



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Middletown House Nursing Home
Name of provider:	Joriding Limited
Address of centre:	Ardamine, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	23 November 2020
Centre ID:	OSV-0000251
Fieldwork ID:	MON-0030650

About the designated centre

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

This centre was opened in 1984 and has undergone a series of major extension and improvement works since then. The premises consist of two floors with passenger lifts provided. It is located in a rural setting in north county Wexford close to Courtown. The centre is near to a range of local amenities including Courtown community and leisure centre, with a large swimming pool and a gym offering keep-fit and aerobics for the over-65s. Resident accommodation consists of 31 single bedrooms with en-suite facilities, ten twin bedrooms with en-suite facilities, a sitting room, an oratory, three lounges, a sunroom, a reception lobby and a visitors' tea room. The centre is registered to accommodate 51 residents and provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 65 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 23 November 2020	09:00hrs to 16:30hrs	Margo O'Neill	Lead
Tuesday 24 November 2020	09:00hrs to 15:30hrs	Margo O'Neill	Lead

What residents told us and what inspectors observed

The inspector spoke with residents regarding their experience of living in the centre throughout the unannounced inspection. Throughout the inspection, the inspector noted that residents were relaxed, well groomed and comfortable. Feedback from residents was that this was a nice place to live and that staff were very kind and caring. Residents reported very positively about staff with some saying that staff were 'great' and expressed their gratitude to them for all their efforts to ensure they were kept safe and well during the recent outbreak experienced in the centre. Residents who spoke to the inspector said that although the recent situation in the centre and the ongoing situation in the community regarding COVID-19 was troubling, they reported that staff kept them well informed and updated how to maintain their safety. Residents who spoke to the inspector said that they never waited long for assistance when they required it. Staff observed assisting residents with their meals, were seen to sit beside residents, provide patient discreet support and chat with residents about their interests and hobbies such as their fondness for Christmas baking.

All residents who spoke to the inspector said that food was good and the inspector observed that food was presented to residents in a safe and attractive manner. Staff were observed to offer choice to residents when serving their food.

The inspector noted that the centre had a warm and welcoming atmosphere and was decorated to a homely and comfortable fashion. All residents who spoke to the inspector said they were satisfied with their rooms and the inspector observed that many residents had personalised their bedrooms. There were a number of communal lounge areas that contained appropriate couches and sitting areas for residents to sit and relax in. Many had decorative shelving with collections of books for residents to read and enjoy. During the inspection the inspector observed several residents sitting in one lounge area which had an enclosed stove and fire place, these residents were observed to be adhering to social distancing while sitting in designated chairs, enjoying television together. The inspector observed that there was also an outdoor garden area with suitable seating areas for residents to use during warmer weather or for a walk outside for some fresh air.

There was one staff member working full time in the role of activity co-ordinator to provide residents with an activities programme. This member of staff was well known to residents who spoke to the inspector. During the outbreak the activity staff member had continued to provide residents with ongoing recreational activities through window visits and providing resident with quizzes, puzzles, books and art material to use in their rooms while cocooning. Residents had regular contact with their families by video calls and with pre-arranged window visits, at the time of the inspection the inspector was informed that the activity staff member facilitated window visits for residents and their relatives. Due to level five COVID-19 restrictions imposed throughout the country, only window visits were permitted at

the time of the inspection.

Most residents confirmed that they felt safe in the centre. Residents reported that they found staff approachable and that if they raised an issue it would be promptly addressed.

Capacity and capability

This was a risk inspection carried out in response to a significant COVID-19 outbreak that was notified to the Chief Inspector on 29 September 2020 and declared over on the 21 November 2020. During the outbreak 30 residents contracted COVID-19 and 23 residents had recovered. Of the 65 staff employed, 31 staff contracted the virus. The local public health team and an infection prevention and control expert had provided advice and guidance regarding the management of the outbreak. The inspector acknowledged that this was and continued to be a difficult and challenging time. During an eight week period, the service struggled to maintain nurse and carer staffing levels, but had managed to maintain a safe service with the support of additional staffing from the Health Service Executive (HSE) for a three week period and through sourcing staff from agencies over an eight week period.

