holistic needs of the residents living in the centre. There was a minimum of one registered nurse on duty on each shift. There was no use of agency staff in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff had mandatory training in-place. All staff involved had completed the training outlined in the "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units" version 6, 08 June 2020. Those spoken with had a clear awareness of the early signs and symptoms of COVID-19 virus. Two nursing staff had been nominated to conduct training in taking swabs but had not yet completed this training.

Inspectors found that there was a system of communication to ensure that staff had the information and support they needed to provide safe and effective care. This mainly consisted of monthly meetings with staff and twice daily handover meetings.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was reviewed and overall was found to contain the required information outlined in Schedule 3.

Judgment: Compliant

## Regulation 21: Records

Overall records reviewed were accessible, clear and easy retrievable. Although the records of deceased residents required review to ensure they were filed appropriately.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The management structure outlined in the statement of purpose was reflected in the centre. Inspectors were not assured that the channels of communication between the new provider and new person-in-charge were robust enough to ensure effective governance of the centre. This was evidenced by the level of non-compliance identified on this inspection.

Inspectors found that the management team did not have effective oversight of the quality of care being delivered to residents. There was no audit plan in place for 2020 to ensure that nursing care provided was safe, appropriate, consistent and effectively monitored. For example two areas of practice had been audited in 2020, these included infection control and medication management and actions for improvement had been identified. It was not evident to the inspectors that these actions had been implemented and as a result there was no evidence that the required changes to practice had been implemented to ensure better outcomes for the residents.

The management issues identified on inspection included:

- Lack of clear policy on accessing appropriate health-care for residents
- Policies and procedures not updated with up-to-date guidance as reflected in "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units" version 6, 08 June 2020
- Complaints policy not clear and not meeting legislative requirements.
- Ensuring the premises met the "National Standards for Residential Care Settings for Older People in Ireland, 2016'.
- Appropriate management of risks in the designated centre.

An annual review had been completed in 2019. It included feedback from residents but did not include a quality improvement plan for 2020.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The statement of purpose had been reviewed and was on display in the centre. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre. However, a copy of the revised statement of purpose had not been submitted to the Chief Inspector.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

Inspectors were informed that the centre had received no complaints in 2019 or to date in 2020. They had no complaints on file since the last inspection of February 2019.

The complaints procedure and the complaints policy provided conflicting information regarding the procedure to follow if one had a complaint to make. The complaints procedure was displayed in the front foyer where it was clearly visible to residents, relatives or staff. However, its content did not reflect the updated complaints policy reviewed by inspectors. The updated complaints policy identified the complaints officer, however, it contained conflicting information regarding the appeals person and it did not identify the person responsible for overseeing the complaints.

As a result inspectors did not find that the complaints policy provided clear and up to date information to support those residents or families who might wish to raise a complaint about care and services.

Judgment: Not compliant

## Regulation 4: Written policies and procedures

The schedule 5 policies were available for review. Inspectors observed that managers and staff had implemented the guidance from the Health Protection Surveillance Centre. (Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). However a number of the Schedule 5 policies had not been updated to include this guidance. This included;

- The end of life policy,
- the visiting policy,

- the admission, transfer and discharge policy.

As a result staff were not trained on the updated policies and there were inconsistencies in practice for example in the oversight of visitors wearing face masks when visiting their relatives in the designated centre.

Judgment: Not compliant

## Quality and safety

The care and support received by residents was of a good quality and ensured that they received care and services in line with their needs. The inspectors found that staff had worked particularly well together during the recent COVID-19 outbreak to ensure that residents received the care and support that they needed. However inspectors found that some improvements were required in the care planning process (assessment and interventions) and accessing appropriate community health-care for residents.

The inspectors reviewed a sample of care plans and found that the availability of information in relation to assessment, treatment plans and referrals to community health-care professionals was not consistent in all records and that not all records of care planned or given were clear. Care plan reviews were recorded and one relative informed the inspectors that the person in charge (PIC) conducted a review of a resident's care outdoors during the outbreak. Inspectors were informed by the management team that a new system of recording had been recently introduced and it was their intention that staff training in this area would address the issues with care records found on the inspection.

The inspectors heard from staff how they responded and managed responsive behaviours in a manner that was not restrictive, however, the use of bed rails required review to ensure that the centre was working towards a restraint free environment in line with national best practice guidance.

Residents who had recovered from COVID-19 described the attentiveness of staff when residents showed signs and symptoms. They confirmed that staff did everything in their power to make them feel well again. Some residents were grateful to the committed staff who treated them successfully in their home without the necessity of having to be transferred to hospital.

