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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Croft Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Croft Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>2 Goldenbridge Walk, Inchicore, Dublin 8</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17 September 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000028</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0030236</td>
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The following information has been submitted by the registered provider and describes the service they provide.

The Croft Nursing Home is located just a few miles from Dublin city centre and within walking distance of Inchicore village. The home is a single-storey building providing accommodation for 37 long stay beds. Accommodation is configured to address the needs of all potential residents and includes superior single, companion and shared accommodation with assisted bath and shower rooms. There are a number of lounges and reading areas located throughout the building. The centre also has access to a secure garden area for residents to use.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 29 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 17 September 2020</td>
<td>09:40hrs to 17:00hrs</td>
<td>Gearoid Harrahill</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 17 September 2020</td>
<td>09:40hrs to 17:00hrs</td>
<td>Sarah Carter</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspectors met briefly with the people living in this designated centre and throughout the day observed residents being kept busy with games, entertainment and chatting and joking among themselves and with staff. Residents were in generally good spirits and there was relatively low concern regarding the precautions in place in response to COVID-19.

Residents were observed coming and going from their bedrooms, communal areas and pleasant outdoor space without obstruction or discouragement. Staff were observed supporting people in a discreet manner in accordance with their assessed needs and dependency levels. There was a relaxed atmosphere in the service and interactions between staff and residents was respectful and friendly. Staff were observed encouraging residents to keep busy and participate in activities.

Residents were involved in recreational and social engagement opportunities which reflected their interests, with one resident sharing a detailed and personally meaningful art project they had created. Other resident artwork was on display in their home and bedrooms. Some residents preferred quieter areas and had space in which to do so. There was minor maintenance work being carried out during the morning and when some residents told staff it was noisy, staff apologised and explained how long it was expected to last for before things were back to normal for them. Some residents were enjoying the sunny day out on the furnished patio or going for a stroll in the garden alone or with support.

Residents were well-consulted in the operation of their home. Residents met frequently as part of a committee to raise issues and make suggestions which were acted upon by management. When these sessions were required to pause earlier in 2020, they were replaced with one-to-one meetings with an external advocate who could liaise regarding general satisfaction and specific things which were concerning or worrying residents.

Activities had been adapted to respond to the requirement to avoid large groups. Small travel excursions took place to get people out from time to time, and technology such as video chat was being used to facilitate remote access to entertainment and social engagement. The premises was observed to be clean and well ventilated, with windows and door open to the garden area. Due to the design and layout of the centre, social distancing was not always possible. While the centre was not very large, the space available was optimised to do activities spread apart or outside where possible, and a schedule of summer activities was posted on display for residents to see what was happening each day.

Capacity and capability
This was a short-notice announced inspection and the management had been informed about the inspection on the evening before the inspection took place. This was done in order to ensure that the inspection team were aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them.

There had been recent major changes in the senior management both at centre and provider level, and the interim management arrangements advised to the chief inspector were not sufficient to satisfy compliance with the Health Act regulations. The chief inspector was not satisfied that the interim arrangements would facilitate effective governance, operational management and administration of the designated centre. The managers advised inspectors of the timeline for a new person to come into the role of person in charge and how they would be deputised, and the arrangements for supporting that person as they settled into their role to ensure a smooth transition and continuity of operation of the designated centre. A new provider-level manager had commenced in their role and was in the process of ensuring that they were familiar with their role and responsibilities under the Health Act.

Despite the changes in senior management roles, nurses and healthcare assistants who spoke with the inspectors felt that the management changes had not greatly impacted on their ability to carry out their roles and to support residents on a day-to-day basis. Staff continued to be supported through regular training and supervision structure. New staff who had commenced were appropriately inducted to the service and their role. Personnel filling vacancies were also appropriately supervised with assurances that they were suitable to work in the designated centre. Staff had been vetted by An Garda Síochána before commencing work in the centre.