The provider is well established, having opened the centre and operated the service since 1984 and the centre has a good history of compliance with the regulations, Health Act 2007 (Care and welfare of residents in Designated centres for Older People). The designated centre had last been inspected in August 2018 and the inspector found that all but one of the quality improvement plans developed by the centre's management following the last inspection had been addressed. Further action was found to be required to come into compliance with Regulation 28, Fire precautions.

Five items of unsolicited information had been received by the Chief Inspector since the last inspection. All five items of information alleged a lack of communication from management with relatives. This was followed up during the inspection and identified as an area for improvement.

On the day of the inspection there was no resident or staff member that was confirmed or suspected of having COVID-19. There was ongoing monitoring of residents three times daily and staff members twice daily to monitor for temperatures and symptoms of COVID-19 in accordance with 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 guidance*. The person in charge continued to liaise closely with public health and weekly tests were ongoing for all residents and staff who had previously tested negative. There was a plentiful supply of personal protective equipment (PPE) and alcohol-based hand hygiene gel in the centre and staff were

observed performing hand hygiene appropriately.

The inspector was not assured however during the inspection regarding Regulation 23, Governance and Management and Regulation 28, Fire Precautions. There was a management structure in place however this required strengthening to ensure that the person in charge had sufficient support to carry out her role. Further resources were also required and management systems required review to ensure safe and appropriate oversight of the service.

An urgent action plan was issued following the inspection regarding Regulation 28, Fire Precautions. The registered provider was requested and agreed to:

- carry out a simulated fire evacuation drill of the centre's largest compartment with night time staffing levels to ensure that all 13 residents accommodated there could be safely evacuated in a timely manner.
- Not all quarterly servicing had been completed for fire detection and safety equipment, the chief inspectors requested further assurances regarded this.

Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to provide care and services in line with the centre's statement of purpose and to ensure that residents could be cohorted safely into distinct units in line with public health instructions. There were two registered nurses available at all times to ensure that there was two designated teams of staff working within the centre to minimise risk of cross infection for residents. During the day there were six carers working from 08:00hrs to 20:00hrs and at night two carers from 20:00 to 08:00hrs Monday to Sunday. The inspector observed during the inspection that staff worked well together as a team and demonstrated responsibility and accountability for their work.

Judgment: Compliant

Regulation 16: Training and staff development

Training records provided to the inspector showed that staff had access to a suite of mandatory and other relevant training which was provided in line with changing resident profiles and identified needs. Mandatory training included manual handling, infection control, fire safety and safeguarding of vulnerable adults. The staff training matrix indicated high levels of staff compliance with mandatory training requirements with the exception of fire safety training which was required to be completed annually. Although almost all staff had completed fire safety training in June 2019, no fire safety refresher training had been completed in 2020.

Records provided to the inspector indicated that all staff had received infection prevention and control training such as donning and doffing (taking on and off) of personal protective equipment (PPE), hand hygiene and infection control training in March and April 2020. Staff confirmed that they had access to regular updates and overall staff demonstrated good knowledge and understanding of infection control principles and practices and were clear about their responsibility to keep themselves and the residents safe during the outbreak. The inspector did observe however that improvement was required regarding the over use of PPE, such as gloves and aprons, by staff. Management confirmed that refresher training and additional supervision would be completed to monitor this practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

Joriding Limited the provider entity for Middletown House Nursing Home is a limited company with two directors; one of whom works full time in the centre in a management capacity to organise non-clinical services and acts in the role of registered provider representative. The other director, a registered nurse worked from time to time as the assistant director of nursing to cover nursing staff leave and also in non-clinical service management.