It was evident that the residents lived experiences of residential care were diminished due to the COVID-19 restrictions. However, staff, as far as was practicable implemented a social care programme to meet the individual needs of residents. Staff were aware of residents' spirtual needs and did their utmost to ensure their spiritual well-being.

Residents were offered opportunities to exercise their choice in a range of personal

matters within their private bedroom space, for example, opportunities for personal hygiene, choice of clothing and a selection of food menus. The inspectors saw that residents were comfortable and that their privacy was respected.

Residents were encouraged by staff to maintain their personal relationships with family and friends and visitors were welcomed in accordance with the current public health guidance.

The design and layout of the premises was appropriate for residents however there were insufficient staff changing facilities to ensure that staff could follow the uniform policy and maintain infection prevention and control standards.

Inspectors found that the risk management policy was not fully implemented in relation to a serious incident/adverse event.

In the main infection prevention and control practices were safe. Some improvements were required.

## Regulation 11: Visits

During the pandemic there were restrictions on relatives visiting residents internally in the designated centre. Other arrangements such as window visiting and using information technology equipment to communicate with residents were offered in order to reduce residents' social isolation.

The day of the inspection was the first day whereby some restrictions on visiting had been lifted and management had drawn up policies, procedures and protocols so that identified visitors could visit a resident in their own bedroom space during an allocated time slot. This included appropriate entry and exit procedures and use of personal protective equipment (PPE) by visitor(s). However the inspectors saw that the guidance was not fully adhered to by visitor(s) and that staff did not identify this. Inspectors shared the information with managers who identified a need for further information for visitors and more vigilance by staff in monitoring the visiting protocol to ensure the safety of residents.

Judgment: Substantially compliant

## Regulation 13: End of life

Staff described a person-centred approach to end of life care.

Where decisions had been made in relation to advance care directives, such decisions were recorded and staff were knowledgeable about residents' resuscitation

status.

Judgment: Compliant

## Regulation 17: Premises

In accordance with regulation 17 the designated centre was designed to meet the needs of residents.

During the inspection two bedrooms that were not in use were being used by staff to don and doff personal protective equipment (PPE). One was located on the ground floor and one on the first floor of the centre.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy and procedure, however this had not been reviewed by the current management team and was insufficiently specific to the designated centre.

Inspectors saw that the risk register had also not been reviewed by the current management.

While there was a plan in place for responding to COVID-19, this had not been fully updated in accordance with the guidance, in particular, the "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units" version 6, 08 June 2020.

Inspectors found that arrangements for the identification, recording, investigation and learning from a serious incident/adverse event (COVID-19) involving residents had not yet been carried out.

Judgment: Not compliant

## Regulation 27: Infection control

There was strong evidence that staff were knowledgeable about the standards and updated guidance for the prevention and control of health care associated infections

in accordance with COVID-19.

Staff had received education and training in infection prevention and control and there was good evidence of hand hygiene, the use of protective clothing, decontamination of equipment and the management of laundry and waste.

Household staff were very clear about infection control policies and procedures and the designated centre was clean. Staff confirmed that they participated in an induction programme and infection prevention and control training.

The personal protection equipment (PPE) room was not sufficiently organised to ensure good infection prevention.

The inspectors noted some staff members found it difficult to ensure that the masks were appropriately worn.

There were no suitable changing facilities for staff of all disciplines.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The inspectors were informed that the documentation in relation to the assessment and care planning process were being transferred to an electronic system.

An examination of some residents' assessment and care planning showed that it was not easy to retrieve information quickly in order to assess the quality of assessment, subsequent interventions/treatment plans and referral to appropriate community health care professionals.

A care plan for a resident displaying responsive behaviours had not been updated since October 2019.

Revision of the care plan where necessary, was not always evident.

The identity of some residents was not up to date.

Following a discussion of the care planning process the person in charge considers that training of all staff would lead to consistent practices.

Judgment: Substantially compliant

## Regulation 6: Health care

There was evidence per telephone of medical reviews of residents and some involvement of the allied health professionals services, however, this was not consistent throughout the nursing and medical records/documentation and some referrals were not followed up by nursing staff.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

Communication with staff showed that they had sufficient knowledge and skills appropriate to their role to respond to and manage behaviours that were responsive.

Approximately half of the residents were using bed rails and while staff considered that this was in the interests of resident safety during the pandemic it requires review to ensure that residents are not unnecessarily restricted.