There was an appropriate number and skill mix of staff available to meet the needs of the current number of residents in the centre, and residents received prompt assistance and support from members of staff. There was a nurse on duty at all times of the day and night. While there were staffing vacancies in the service, the provider had ensured that gaps were consistently filled with relief staff, agency personnel and staff who works additional shifts to ensure a continuity of support for people who lived in the centre. All staff observed and spoken with by inspectors had a good rapport with residents, were respectful and patient in their interactions, and had a good knowledge of people's interests, personalities and support needs.

There had been a risk of COVID-19 in the service earlier in the year, from which two residents had sadly passed away. The provider had completed significant pieces of work on contingency planning to manage potential future COVID-19 outbreaks, which was fully informed by guidance from the Health Protection Surveillance Centre (HPSC) on managing COVID-19 in residential care facilities.

An annual review had been completed, benchmarking the service against the standards required in designated centres. There was no evidence of consultation with residents in this document, however significant consultation with residents was
taking place in the centre on an ongoing basis there was regular advocacy meetings and up until the COVID-19 pandemic, a resident’s forum met every month. The information generated from these sessions was shared and actioned by managers.

### Regulation 14: Persons in charge

There was no person-in-charge in the centre, notified as required to the Chief Inspector. The person in charge had left their position in the month prior to the inspection. A new person in charge had been appointed however their start date was identified as one month after the inspection took place. The provider had notified the chief inspector of their interim arrangements, however this arrangement did not satisfy the Chief Inspector that he / she would be engaged in effective governance, operational management and administration of this designated centre, as they were also working in a separate designated centre.

On the day of inspection another two managers were appointed, one who meets the person in charge requirements was rostered to work in this designated centre until the permanent person in charge commenced there role. The second was newly appointed assistant director of nursing, also rostered to work in the centre on a full time basis.

**Judgment:** Not compliant

### Regulation 15: Staffing

There were an appropriate number and skill mix of clinical staff on the roster to meet the needs of the current number of residents in the centre.

At least one registered nurse was on duty at all times in the centre.

Throughout the centre's COVID-19 outbreak, the numbers of staff on duty remained constant. Staff worked additional hours to fill in shifts on the roster that were vacant due to illness and / or contact tracing requirements.

There were a small number of vacant positions in the designated centre, and assurance was given on the day of inspection that active recruitment was taking place. Agency nursing staff were in use to fill the vacancies on the roster, and appropriate measures were in place to ensure that there was sufficient oversight of agency staff in place.

**Judgment:** Compliant
Regulation 16: Training and staff development

Despite the vacancy at person-in-charge level, arrangements were in place to offer staff a full suite of relevant and mandatory training. Staff were adequately supervised in their duties, and their roles and responsibilities were clear. New staff were given a period of induction.

Following the vacancy at person in charge level, the management team had increased their level of oversight and supervision of person-in-charge activities and responsibilities.

The designated centre had a new senior manager, who was also receiving training and guidance on the Health Act and relevant regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective and safe delivery of care in line with the centre’s statement of purpose. The vacancy at person-in-charge level is addressed in Regulation 14 above.

Inspectors found there was a clearly defined management structure in place. While some members of the senior management team were new in position, their roles and responsibilities were clearly defined.

Management systems were in place to provide the senior management team with enhanced oversight of incidents and activities within the centre on a weekly basis. The governance system included a routine audit schedule of key clinical areas, and these audits had continued with actions identified and completed, despite the absence of a person in charge and an assistant director of nursing.

Recent vacancies at management level were being taken seriously by the management team, and succession planning was being re-considered in light of the vacancies they were experiencing. Despite the absence of effective succession planning in this designated centre, other aspects of the governance system were deemed to be robust. There was clear oversight arrangements, regular meetings between management and staff, clear incident reporting and reviews, and regular risk assessment and risk mitigation. Senior managers visited the centre on a weekly basis.

The provider had completed significant pieces of work on contingency planning to manage COVID-19 outbreaks, which was fully informed by HPSC guidance on managing COVID-19 in residential care facilities.
An annual review had been completed, benchmarking the service against the standards required in designated centres. There was no evidence of consultation with residents in this document, however significant consultation with residents was taking place in the centre on an ongoing basis there was regular advocacy meetings and up until the COVID-19 pandemic, a resident’s forum met every month. The information generated from these sessions was shared and actioned by managers.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear policy in place, and complaints investigations were reviewed by a senior manager. Detailed records of complaints were maintained and indicated if the person who raised the complaint was satisfied with the outcome.