There was a clear management structure in place which consisted of the registered provider representative, person in charge (PIC), assistant director of nursing (ADON) and clinical nurse managers. The person in charge worked Monday to Friday, leading the day-to-day operations of the centre. She was supported in her role by two clinical nurse managers, nursing staff, carers, an activity coordinator, a human resources administrator who worked one day a week and an accountant who worked three days a week. Household, laundry, catering and maintenance staff also worked to provide the service to residents. However, at the time of the inspection, the inspector found that the PIC was the only senior person rostered to work in a supernumerary capacity and available to support staff, liaise with public health officials, plan and organise actions as designated COVID-19 lead and carry out all routine oversight activities such as audit and monitoring of key performance indicators. The PIC also acted as designated family liaison person and along with the activity coordinator organised the majority of window visits for residents. During the inspection, the ADON and clinical nurse manager were both working clinically as nurses providing direct care to residents and were not in a position to monitor staff practices and support and supervise staff. It was confirmed to the inspector by management that the ADON nor the CNMs had any designated administrative time to provide support to the PIC. Although the person in charge outlined plans, for January 2021, to have 12 hours a week for one of the CNMs to carry out administrative duties and assist with oversight of the quality and safety of the service, at the time of the inspection the inspector was not adequately assured that there was sufficient support for the PIC in her role and to ensure adequate oversight

of the service.

The inspector found that there were sufficient resources to ensure that care was delivered to residents in line with the statement of purpose. However additional resources were required to upgrade and maintain areas such as the hand hygiene gel dispensers for staff, cleaning equipment such as worn floor brushes and to ensure that furniture and fittings were in good repair and easy to clean.

Management systems in place to monitor the quality and safety of the service required strengthening. The person in charge confirmed that since the global pandemic had started that there had been limited time to carry out regular audits of the service. The inspector was provided with a small sample of completed audits from 2020 to examine. Although some audits had some actions noted for follow up, it was not clear from the records who was responsible for completing these actions or if they had been followed up to completion. There was limited analysis of the information gathered from the completed audits. There were records of regular management and staff meetings occurring throughout 2020 however most had few actions developed, responsible persons identified or dates for completion noted. Furthermore the inspector identified that the processes in place to monitor infection prevention and control and fire safety precautions were not robust and needed to improve. This is discussed under Regulations 27 and 28 respectively.

There was an annual review completed for 2019 and residents' feedback was sought through annual resident surveys and residents' meeting to inform the quality of the service.

The person in charge informed the inspector that a post COVID-19 outbreak review had not yet been completed as the outbreak was just declared over in the centre. During the outbreak in October and November there was significant staff shortages due to 31 staff members contracting the virus; in order for the service to continue to operate, over an eight week period the service secured additional agency staff to ensure there was adequate staff to meet the service needs. Three nursing staff and one care staff from the Health Service Executive were also redeployed to the centre to provide care for residents over a three week period. Due to this, the inspector requested review and strengthening of the centre's preparedness and contingency staff plans, to provide assurance that there would be sufficient staff to provide care to residents in the event of a further COVID-19 outbreak in the centre. The PIC confirmed that recruitment of staff was ongoing at the time of inspection in order to bolster the centre's staff numbers, however, there remained to be six full time carer vacancies to be filled. Furthermore, based on the five pieces of unsolicited information, four of which were received by the Chief Inspector since June 2020, regarding lack of information for relatives, the inspector requested that communication plans also be reviewed to ensure that relatives of residents received adequate information regarding their loved ones health and well-being.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge submitted all notifications as described by the regulations to the Chief Inspector within the timescales specified.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy and procedure was in place to inform the management of concerns and issues received. Information regarding how to make a complaint was located on notice boards in the centre to inform residents, relatives and visitors. The Ombudsman details and advocacy service details were also on display for residents information.

The complaints log maintained in the centre was maintained as required by the regulations. At the time of the inspection there was one open complaint which was being actively managed by the centre's complaints officer the person in charge. According to the centre's complaints policy the designated person to over see that complaints were responded to and records maintained appropriately was the registered provider representative.

Judgment: Compliant

Quality and safety

Residents who spoke with the inspector reported they enjoyed a good quality of life and they were familiar with staff working in the centre. A sample of residents' assessment and care planning documentation was examined by the inspector and overall these were found to be person-centred in nature and had been updated regularly to reflect residents' preferences and changing needs. All residents had timely access to health and social care professionals as necessary to meet their medical, health and social care needs. There were arrangements in place to ensure that residents were protected from abuse and all residents reported to the inspectors they felt safe in the centre.