Judgment: Substantially compliant

## Regulation 8: Protection

The matter arising from the previous inspection which related to staff having the necessary vetting disclosures in accordance with the National Vetting Bureau was found to have been addressed and staff had the appropriate Garda vetting in place before they commenced in their roles in the designated centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Inspectors found that residents were well looked after by staff who knew them and endeavoured to provide person centred care in what had been a difficult period during the COVID-19 outbreak. Residents were offered choices in their care and daily routines and residents told the inspectors that staff worked hard to ensure that they could participate in activities in line with their abilities and preferences.

Through feedback from residents the inspectors found that residents had the opportunity to exercise their religious rights and that their beliefs were respected by staff.

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| An independent advocacy service was available to residents. |
| Judgment: Compliant |

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

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 14: Persons in charge | Substantially compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 34: Complaints procedure | Not compliant |
| Regulation 4: Written policies and procedures | Not compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Substantially compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management | Not compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Mullinahinch House Private Nursing Home OSV-0000148

## Inspection ID: MON-0029722

## Date of inspection: 18/06/2020

**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 14: Persons in charge | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 14: Persons in charge:<br>1) The Person in Charge successfully completed the QQI Business Management Course with the College of Management and IT (CMIT). Completed - July 2020 | |
| Regulation 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>1) An electronic system (EpicCare) has been implemented for the management of resident files (see below). The files for all future deceased residents will be stored on the electronic system. Completed – July 2020.<br><br>2) The process for filing paper records of deceased residents has been reviewed. A member of staff (Office Administrator) has been nominated as the nursing home's Data Protection Officer. As part of this role they have responsibility for the storage and management of files of deceased residents. Completed – July 2020.<br><br>3) A dedicated storage area for records of deceased residents has been identified as in File room in the first floor. All records for deceased residents are being be stored in this area. Completed – July 2020.<br><br>4) An audit has been scheduled with a focus on records management and will include this process. To be completed – 15/9/ 2020. | |

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| Regulation 23: Governance and management | Not Compliant |

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The CEO and PIC of Mullinahinch House Private Nursing Home work together to ensure all residents receive the highest quality of care and service. As part of this commitment to delivering high-quality care and support to residents and their families, the nursing home is undertaking a full review of its governance and management structures and systems in line with, and to fulfil, the regulations. This includes the following:

1) The nursing home's governance and management structure has been reviewed. Clearly defined governance arrangements and structures have been agreed that set out lines of accountability of management and staff. The CEO's (Registered Provider Representative) role is now defined in relation to oversight of support services, with the Person in Charge role directly overseeing all clinical and care aspects. The CNM role has been clearly defined in relation to oversight of direct care provision by the healthcare team. Commenced – 22/06/2020.

2) The reviewed and updated organisational chart is to be displayed in the nursing home and communicated to all members of staff through education and ongoing communication via handover and internal team meetings. Completed – 14/8/2020

3) A clearly defined teams and committee structure has been developed. This includes:
• Group Management Team
• Mullinahinch House Private Nursing Home Management Team
• Multidisciplinary Care Team
• Multidisciplinary Service Team
• Residents Committee
Terms of reference are being developed for each of these teams which include, aims and objectives, roles, frequency and required membership. Commenced – 12/08/2020.

4) A yearly meeting schedule for all teams and committees including Management team, multi-disciplinary care team and multi-disciplinary service team is under development. Lessons learned will be formally provided to staff through ongoing communication and scheduled team meetings. Commenced – 13/08/2020.

5) Governance and Regulation Training has been scheduled for key management. The content shall include:
• Legislation, Standards and Guidance
• HIQA Inspection Report Findings
• Roles and Responsibilities
• Governance – Structures and Processes
Completed – 13/08/20.

6) The two CNMs noted in the HIQA report have commenced in their posts and their

roles and responsilbities have been clearly defined as part of the governance review. Commenced – 22/06/2020.

7) Mullinahinch House Private Nursing Home have engaged a healthcare management specialist organization to support the governance and organizational review. Commenced 17/7/2020

8) An annual audit programme is being developed. For each scheduled audit this will include timeframes, the scope of the audit, relevant policies and procedures for consideration and responsibilities. Commenced – 21/08/20.

9) Quality and Safety Audit training has been scheduled for key staff within the nursing home. To be Completed – 21/08/20.

10) To support the internal audit programme a one-day audit shall be undertaken, against a specific aspect of the HIQA regulatory framework, by an external healthcare management specialist organization. To be Completed 3/9/ 2020.

11) The PIC shall ensure that all findings raised by internal and external audits are actioned, and this shall be overseen at the nursing home's Management Team meetings. Commenced. 22/6/2020

12) The suite of Key Performance Indicators to be monitored by the management team has been reviewed. These are being refined to determine the relevant numerators, denominators, stratifications, and collection methodologies, and ensure they relate to all relevant areas of the regulations. To be Completed – 31/08/2020.

