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>Tara Care Centre</th>
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<tr>
<td>Name of provider:</td>
<td>Nirocon Limited</td>
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<tr>
<td>Address of centre:</td>
<td>5/6 Putland Road, Bray, Wicklow</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>21 September 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000107</td>
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<td>Fieldwork ID:</td>
<td>MON-0029736</td>
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About the designated centre

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

Tara care centre was first established in 1963 in the town of Bray, Co. Wicklow. Tara Care centre is a registered designated centre for older people with capacity to accommodate a maximum of 47 residents. The centre provides 24 hour nursing care to long term or short term residents, who are over the age of 65 years who have low, medium, high or maximum dependency care needs. According to the centre’s statement of purpose the main aim was to promote quality of life and independence through friendly, professional care. Tara care centre was situated less than a five minute walk from the seafront in Bray and from local shopping amenities. The centre comprises of two adjoining period houses and comprised of 15 single bedrooms, 13 of which have en suite facilities and ten double bedrooms. Four additional three-bedded rooms were also in the centre. There were a number of communal spaces and facilities for residents to use and a patio garden located to the rear of centre which had a number of sitting areas for residents to enjoy.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 42 |
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:

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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Monday 21 September 2020</td>
<td>09:30hrs to 18:30hrs</td>
<td>Margo O’Neill</td>
<td>Lead</td>
</tr>
<tr>
<td>Monday 21 September 2020</td>
<td>09:30hrs to 18:30hrs</td>
<td>Manuela Cristea</td>
<td>Support</td>
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What residents told us and what inspectors observed

During this short-term announced inspection, inspectors spoke with residents regarding their experience of living in the centre. Although two pre-arranged visits had been scheduled on the day of inspection, due to local restrictions imposed due to Dublin moving into level three of COVID-19 restrictions, no visitors attended the centre and so inspectors were unable to gather information in this way.

According to information from the centre's management, approximately 90 percent of residents living in the centre were living with a moderate to severe cognitive impairment. Throughout the day inspectors noted that residents were relaxed, well groomed and comfortable. Staff interactions were kind and person-centred in nature and inspectors noted that staff knew residents well. For example, inspectors observed staff chatting with residents as they strolled from one area to another and reminiscing about their life experiences living in other countries and their occupations they had held there. Staff who were assisting residents with their meals were observed to sit beside residents and provide patient discreet support.

Numerous residents had made a successful recovery from COVID-19 infection and some shared with inspectors their experience of living through the outbreak. Despite the isolation and fearful times, they were very thankful to staff and their efforts to ensure they could maintain contact with their families by regular video calls. Some residents were very worried of the present situation in the community, where positive cases were on the rise, and anxious about how this would impact their own lives, and their ability to meet their loved ones. This concern was also expressed by the staff and management and the impact of potential further lockdowns would have on the residents, especially those living with dementia. One staff said to inspectors: 'I’m not scared for us, I am scared for them, the older people here'.

Inspectors observed many residents spending time in the different communal living spaces throughout the centre, there was sufficient space to facilitate social distancing in these areas. Some residents were watching television while others were sitting chatting to staff. One resident was observed to have a doll sitting on her lap throughout the inspection, this resident appeared relaxed and to be benefiting from this doll therapy.

The general physical environment of the centre was found to be bright and welcoming. The premises comprised of two adjoining period houses and the decor in the communal areas reflected this. These areas retained ornate fire mantelpieces and were furnished with suitable armchairs and items of furniture for residents to use. Decorative paintings and light fixtures were noted throughout the centre and interesting items of memorabilia to assist residents to reminisce; for example, the centre's visitors' room had a television which had a faux veneer which resembled a 1950s television set and a streetscape was located on the lower level of the centre.
to stimulate conversation and for residents to enjoy.

Residents were encouraged to personalise their bedrooms; one resident proudly pointed out to inspectors her artwork she had hanging on her bedroom wall and reported how much she enjoyed the views from her bedroom window.