Judgment: Compliant

Quality and safety

Inspectors observed a good quality of care and support being delivered to the people living in the designed centre and practices which indicated a culture of striving for as much normality in people’s routine as possible in light of the social restrictions required due to COVID-19. The activities programme had been adapted to ensure that residents could avail of social and recreational engagement opportunities in smaller group or individual capacities, and excursions were taking place for small groups of residents.

Residents had met together regularly for resident committee meetings in which they discussed their experiences living in the services and provided feedback, suggestions, concerns and other input for the service management. Points raised in these meetings were then assigned as actions for review by those operating the designated centre to improve the lived experience for residents. While these meetings had to be suspended from February of 2020, they were swiftly replaced with regular one-to-one meetings with an external advocate. Inspectors reviewed the record of these meetings with all residents, including people who had brief chats, those who weren't interested in participating, and those who had raised particular topics which were meaningful to them. Similar to the outcome of the resident committee, these meetings contributed to plans to support residents in their wishes and improve the lives lived in the service as far as practicable.

Lunchtime was observed and inspectors found this to be a pleasant and comfortable experience for people dining alone or with assistance from staff. Residents were
supported to eat and drink at their own speed in an unhurried and patient manner, and residents were offered choices of meals, drinks and snacks through the day. The inspectors reviewed a sample of support plans for residents who were at risk of losing weight or who had specific dietary requirements, and found them to be clear and detailed on required supplements and food types, as well as on personal preferences of residents for their favourite food and sizes of portions.

Inspectors reviewed a sample of care and support plans for both general support needs and specified clinical and social risks. The plans were found to be clear and tailored to the residents' assessed needs, including where residents may be non-compliant with the advised treatment of interventions. There was evidence of how the resident’s doctor had reviewed and provided input on the resident’s care needs, as well as input from clinical services. In instances in which the allied health professional required ongoing monitoring to assess risks, such as weight tracking or fluid intake, this was being recorded as per instruction. Some minor improvement was required in positive behaviour support planning to ensure that where prn medicines (medicines only taken as the need arises) were prescribed, protocols were in place for how these would be administered, for example the maximum dosage permitted or the spacing between doses, as per the centre policy. For residents who required support in their behavioural expressions, interventions used restrictive practice as a last resort for when other strategies had not been effective.

Residents had advanced care directives which were clear on each person’s wishes regarding transfer or resuscitation in the case of health decline. Of the sample reviewed, some of these plans required improvement to ensure residents’ cultural, familial and religious wishes were clearly recorded with evidence of their consultation. Managers who spoke with inspectors had identified this as a quality improvement goal for the coming months.

The provider had updated their risk register to reflect the risks posed by the COVID-19 pandemic and had control measures in effect to mitigate the impact of the illness itself, as well as respond to secondary concerns such as a higher risk of multiple staff absences. The provider had conducted an individual risk assessment for each person who lived in the designed centre, indicating each person’s level of understanding of the virus and the required restrictions, as well as if or how they are psychologically affected or distressed by them.

Other risks had been assessed and had controls implemented to keep residents safe and supported. These included routine checks for resident who were at risk of leaving the centre in a way which put themselves at risk. Additional internal doors had been added to increase the centre’s ability to contain flame and smoke in the event of a fire, and to reduce the sizes of compartments to facilitate efficient evacuation. High risk areas such as the laundry room had been further compartmentalised from resident bedroom and day room areas.

The premises consisted of a single-storey premises with multiple day rooms and safe and secure outdoor spaces including gardens and smoking zones. While sufficient to
accommodate the number of residents, the centre was generally quite small with narrow hallways which made it difficult to effectively socially distance at all times. This was mitigated by staff being observed to follow suitable hand hygiene practices and utilise personal protective equipment and face coverings through the day. An area of the building had been designated for accommodating residents who may test positive for COVID-19, which consisted of single bedrooms with en-suite facilities, to reduce the risk of infection spread. Suitable practices were being followed in the cleaning and laundry services onsite to reduce infection control risk, and the premises was clean and well-maintained overall.