13) Data collection for KPIs to commence and be monitored on an ongoing basis by the PIC and CEO. To be Completed – 30/8/2020.

The Annual Review for 2019 has been reviewed and a corresponding quality improvement plan for 2020 has been developed. All identified actions have been compiled into an Actions document, and associated timeframes and responsibilities for completion identified. This Actions Plan discussed at management team meetings. Commenced 06/08/2020.

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| Regulation 3: Statement of purpose | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
1) The Statement of Purpose was provided to Inspectors during the HIQA Inspection. An updated Statement of purpose with change in the organizational structure is displayed in the nursing home. Completed – 13/8/2020

2) Following the governance review outlined above, the Statement of Purpose will be updated to reflect the changes and resubmitted to the Office of the Chief Inspector. To be completed – 18.08.2020.

3) This updated Statement of Purpose redistributed throughout the nursing home. Completed – 14/08/2020

| Regulation 34: Complaints procedure | Not Compliant |
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
1) The Person in Charge has been appointed as the Designated Complaints Officer. Completed 30/07/2020.

2) An independent appeals person has been appointed. This has been updated in the Complaints Policy and Procedure. Completed 30/07/2020.

3) The Complaints Management Policy and Procedure has been updated and displayed prominently in the nursing home. Completed 30/07/2020.

4) All staff have been informed about the updated process and are required to sign to state they have read the policy and procedure. To be completed 30/08/2020.

5) To support residents and increase awareness of how they or their families can make a complaint, information about the complaints process will be discussed at the next Resident's Committee. Completed 11/08/2020.

6) Complaints are now being recorded in the EpicCare resident record system. This is facilitating oversight and monitoring by the PIC. Completed 30/07/2020.

| Regulation 4: Written policies and procedures | Not Compliant |
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
1) The PIC is undertaking a review of all policies and procedures required by the nursing home. A schedule for this review has been developed, and the Schedule 5 policies and procedures have been prioritized. To be completed – 30/9/2020.

2) The following key policies and procedures have been updated: end of life policy, the visiting policy, and the admission, transfer and discharge policy, Covid policy , infection control policy , Challenging behavior , Consent and advocacy policy , complaints policy , care plan policy , positive risk taking policy , seizures , data protection and record management, residents personal and intimate care policy , Violence and aggression , delegation and supervision ,safeguarding policy , restraint policy , pronouncement of death policy. Rest of the policy to be completed by 4/9/2020
3) Relevant guidance and best practice information is being identified and incorporated as part of the policy and procedure review. A references list is being included in relevant policies and procedures to note the source of relevant information. Completed.

4) Staff are being communicated to about updated policies and procedures. Staff are required to read the policy and procedure, and sign to state this has been completed. To be Completed – 30/10/2020.

5) The Audit Schedule (outlined above) will incorporate the audit of all relevant policies and procedures. To be completed – 21/08/2020.

| Regulation 11: Visits | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 11: Visits:
1) The process for supporting visitors has been reviewed and communicated to all staff. Completed – 30/07/2020.

2) A mobile Perspex screen has been sourced and is being used within residents' rooms when they are receiving visitors. This will provide additional protection for residents, in addition to masks. Completed – 06/08/2020.

3) A dedicated staff member is in place from 10am – 4pm daily who has responsibility for supporting visitors and the visiting process. This includes supporting all aspects of the visiting process including checking temperatures, assisting to complete forms, providing guidance on the use of PPE etc. To be Completed 17/08/2020.

4) The PIC and CNMs are monitoring compliance with the visiting process. Commenced – 30/07/2020.

| Regulation 26: Risk management | Not Compliant |
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Outline how you are going to come into compliance with Regulation 26: Risk

management:
1) Mullinahinch House Private Nursing Home is undertaking a review of the current risk management process. The CEO and PIC are committed to implementing an effective, proactive risk management system which supports the identification and management of key risks to the nursing home. To be Commenced – 28/08/2020.

2) As part of this review, the following documents shall be reviewed and updated:
• Risk Management Policy and Procedure
• Risk Register (Clinical and Individual Risks)
• Risk Register (Corporate and Clinical)
To be Commenced – 28/08/2020.

3) Staff shall attend an education and training session on the risk management process, the methodology for developing and reviewing a risk register, and all related processes. To be commenced - 27.08.20.

4) Following the training, the PIC and CEO shall review the risk registers in their entirety to ensure all relevant risks have been identified. To be commenced – 30/09/2020.