Most residents confirmed that they felt safe in the centre, however some mentioned to inspectors that they did not like when other residents entered their rooms. While they understood that this was due to confusion, they mentioned that it caused unnecessary distress to them. All residents reported that they found staff approachable and that whenever they had raised an issue it was promptly addressed.

### Capacity and capability

This was a short-term announced inspection carried out following a COVID-19 outbreak which begun on the 30 March 2020 and was declared officially over by public health officials on the 19 May 2020. Prior to and during the inspection, inspectors requested a number of documents and records in order to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

There were two company directors for Nirocon Limited, the registered provider entity for Tara Care centre. The directors were actively involved in the centre on a daily basis with one director holding the role of person in charge and the other director holding the role of registered provider representative. Tara Care centre had a very good compliance history and the provider had demonstrated a proactive approach and attitude to addressing issues identified on previous inspections. This proactive approach to quality improvement of the service was also evident during this inspection.

The person in charge was responsible for the day-to-day operations. She was supported in her role by an clinical nurse manager and senior nursing staff, carers, activity personnel, household, catering and maintenance staff. The registered provider representative also worked in the centre on a full time basis in a management capacity.

During the outbreak, 34 residents had tested positive for COVID-19, 27 residents had recovered. Twenty two staff members had tested positive for COVID-19, all staff had recovered and all had returned to work. At the time of the inspection, no resident or staff member were suspected or confirmed as having COVID-19.

Contingency plans had been developed prior to the COVID-19 outbreak; these plans included actions required if there was a significant reduction in staff levels, where to obtain Personal Protective Equipment (PPE) and emergency contact details for
relevant members of the management team, public health personnel and healthcare services and and all relevant policies had been updated. The person in charge was appointed the designated infection prevention and control lead in the centre and was also enrolled to start a formal postgraduate course in infection prevention and control in September 2020. Recruitment of additional staff had also occurred prior to the outbreak. This preparation resulted in staffing levels being maintained to a sufficient and appropriate level throughout the outbreak with no requirement to use external agencies or personnel to deliver care to residents.

Inspectors examined records of the centre's outbreak control team meetings with public health officials, held via teleconference. These records had comprehensive agendas, actions developed, designated persons responsible for key decisions and detailed control measures and supports required in order to manage the outbreak in the centre.

Inspectors followed up on actions from the last inspection in January 2019 and found that these actions had been addressed. One item of unsolicited information was received by the Chief Inspector since January 2019 relating to the centre. At the time of the inspection, inspectors found that this concern was unsubstantiated.

Inspectors noted a number of areas requiring improvement under the domain of capacity and capability during the inspection:

- Household staffing levels had been increased during the COVID-19 outbreak, however, at the time of the inspection inspectors were not assured that household and maintenance staffing levels were sufficient. This is detailed further under Regulation 15, Staffing.
- Although systems were in place to monitor many aspects of the service, greater oversight was required in the areas of infection prevention and control, fire safety and general maintenance of the premises.

### Regulation 15: Staffing

The number and skill mix of nursing and care staff were appropriate to the assessed direct care needs of residents however household and maintenance staffing levels required review. Approximately fifty three staff were employed to work in the centre. Monday to Friday the person in charge and a clinical nurse manager worked in the centre on a full time basis. On a daily basis two staff nurses were on duty from 8:00hrs to 20:00hrs and up to seven carers during the day Monday to Sunday. Two staff nurses and two carers worked at night. This was confirmed by the staff duty rosters examined. Inspectors observed that staff knew the residents well and that they were kind and person-centred in their approach when delivering care.

Despite significant constraints imposed by COVID-19 outbreak in the centre over a four week period, at no point during this time were agency staff or staff from other organisations required to provide assistance. The centre's own cohort of staff
covered all shifts to continued to provide care to residents living there.