The centre's management team were aware of and had implemented the *Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities* issued by the Health Protection and Surveillance Centre (HPSC). The inspector found that the overall management of the COVID-19 outbreak was documented and that

appropriate measures had been implemented such as two distinct teams working in the centre to reduce the risk of cross contamination to residents. However there was further scope for improvement in the area of infection prevention and control as outlined under Regulation 27.

Risk management and fire safety precautions were areas identified by the inspector as requiring review. Approximately 50 percent of residents living in the centre had a degree of cognitive impairment. There were a number of risks identified during the inspection that may pose a risk to vulnerable residents such as those with cognitive impairment. The inspector requested immediate review of these risks. The inspector was not assured regarding fire safety arrangements in the centre. Servicing of some fire safety equipment had not been completed as required, no annual refresher fire safety training for staff had taken place during 2020 and no records of previous drills were available to the inspector during the inspection. An urgent action was issued to the provider to request assurances following the inspection. This is detailed further under Regulation 28, Fire Precautions.

Regulation 26: Risk management

There was a risk management policy in place which detailed four of the five specified risks as outlined in the regulations; measures and actions to prevent and reduce the risk of abuse were not detailed in the policy.

There was a COVID-19 contingency plan in place and this plan had been implemented when the outbreak occurred in the centre.

There was a risk register and safety statement maintained and reviewed regularly. However a number of risks were identified by the inspector during the inspection. These had not been identified and managed by senior staff in the centre. For example:

- items of Personal Protective Equipment (PPE) such as single use plastic aprons were noted to be hanging from some hand rails; this posed a potential risk to vulnerable adults who may be at risk of suffocation or ligation.
- the inspector observed one occasion where unsecured cleaning products on a cleaning trolley were left unsupervised.
- the inspector observed unsecured bottles of alcohol based hand gel distributed throughout the centre; the inspector was informed that these unsecured bottles were in use because all wall mounted hand hygiene gel dispensers were not operating correctly. The inspector requested this be addressed immediately as the wide spread distribution of unsecured alcohol based hand gel posed a risk to vulnerable residents who may be at risk of ingesting the solutions.
- the inspector observed that oxygen cylinders were stored in an unsecured manner and appropriate signage was not present to inform others

that oxygen was being stored in the area.

- on two occasions the inspector identified that yogurt, which was to be used when providing medicines, which was at room temperature and out of date.

There were arrangements in place for the identification, recording and investigation of serious incidents and adverse events when they occurred.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that the overall management of the COVID-19 outbreak was tracked and documented. Staff were divided into two distinct teams to reduce the risk of cross contamination and to limit the number of close contacts between staff and residents. All staff wore face protection masks during the inspection.

The inspector was informed that all areas containing accommodation for residents could be used as designated isolation areas during a COVID-19 outbreak. Residents' bedrooms were located along multiple distinct corridors that could be separated from other areas by closing fire doors as required. Each area had staff access directly from outside. All but 10 bedrooms were single occupancy and all bedrooms had full en suite facilities.

The provider and persons in charge (PIC) ensured that residents were supported and facilitated to maintain a social distance in communal sitting areas and staff were observed to take their breaks in a room with ample space to facilitate social distance. The inspector observed staff carrying out appropriate and frequent hand hygiene practices.

There was an infection prevention control policy and a specific COVID-19 policy in place which reflected 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 guidance*.

Training records provided to the inspector confirmed that all relevant staff were up to date with infection prevention and control training which included hand hygiene, appropriate use of personal protective equipment (PPE), standard precautions and control measures to prevent transmission of COVID-19.

Hand hygiene and PPE advisory posters and leaflets were displayed and bottles of alcohol hand rub gel and disinfecting wipes were available. Wall mounted alcohol hand rub gel dispensers were not operating effectively however and all required review. The PIC advised that this had been identified as an issue and would be addressed immediately.