5) Ongoing review of these risk registers shall occur and be monitored at the management meetings. To be commenced – 30/09/2020.

6) The PIC has commenced a Serious Adverse Event review for the management of the COVID-19 pandemic. To date its on stage three, (last phase) where the PIC is putting all the relevant documents and developing the document. Interviews with Staff commenced on 15/7/2020, and the review of documentation was done on 24/7/2020.
7) Actions from the review will be detailed in an Action Plan and reviewed at the Management Team. To be completed– 30/08/2020.

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| Regulation 27: Infection control | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 27: Infection control:
1) The PIC is committed to ensuring all infection and prevention control requirements are implemented. Signage was sourced and in place in the nursing home in relation to social distancing, droplet precaution, usage of masks etc. The PIC has undertaken a review of signage and ensured sufficient signage is available. Completed 12.06.2020
2) The PPE room has been organized to ensure safe and efficient access to PPE by all staff. This is routinely checked by the PIC and CNM. Completed 30/07/2020.

3) An area has been identified within the nursing home for staff to use as a changing area in the immediate time. This room is dedicated for staff to use. Completed 12.6.2020

4) The CEO is compiling a plan to build a dedicated staff changing area, which will be included in the overall extension plan To be Completed – 30/12/2021

| 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:
1) An electronic resident record system (EpicCare) was introduced in May 2020 and has been rolled out for all residents. All resident details, and daily records are located on the system and are updated directly to EpicCare by staff. Completed.

2) Assessment and Care plan training has been delivered to members of the nursing team on 15/7/2020.The training discussed in detail the Care Planning Cycle including assessment, diagnosis, planning, implementation and evaluation. Completed.

3) Care plans for all resident are being fully reviewed and updated. These reviews are being completed by the resident specific allocated nursing team member, to ensure that care plan entries reflect each identified individual resident specific need. Commenced – 25.07.2020.

4) Monthly sample care plan audits to be completed and feedback provided to the nursing staff where issues are identified. To be Completed- 30/09/2020

| Regulation 6: Health care | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 6: Health care:
1) As part of the review outlined above, the needs of all residents will be assessed and identified in their care plans. Commenced – 25/07/2020

2) The PIC has reviewed all care plans to ensure any referrals to therapists have been undertaken. Completed.

1) Monthly sample care plan audits to be completed and feedback provided to the nursing staff where issues are identified. To be completed – 30/9/2020.

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| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
1) The PIC has reviewed the use of bedrails. There are a number of residents who are choosing to use bedrails. For all residents who wish to use or require bedrails, an individual restraint assessment has been undertaken and consent obtained. Completed.

2) The nursing home is committed to providing a restraint free environment and to reviewing the use of bed rails on an ongoing basis. The PIC will implement a plan to reinforce the provision of a restraint free environment by: reviewing the policy and procedure, supporting staff to undertake refresher training, providing information to residents, undertaking individual restraint reviews with residents and promoting a restraint free environment to residents. To be commenced 30/9/2020

## Section 2:

## Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
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| Regulation 11(2)(b) | The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required. | Substantially Compliant | Yellow | 22/06/2020 |
| Regulation 14(6)(b) | A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration | Substantially Compliant | Yellow | 14/07/2020 |

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| | management qualification in health or a related field. | | | |
| Regulation 21(6) | Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible. | Substantially Compliant | Yellow | 22/06/2020 |
| Regulation 23(b) | The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. | Not Compliant | Orange | 14/08/2020 |
| 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 | 22/06/2020 |
| Regulation 23(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards | Substantially Compliant | Yellow | 06/08/2020 |

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| | set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | | | |
| Regulation 26(1)(d) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. | Not Compliant | Orange | 28/08/2020 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 22/06/2020 |
| Regulation 03(2) | The registered provider shall review and revise the statement of purpose at intervals of not less than one year. | Substantially Compliant | Yellow | 14/08/2020 |
| Regulation 34(1)(b) | The registered provider shall provide an accessible and effective | Not Compliant | Orange | 30/07/2020 |

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| | complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre. | | | |
| Regulation 34(3)(a) | The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to. | Not Compliant | Orange | 30/07/2020 |
| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Not Compliant | Orange | 04/09/2020 |
| Regulation 5(1) | The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in | Substantially Compliant | Yellow | 30/09/2020 |

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| | accordance with paragraph (2). | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 30/09/2020 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | Substantially Compliant | Yellow | 30/07/2020 |
| Regulation 7(2) | Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge | Substantially Compliant | Yellow | 30/09/2020 |

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| | shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive. | | | |