Although household staffing levels had been increased during the COVID-19 outbreak, inspectors were not assured that household and maintenance staffing levels were sufficient at the time of inspection. In the centre's statement of purpose it outlined that there was four part time household personnel or 1.55 whole time equivalents. Two household personnel worked on a daily basis Monday to Friday, one staff member from 7:00hrs to 13:00hrs and the other 8:00-16:00hrs. One household staff member worked Saturday from 8:00hrs to 17:00hrs and Sunday from 7:00hrs to 13:00hrs. Although cleaners carried out decontamination cleaning of frequently touched areas while they were on duty, there were no records to demonstrate that decontamination cleaning of frequently touched areas was completed after their duty ended. This posed a risk to residents and others. Furthermore inspectors also observed that not all handrails, armchairs, rollator frames, hoists and commodes were visibly clean during the inspection.

One maintenance person worked in the centre Monday to Friday from 8:00hrs to 14:00hrs and provided on call at weekends in the event that maintenance issues occurred. The centre's statement of purpose outlined that there was one whole time equivalent. This level of staffing was insufficient with respect to the design and layout of the centre as evidenced by inspectors' observations that many bedroom doors and some furniture required attention. This is discussed further under Regulation 27, Infection Control and Regulation 28, Fire Precautions.

The person in charge confirmed that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012. Inspectors noted documentary evidence of these disclosures in the sample of staff files reviewed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were arrangements in place so that staff had access to mandatory and relevant training which included the following: Fire safety awareness, Safeguarding training, Medicines management, Manual Handling and Infection Prevention and Control. The staff training matrix record provided to inspectors indicated, that for the majority of staff, their mandatory training requirements were up-to-date.

Inspectors noted that staff had completed additional training during and after the COVID-19 outbreak. All of these training programmes were completed on-line and included hand hygiene, donning and doffing (taking on and off) of Personal Protective Equipment (PPE) and Infection Prevention and Control. Inspectors observed that staff utilised their PPE and performed hand hygiene appropriately during the inspection.

Management informed inspectors that there were arrangements in place for staff to
access occupational health advice and support via the Health Service Executive online platform. Management also undertook post COVID-19 reviews and End of Life reviews with staff to ensure continued learning and support.

There was records of induction programmes and ongoing staff appraisals in the staff files reviewed.

Judgment: Compliant

**Regulation 21: Records**

A sample of residents’ care records reviewed found that individual records were not consistently maintained in line with regulatory requirements. For example residents’ daily observations such as temperature checks, were only recorded when they were outside the normal range. This did not provide satisfactory documentary evidence of ongoing active surveillance for signs and symptoms of COVID-19 for each resident and that each episode of care was recorded in the resident’s individual file. Furthermore, the daily progress notes maintained by staff nurses in respect of each resident were not sufficiently comprehensive and consistently detailed to support the decision-making process in respect of the care provided to the residents.

The registered provider outlined plans regarding a new IT based system for maintaining resident records and were in the process of wiring the building with a view to transition to a system of electronic care records.

Judgment: Not compliant

**Regulation 23: Governance and management**

A governance and management structure was in place and staff working in the centre were aware of their respective roles and responsibilities. The centre was appropriately resourced to ensure the effective delivery of care in accordance with the centre’s statement of purpose.

Monthly management meetings were held to review the service and records of meetings held were supplied to inspectors. Meetings had taken place throughout the COVID-19 lockdown period with the exception of the month of April when the centre was experiencing a COVID-19 outbreak. Records reviewed from these meetings contained comprehensive agendas, actions, designated responsible persons for the actions and when these actions were completed. Records of weekly staff meetings were also examined, these included education regarding COVID-19, precautions to be implemented and information regarding preparedness and contingency plans.

The management team used a number of methodologies to monitor the quality and
safety of the service such as carrying out clinical and operational audits and measuring, analysing and trending key clinical indicators. There was good oversight of clinical care that ensured care provided to residents was effective but inspectors noted that the system in place to monitor the quality and safety of the service required review to ensure all areas of the service needing improvement were identified. For example, auditing of the centre's physical environment and infection prevention and control procedures had been completed. However, these audits did not highlight the improvements needed as identified by inspectors, who had concerns regarding oversight of the maintenance of the premises and the cleanliness practices and standards. This was evidenced by a number of unclean items of equipment and fixtures that required attention that were identified on the day of the inspection. Oversight of fire safety was also identified as an area requiring improvement, this is detailed further under Regulation 28, Fire Precautions.