An infection prevention and control audit had been completed in 2020 and results showed good compliance, however, throughout the inspection the need for further improvement was identified to ensure consistency with national standards, as detailed below:

- Inappropriate storage of cleaning equipment such as high dusters was observed in a sluice facility.
- The storage of residents' equipment required review. For example resident assisting devices such as hoists were found stored in residents' bedrooms despite those residents occupying the room not requiring a hoist for transfer. In a number of residents' bedrooms the inspector observed that residents' wash basins were placed on the floor which posed infection control risks.
- Housekeeping cleaning checklist records were in place, however many records were found to be incomplete with many gaps.
- Although generally residents' bedrooms, communal areas, toilets, bathrooms, and sluice facilities inspected appeared clean, some surfaces and finishes on some furnishings including armchairs and other surface areas throughout the centre did not support effective cleaning.
- One household cleaning trolley was observed by the inspector to be unclean
- The inspector observed in one twin bedroom ensuite that not all products and equipment used for personal hygiene were labelled. The person in charge undertook to address this immediately.
- The inspector requested assurances regarding the laundering and redistribution systems for continence support wear used for residents in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were individual personal emergency evacuation plans (PEEP) completed for all residents to inform staff of each resident's evacuation needs. Emergency exits were clearly displayed and free of obstruction however records of daily checks of the fire exits and the fire panel were not available to the inspector on request.

The centre's magnetic locking devices on fire doors were checked and the L1 fire alarm was sounded on a weekly basis to ensure all were in operational order at all times. Fire fighting equipment was located throughout the building and there were records of annual inspection and servicing of this equipment. Quarterly servicing of the fire alarm system and emergency lighting had not been completed as required throughout 2020 however and were over due at the time of inspection.

Almost all staff were facilitated to attend annual fire safety training in June 2019, however, no refresher fire safety training had yet taken place during 2020. This is

addressed under Regulation 16, Training and staff development.

The inspector requested records for emergency evacuation drills simulated to test evacuation procedures. The inspector was informed that no simulated drills had been completed in 2020 due to COVID-19 pandemic. No records of previous drills were provided to the inspector during the inspection when requested. An urgent action was issued to the provider to request that all staff complete simulated fire evacuation drills for the largest compartment in the centre with night time staffing levels of four staff. The largest compartment had capacity for 13 residents. Assurances were received by the Chief Inspector in the days following the inspection that compartments with capacity for 13 residents could be safely evacuated by night time staffing levels within a safe time frame.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care records during the inspection. A pre-admission assessment was carried out as part of the centre's admission process and on admission each resident had a comprehensive assessment of their needs completed which was used to inform person-centred care plans. A suite of validated assessment tools were used to assess residents' individual clinical needs and risks such as risk of falling, malnutrition and pressure related skin damage among others.

These assessments informed detailed person-centred personal care plans that described each residents' preferences regarding their care. Staff maintained records of the consultation process with residents, or their family if appropriate, regarding any changes needed to care plans and care plans were reviewed and updated every four months or as required.

Residents' had individual 'End of Life' care plans in place that outlined residents' physical, psychological, social and spiritual needs and preferences to inform and direct staff when providing care to residents at this very important time.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GP) of their choice and other medical and allied health professional services as necessary. During the outbreak of COVID-19 residents continued to be cared for by their GPs, who visited the centre on a weekly basis and provided access to out of hours medical services also. There

was timely access to geriatrician and psychiatry of later life consultants and community psychiatric nursing expertise. Community palliative care services were available to residents as appropriate.

Occupational therapy, physiotherapy, speech and language therapy, chiropody, dental and optical services were available to residents as necessary. Residents with needs requiring input by community dietitian and tissue viability nursing expertise services were appropriately referred.

Residents were supported to attend outpatients appointments and facilitated to access national health screening programmes as appropriate.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to ensure residents were safeguarded and protected from abuse such as a robust recruitment processes and evidence of vetting disclosures for staff in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. At the time of inspection the person in charge confirmed that there was no open safeguarding concerns.

Staff had completed mandatory training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with the inspector were knowledgeable regarding the different forms of abuse and how signs of abuse might present and clearly articulated their responsibility to respond to and report any concerns.