The number and location of shared and accessible shower and bathing facilities was not sufficient for the number and needs of residents who did not have private en-suite showers in their bedrooms. In one area of the building which could accommodate up to nine people, it was required to pass through the primary dining room in order to get from the bedroom to an accessible shower. The management discussed plans to resolve this matter with inspectors on the day of the inspection, indicating where and how existing facilities were to be adapted in the coming months to accommodate these people and increase usable facilities.

All staff were vetted by An Garda Síochána and were trained in safeguarding vulnerable adults. Where allegations of potential or actual safeguarding risks had been reported, inspectors found these to be thoroughly investigated to ensure that residents were protected. The management discussed the arrangements for how the service provider managed pensions on behalf of some residents and found these procedures allowed for sufficient tracking and protection of resident finances while facilitating residents to access their money when required.

**Regulation 13: End of life**

Residents had advanced care directives which plainly indicated their choices regarding their resuscitation and transfer status to provide clear instruction to staff. For the sample of plans reviewed, there was clear input and consultation with the resident’s doctor and with the palliative care team. Some improvement was required to ensure that the residents' personal, religious and cultural wishes were clearly represented in the plan of care as discussed with the resident and their loved ones.

**Judgment:** Substantially compliant

**Regulation 17: Premises**

While the premises was not large, it was comfortable and overall suitable in space for the number and needs of residents living in the service to relax, dine or engage
in social activities. There were multiple communal areas available and a pleasant garden and patio which was safe and private. The house was clean, well ventilated with fresh air and natural light, and nicely decorated in a homely fashion.

The quantity and location of showering facilities was not ideal for the number and needs of residents in the service who did not have private en suite showers, including one areas of the building which required residents to pass through a communal area to use the nearest shower to them. At the time of inspection, a location for reconfiguration to improve this availability had been identified and was being planned.

Judgment: Substantially compliant

**Regulation 18: Food and nutrition**

Inspectors observed a pleasant dining experience in which residents were eating independently or with assistance in a relaxed and comfortable environments. Staff who supported people with their meals were observed doing so in way which allowed the resident to go at their own pace. Residents were offered a choice at mealtimes and snacks and drinks were available at all times. The inspector reviewed a number of care plans on nutritional support and found them to be clear, personal and detailed in their guidance.

Judgment: Compliant

**Regulation 26: Risk management**

The risk register and associated policies and procedures had been updated to reflect the risks associated with COVID-19, including secondary effects such as higher likelihood of staff absences.

There were suitable arrangements for recording adverse events and incidents in the centre. These were analysed and trended to ensure that useful actions and learning opportunities could be taken from these to manage future risk and improve the service quality.

Judgment: Compliant

**Regulation 27: Infection control**

The premises was clean, tidy and well-equipped with antibacterial gel dispensers
There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. Inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to inspectors the cleaning arrangements and the infection control procedures in place. Staff were observed to maintain social distancing as much as possible, however as described in first section of the report, this was not always possible due to the layout and space in communal areas.

Overall, there were robust cleaning processes in place. Cleaning schedules and signing sheets were completed. Inspectors observed staff decontaminating equipment between use and adhering to infection control guidelines. There was a process in place and evidence for terminal (thorough) cleaning taking place. Cleaning and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning. There were safe waste management arrangements in place.

Any visitors or visiting staff had their temperature taken in a contactless manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes upon coming on and off shift.

Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance. There were systems in place to ensure staff minimise movements around the centre.

A full suite of infection control policies were available in the centre and had been updated to reflect COVID-19.