A review of the COVID-19 outbreak had been completed to help inform practices and processes when preparing for and in the event of a further outbreak occurring. The series of events, significant problems which occurred during the outbreak and detailed areas identified as needing improvement in addition to highlighting procedures and measures that had worked well were detailed in the report. Residents' feedback was also sought following the outbreak to inform learning further.

A comprehensive annual review for 2019 had been completed and was made available to inspectors, this contained reviews and trending of clinical incidents, key clinical indicators and feedback from residents.

Judgment: Substantially compliant

**Regulation 31: Notification of incidents**

Overall, notifications of incidents were submitted to the Chief Inspector within the required time frames. Incidents and accidents were reported and recorded. Clinical incident reviews were completed and the learning form the incident was communicated to the relevant staff.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There was a policy and procedure in place to inform the management of all complaints and concerns received. There was a low level of complaints received in the centre and these were logged appropriately in the centre's complaints log as
required by the regulations. These records indicated that complaints were investigated thoroughly and that prompt corrective actions were taken when required. Information regarding how to make a complaint was accessible to inform residents, relatives and visitors and there were arrangements in place for residents to access advocacy services as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were made available to inspectors during the inspection. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within these policies remained current and in line with best practice. All relevant policies had been updated in respect of new information and procedures around COVID-19.

Judgment: Compliant

Quality and safety

The registered provider was striving to provide a good quality service to the residents living there. Inspectors saw evidence of individual residents’ needs being met, however further improvements were required in respect of risk management, fire precautions, infection prevention and control, healthcare and individual care planning arrangements to ensure residents safety was maximised and they received the highest standard and quality of care.

Residents who spoke with the inspectors all confirmed that they felt safe and their experience of living in the centre was positive. Staff were courteous in their interactions and in their discussions with inspectors they displayed good knowledge of what to do in the event of suspected or alleged abuse.

Residents’ rights were upheld and the activities programme was varied and interesting. Communication with residents and families had been appropriately maintained throughout the outbreak and safe and robust visiting arrangements were now in place in line with public guidance.

Activity staff completed a resident’s profile book for each resident and a detailed ‘about me’ assessment containing information about residents’ interests and hobbies, likes and dislikes. This supported the development of an individualised care plan and tailoring of activities in line with residents’ specified interests. Residents’
engagement and participation in daily activities was also recorded.

Each resident's care needs were comprehensively assessed and their care planning arrangements were informed by person-centred details containing their expressed wishes and preferences. There was evidence that residents, or their relatives where appropriate, were consulted in devising the plan of care. With a few exceptions, care plans were reviewed at four monthly intervals. However, not all care plans were consistently updated when residents’ condition changed which meant that they did not always reflect residents’ current status.

Residents’ skin and pressure area care was closely monitored, appropriate equipment was available and residents had access to specialist treatment and support from tissue viability nurse and dietitian. A suite of validated clinical risk assessments was completed for each resident in areas such as falls prevention, pressure and skin integrity, malnutrition risk, oral care and pain management.

Overall the health care needs of residents were being met with good access to a general practitioner (GP) of choice and a variety of allied health professionals as required. The GP continued to visit the centre during the outbreak and review the residents as required. Residents’ food intake was closely monitored and dietetic services were in the process of remotely reviewing all residents. There had been no incidents of severe weight loss, pressure ulcers/ wounds or malnutrition throughout the pandemic, and during the inspection residents were observed to eat wholesome and nutritious meals.

However, further improvements were required to ensure that clinical interventions were consistently informed by evidence and that residents continued to receive a high standard of nursing care. While inspectors were assured that infection control measures such as active surveillance for signs and symptoms of COVID-19 for all staff and residents were carried out with twice daily temperature checks, this documentary evidence was not available on the day.