The inspector observed that all interactions between staff and residents were respectful, warm and kind. All residents who spoke to the inspector reported they felt safe and secure in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that staff interactions with residents were respectful and kind. Staff were observed to offer patient person-centred discreet care and support to residents throughout the inspection. Residents right to privacy was promoted and the inspector observed staff knocking on residents' bedroom doors and gaining consent before entering. Residents' right to choice was respected and residents had autonomy to make individual choices. The inspector observed staff offered choice to residents during their meals and with other activities.

Residents reported that staff regularly informed and updated them regarding COVID-19 and the measures they could take in order to protect themselves. Residents were supported by staff to maintain contact with relatives and loved ones with regular telephone calls, video calls and pre-arranged window visits. Compassionate visiting was also facilitated. Management confirmed that they kept visiting arrangements under close review to ensure they were in line with national public health guidance and that they were meeting residents' needs and rights to see their families and relatives.

There was one activity coordinator working in the centre Monday to Friday to provide recreational and occupational activities and opportunities for residents of all abilities. Residents reported to the inspector they knew the activity coordinator well and records of activities were maintained by the activity coordinator. An opportunity for improvement of these records was noted to inform ongoing quality improvement, through including in these records residents' levels of enjoyment, attention or engagement and participation with the activities they had completed or attended.

Residents had access to televisions, radio, telephones, IT communications and newspapers. and there were arrangements in place to support and respect residents' religious and civil rights.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Middletown House Nursing Home OSV-0000251

Inspection ID: MON-0030650

Date of inspection: 24/11/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire safety training was postponed to 2021 due to Covid 19 restrictions. Scheduled the training for February 2021.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There is currently an efficient management structure in Middletown House. It will be strengthened further by allocating more hours to CNM3 to assist the Person in Charge with administration work.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: The plastic aprons received from the HSE weren't suitable for our apron dispensers, will no longer be in use once the stock is finished. Risk register is updated and there is no	

risk identified at present. The stock will be immediately removed if a risk identified.

The cleaning trolley was 25 meters away from the staff and the staff member was aware that the trolley was there. Staff are aware that the trolley should not be left unattended.

All the wall mounted hand gel dispensers are replaced.

The signage was removed during the deep cleaning and now the signage is replaced on the door where the oxygen is stored.

The yoghurts were left on the corridor on the table to discard, the staff didn't get back to that on time. Reminded the staff about timely disposal of unused items.

Regulation 27: Infection control

Substantially Compliant

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

The inspection took place on the day after the outbreak is over. The cleaning was still in progress and Middletown House was trying to organize everything back to normal. So, we need time to organize and get the home back to normal. All equipment is back to the designated areas since.

Cleaning checklist records were fully completed up to the outbreak. It wasn't completed fully during the outbreak as we used agency staff for housekeeping duties. Since return of our own staff the checklists are completed. Reminded the staff to complete it and the Nurse in charge will sign off the list daily.

Some surfaces required painting which is completed. The furnishings including armchairs in the sitting areas were cleaned professionally prior to the inspection (05/011/2020). Daily cleaning continues.

The top of the cleaning trolley was stained from the alcohol gel and one area on the top of the trolley was dusty and is cleaned.

The products in the sharing room is labelled immediately and this is not common practice in Middletown House.

Continent support wear is labelled for individual use.

Regulation 28: Fire precautions	Not Compliant
<p data-bbox="172 208 1436 280">Outline how you are going to come into compliance with Regulation 28: Fire precautions: Stimulated fire drill completed since inspection.</p> <p data-bbox="172 320 1436 392">Fire safety training was postponed in 2020 due to Covid 19 restrictions and is rescheduled for February 2021.</p> <p data-bbox="172 432 1436 504">Fire extinguishers were serviced in August 2020 and submitted the certificate to HIQA since inspection.</p> <p data-bbox="172 589 1436 660">Fire safety equipment is serviced to date. Missed two servicing in 2020 due to Covid 19 restrictions.</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/03/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/03/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/02/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Substantially Compliant	Yellow	28/02/2021

	specifies roles, and details responsibilities for all areas of care provision.			
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	28/02/2021
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	10/01/2021
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	14/12/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Not Compliant	Red	04/12/2020

	building fabric and building services.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Red	04/12/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	04/12/2020