A serious incident review had taken place reviewing the outbreak of COVID-19, and follow-up actions from that report had been completed. For example additional staff had been trained as carers and three single rooms were identified as isolation room for the care of any residents with a suspected or confirmed case COVID-19.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Each resident had a clear and personal support plan created which was reviewed regularly and informed by the relevant assessments and clinical professionals. Support plans for areas such as nutritional requirements, wound care, social engagement and mobility assistance provided clear guidance for staff on assisting residents with their needs, and reflected the good knowledge staff had of residents and their support requirements.
Judgment: Compliant

Regulation 6: Health care

Inspectors found good evidence of residents being facilitated to access their doctor and required health professionals in a timely fashion. Advice and instruction from these clinicians was incorporated into care and support plans and any required monitoring to advise assessment was taking place as per instruction.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some improvement was required to ensure that where residents required specific interventions to meet their behavioural support needs, that this was done in line with the centre’s policies and procedures.

Some minor improvement was required in positive behaviour support planning to ensure that where prn medicines (medicines only taken as the need arises) were prescribed, protocols were in place for how these would be administered.

Judgment: Substantially compliant

Regulation 8: Protection

All staff members were vetted by An Garda Síochána and suitably trained and knowledgeable in identifying and responding to actual, alleged or suspected instances of abuse. Inspectors were assured that there were sufficient procedures for managing residents' money to safeguard them from any financial exploitation. Where allegations of safeguarding concerns had arisen, the provider was investigating these in a thorough manner to ensure the safety of all people living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

In light of the requirement to socially distance and to avoid large groups, residents
were being facilitated with adequate opportunities for social and recreational engagements. The provider had implemented a positive and personalised strategy to ensure that residents' voices were heard since resident committee meetings had paused.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 13: End of life</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
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<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
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Compliance Plan for Croft Nursing Home OSV-0000028

Inspection ID: MON-0030236

Date of inspection: 17/09/2020

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
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<tbody>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Not Compliant</td>
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Outline how you are going to come into compliance with Regulation 14: Persons in charge:

The home now has a permanent PIC and assistant Director of Nursing. During the period of absence of permanent PIC the home, other aspects of the governance system were deemed to be robust. The PIC and ADON are supported in their roles locally by a newly appointed CNM and by the RPR team which comprises of a Clinical Governance and Ops Manager team, Estates Manager and HR Manager. Members of the RPR team continue to attend the home on a regular basis.

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The management systems required to ensure enhanced oversight of the home remain and are actioned by the RPR team and PIC.

The RPR team are in the process of reviewing a succession plan which going forward will ensure the same scenario does not occur again. A Clinical Governance Support Nurse will be appointed, subject to candidacy suitability, who will provide, within their role an ability to support a home in transition.

The Annual review of 2020 will include evidence of resident consultation. We will ensure this by continuing our resident committee meetings, we completed a resident survey in October 20 and the results of which will be reflected in the review. Changes to the service as requested by residents will be implemented. The Annual review will be
discussed and reviewed by residents in their committee.

<table>
<thead>
<tr>
<th>Regulation 13: End of life</th>
<th>Substantially Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 13: End of life: The PIC is completing a full review of all EOL care plans and advanced care directives to ensure the residents' personal, religious and cultural wishes are clearly represented in the plan of care as discussed with the resident and their loved ones. The care plans will be reviewed at a minimum of every 3 months.</td>
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<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: A plan has been agreed for the reconfiguration of an area of the home to increase the quantity and location of showering facilities.</td>
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<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Substantially Compliant</th>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Each resident presenting with responsive behaviours has a care plan in place that will guide staff to follow best practice and policies and procedures. The Use of PRN medication is now clearly laid out with the order of administration, including dose amount prescribed by the residents GP. Each incident of the use of PRN medication is documented and followed up with a PIC review and a group clinical governance review. A PRN medication review takes place on a quarterly basis with the PIC, resident and GP and any other allied healthcare professionals.</td>
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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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 13(1)(a)</td>
<td>Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>18/12/2020</td>
</tr>
<tr>
<td>Regulation 14(1)</td>
<td>There shall be a person in charge of a designated centre.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>05/10/2020</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/05/2021</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>28/02/2021</td>
</tr>
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<tr>
<td>Regulation 23(e)</td>
<td>The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>18/12/2020</td>
</tr>
<tr>
<td>Regulation 7(1)</td>
<td>The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>18/11/2020</td>
</tr>
</tbody>
</table>