There had been significant improvement since the last inspection in the use of restrictive practices in the designated centre, and it was evident that the registered provider was proactive in promoting a restraint-free environment in line with local and national policy. A restraint register was maintained and reviewed on a regular basis. At the time of inspection there were six residents that used bedrails and five residents using wandering alarms. Records showed that restraints were only used following a comprehensive risk assessment and there was evidence of alternatives trialled prior to their use.

There were no residents actively receiving End-of-Life care at the time of inspection. However, the inspectors reviewed the records of some residents who passed away recently and were satisfied that appropriate care and comfort was made available to residents at the end of their life. Residents’ end of life care plans contained person-centred details about their expressed wishes and preferences in respect of funeral arrangements, chosen garments or place of burial.

Overall the building was clean, comfortable and the premises were laid out to meet the needs of the residents. The action plans from the last inspection in respect of
availability of grabrails, callbells and storage in the multi-occupancy rooms had been completed. However, some further improvements were required in relation to the maintenance and general upkeep of some of the internal areas of the building; for example, inspectors noted that some walls were marked and scrapped and skirting panels and some items of furniture were chipped or in need of attention. Several bedroom doors were also noted as not latching to close fully and many had large gaps between the door and door frames therefore posed a risk to adequately containing fire and smoke, this is discussed further under Regulation 28, Fire precautions.

The premises were decorated to include dementia inclusive design and appropriately decorated to aid orientation and create a stimulating and interesting environment for the residents. However, a programme of enhanced cleaning was required to ensure all areas were maintained clean and dust free and that the various materials displayed supported effective cleaning practices. While inspectors were informed that a cleaning schedule and system was in place for cleaning residents’ equipment, based on observations on the day this system required full review to ensure alignment to minimum standards. Inspectors observed that a number of wheelchairs, armchairs, rollator frames, hoists and commodes were not visibly clean and were not assured that staff implemented appropriate decontamination practices between residents’ use.

In respect of infection prevention and control procedures and practices a number of appropriate measures had been implemented to ensure the safety of the residents, staff and visitors. However this inspection identified additional opportunities for improvement, which are further detailed under Regulation 27, Infection control. To support the provider in achieving full compliance with the national standards and regulatory requirements, the inspectors requested that they seek further support from a Public Health Infection Prevention and Control Specialist. Assurances were received following the inspection that this has been acted on.

### Regulation 11: Visits

Residents were accepting of the measures in place to support them communicate and maintain contact with their families and said that phonecalls and video calls were facilitated whenever possible, in addition to the scheduled visits.

All visits were pre-arranged over seven days each week. Visitors attending the centre first had their temperature checked and declared that they were symptom-free. Visitors also completed a visitor screening questionnaire which staff reviewed prior to the visit to ensure the safety and security of the residents.

Residents could see their relatives in a designated visiting area, which was appropriately equipped with personal protective equipment (PPE), facemasks and alcohol gel. The provider informed the inspectors that this area was cleaned and disinfected between each visit. An outside area was also available for those visitors
who preferred to stay outside.

Judgment: Compliant

### Regulation 13: End of life

A sample of current and past residents’ end-of-life care plans were reviewed. They contained person-centred information on residents’ individual wishes and preferences that would direct staff appropriately when the time came to provide this very important aspect of care. The care plans were holistic and outlined the physical, psychological and spiritual needs of the resident.

Advanced directives, including resuscitation interventions had been discussed with the residents, and where relevant, their next of kin as well as the GP. Anticipatory prescribing for symptom management at the end of life was in place and all nurses had completed training in the pronouncement of death.

As part of COVID-19 contingency planning, effective arrangements were put in place to enable relatives to visit on compassionate grounds.

As a measure of quality assurance and part of the continuous quality improvement process in the centre, the registered provider was completing end-of-life reviews following the death of residents in the designated centre. These reviews provided an opportunity to debrief and give closure to staff as well as an opportunity to identify further areas for improvement or training needs. Staff had also been offered psychological support following the COVID-19 outbreak.

The designated centre could access the support from community palliative services when required.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and procedure to inform and direct staff in the centre; the policy detailed the five specified risks as required by Regulation 26, Risk Management. There was also an emergency policy made available to inspectors.

Management reviewed incidents, near misses and accidents that occurred in the centre. Action plans were formulated to mitigate ongoing risk and to ensure learning which was conveyed to staff.

The centre had a risk register that detailed the risks identified, risk ratings, the controls implemented and owner of each risk, however, dates for review of these
risks were not noted. On the day of the inspection inspectors identified the following risks which had not been identified:

- The flooring of an internal ramp had not been demarcated to indicate a change in gradient for those using this area. This posed a risk to residents living with sensory or perception deficits.
- An unsupervised cleaning trolley was observed by inspectors which had unsecured cleaning solutions which were freely accessible on the trolley. This posed a risk to vulnerable residents living in the centre who may be at risk of ingesting these chemical solutions.
- Inspectors identified that yogurts which were placed on medicine trolleys to be used when administering medicines were at room temperature. This posed a risk to residents’ ingesting yogurt which had not been stored appropriately.
- Access to chiropody services required review to ensure residents had access to specialist treatment as required.

Judgment: Substantially compliant

**Regulation 27: Infection control**

There was an infection control policy in place which included details around COVID-19 and had been updated 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.

Training records 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. In addition a number of staff had also attended formal practical sessions in donning and doffing PPE to ensure they had the required skills and knowledge. The registered provider was proactive in monitoring antimicrobial usage in the centre and promoting influenza vaccination uptake among staff and residents. The centre had implemented preventative control measures in relation to water-borne infections and a Legionella risk assessment had been completed.

Isolation precautions for new admission were observed during this inspection and signage to communicate isolation precautions were in place, in line with current guidance. The centre had completed an internal investigation into the Covid-19 outbreak at the centre in March and April 2020 and a draft report reviewed by inspectors showed that learning and recommendations following the outbreak were identified.

Although a number of infection prevention and control measures had been implemented further improvements were required to ensure consistency with
national standards. Overall the general environment and residents’ bedrooms, communal areas, toilets, bathrooms, and sluice facilities inspected appeared clean with a few exceptions. The centre was an old building comprising of two converted and adjoined period homes. While some parts of the centre were well-maintained there were many parts that required review and a proactive maintenance programme in place; for example, many bedroom doors did not close fully.

Hand hygiene and PPE advisory posters and leaflets were displayed and alcohol hand rub gel and disinfecting wipes were available although not readily accessible in some areas. Face protection masks were worn by all healthcare workers at the time of this inspection.

A planned auditing schedule for infection prevention and control was in place. Monthly audits included hand hygiene, laundry audits, environmental and management of COVID-19. Overall audit results showed good compliance however through this inspection the need for further improvement was identified, as detailed further below:

- A review of hygiene service provision in terms of staffing levels, skills and knowledge of the housekeeping staff (this is further discussed under Regulation 15).
- The oversight and management of residents’ equipment hygiene needed to be improved upon. Clear decontamination processes were required in addition to a tag system to assist staff in identifying clean from dirty items.
- There was no clearly defined separation of clean and dirty activities in the laundry facility. While some processes were in place, there was no clear signage to support the unidirectional work flow in this area.
- The storage of residents’ equipment required full review. For example, linen skips, and assisting devices such as hoists were found stored in communal bathrooms, or in residents’ bedrooms; the storing of wheelchairs in the anteroom leading to sluice room also required review; in the multi-occupancy rooms residents’ wash basins were stacked up, or placed on the floor which posed infection control risks.
- Inappropriate storage of clean items and supplies was identified on open shelves in the sluice facility.
- Access to sinks and wash hand basins was noted to be restricted or blocked in some areas for example in sluice room or some bedrooms.
- Daily housekeeping cleaning checklist records were in place, however they were not sufficiently robust and comprehensive.
- The quality of finishes on some furnishings including armchairs and some of the surface areas in the centre did not support effective cleaning.
- While supply of PPE was plentiful, disposable aprons and gloves were not always readily accessible at the point of use in sluice facilities. Also decontamination wipes and cleaning solutions were not always readily accessible when required.

Judgment: Substantially compliant
Regulation 28: Fire precautions

There were arrangements in place to review all fire equipment regularly and to ensure it was maintained in working order. A weekly sounding of the centre's fire alarm was conducted to ensure it was operational at all times and records of quarterly checks of the fire alarm system and emergency lighting were available. Fire fighting equipment was located throughout the building and there were records of annual inspection and servicing of this equipment. Records were made available to the inspectors to demonstrate that fire panels and exit routes were checked regularly, however, inspectors noted that these checks were only conducted Monday to Friday and not at weekends. Management undertook to address it immediately.

Staff were up to date with annual fire safety training and there were personal emergency evacuation plans (PEEPs) available for all residents to inform staff of residents' needs in the event an evacuation was required. Simulated fire drills were held regularly to facilitate staff to practice fire evacuation procedures. Inspectors noted however, that no record was available for a whole compartment evacuation drill with night time staffing levels. This was discussed with the registered provider representative and person in charge, who undertook to complete this for a compartment in the centre which had capacity for nine residents with night time staffing levels of four persons. A drill was conducted and submitted to the Chief Inspector following the inspection, this provided assurances that a compartment with nine residents could be safely evacuated with four members of staff. The provider outlined further plans for ongoing repeat drills to ensure that staff learning was embedded and that evacuation times would continue to reduce.

Inspectors noted that a number of fire doors throughout the centre required attention. Several bedroom doors did not latch or catch fully to ensure that these doors closed in order to contain fire. Furthermore many doors in the centre were noted as having significant gaps between the doors and door frames. Some of these gaps were excessive in size potentially making them ineffective to contain fire, smoke and fumes in the event of a fire. This was discussed with the provider and the person in charge and a full review of these fire doors and required maintenance work schedule was requested following the inspection for further assurances.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

An assessment of the health, personal and social care needs of an intended resident was arranged prior to admission, to ensure resident’s needs could be met in the centre.

A comprehensive assessment was completed within 48 hours of the resident's
admission and other validated clinical risks assessments were used to develop a care plan. Validated risk assessments were later reviewed at regular intervals.

Documentation was maintained in paper format and staff nurses completed various care plans in respect of each resident for each identified need. A comprehensive standardised care plan for COVID-19 was also in place. In addition, a one page summary detailing the residents’ plan of care at a glance was completed, which provided comprehensive and person centred information to support staff in the delivery of care. This information was also discussed with and shared with the resident, or their family as appropriate.

However, inspectors found some gaps and inconsistencies in the care planning arrangements for individual residents. While observations of practice and discussions with staff reflected a holistic approach to care with in-depth knowledge of the residents, further improvements were required to ensure residents’ clinical records adequately captured the care provided. Process of wiring the building with a view to transition to a system of electronic care records

Many care plans contained detailed person-centred information to guide staff in the provision of care. However, not all care plans were regularly updated at four monthly intervals or when residents’ condition changed, and the daily progress notes did not sufficiently detail the care provided. Consequently some improvements were required to ensure that the care plan record was a true record of the care received by the residents, as further discussed under regulation 21.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a General Practitioner of their choice, and a number of GPs visited the centre on a regular basis. Following an agreement with all the other GPs, one GP took on the clinical lead role during the COVID-19 outbreak on a temporary basis and oversaw the care of all residents in the centre. This GP continued to visit and physically review the residents which ensured their medical and clinical needs continued to be met. Enhanced healthcare supports were also made available to the residents during this time, which included visits from the Consultant Gerontologist and nurse specialist in the Clinical Frailty team. Furthermore consultant specialists in Gerontology, Psychiatry of Old Age and Palliative Care were also available to provide additional expertise and support.

Records showed that residents continued to have access remotely to allied health professionals such as physiotherapy, dietetics, speech and language therapy, tissue viability and occupational therapy. The registered provider informed inspectors that some of these support services, including optical services had recently resumed the visits to the centre.

Some further improvements were required to ensure nursing care practices in the
centre were evidence-based, and that validated risk assessments and clinical observations actively and consistently informed the care provided. Some of the identified areas of improvements included: the administration of subcutaneous fluids; the enhanced monitoring of residents on antibiotic therapy for urinary tract infections; or the use of psychosocial interventions as a first step in addressing responsive behaviours.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were two residents in the centre that presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) at the time of inspection. They had been appropriately assessed and a person-centred care plan had been devised which included input from Psychiatry of Old Age, who reviewed these residents on a regular basis. Staff had attended training on dementia and in their discussions with the inspectors they described person-centred interactions they employed to alleviate residents’ fears during the outbreak.

Interactions observed during the day showed that when residents displayed anxiety and restlessness, staff provided gentle reassurances and successfully employed diversion strategies in the least restrictive manner.

While complying with the wider public health and infection control restrictions, the registered provider was proactive in ensuring that in as much as possible, residents lived in a restraint-free environment. While residents were observed mobilising freely around the centre, the door to the internal garden was noted to be locked on two occasions during the inspection. The staff informed the inspectors that this measure was to promote residents’ safety and ensure appropriate supervision arrangements were in place when residents were in the garden. The practice of locking this door required review as it did not ensure that residents had unrestricted access to fresh air as required.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to ensure residents were safeguarded and protected from abuse. There was an up-to-date policy in place to inform staff of the management of safeguarding and protection of residents. There were no open safeguarding concerns or issues being investigated in the centre at the time of the
inspection.

Staff who spoke with inspectors articulated their responsibility to report any concerns, suspicions or disclosures received and that they had received training in recognising and responding to a suspicion, incident or disclosure of abuse. Inspectors observed that all interactions between staff and residents were respectful and kind.

The provider acted as a pension agent for five residents living in the centre. Inspectors examined records of accounts and found that balances were correct and arrangements in place were clear and transparent.

Judgment: Compliant

Regulation 9: Residents' rights

Residents said they felt safe and well-cared in the centre and that their rights and their choices were respected by staff. Those who were not able to communicate appeared content and comfortable and the overall atmosphere in the centre was calm and relaxed. All observed interactions between staff and residents were kind, unhurried and person-centred.

As far as was practicable, under the restrictions of COVID-19 opportunities were made available for residents to participate in social and recreational activities in small groups or on a one to one basis. Two activity coordinators worked seven days a week to ensure residents enjoyed a varied and interesting programme of activities. There were suitable facilities in place and inspectors observed that seats had been spaced out so that residents engaged in small group activities would comply with social distancing requirements.

With the exception of the month of April when the centre was dealing with an outbreak, residents’ meetings continued to take place on a monthly basis. Records showed good levels of participation, which were also occasionally attended by the residents’ advocate. Minutes from these meetings showed that residents were maintained informed of any changes in the public health guidelines and issues on the agenda included hand washing, visiting arrangements, video calls and meaningful activities. Records showed that any concerns or wishes expressed by the residents were promptly acted on by the registered provider. For example, various events had been planned and organised based on residents’ expressed requests. These included a tea party, a pizza day at the garden, a day out with fish and chips and ice cream, a Friday sing-along session with wine and refreshments or surprise birthday parties.

A residents’ satisfaction survey completed in June 2020 showed overall very high levels of satisfaction with the quality of life residents experienced in the designated centre. While there was overwhelming satisfaction with staff, respect for choice and privacy and activities available on a daily basis, 40 % of residents also reported that
they missed their families and that they experienced loneliness at times. Consequently, in addition to the two staff in charge of daily activities a third person was appointed on a Monday to Friday basis to ensure residents continued to maintain contact with their families and facilitate access to video calls while visiting was restricted.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 15: Staffing:
15. (1) The maintenance staff member returned to full time work on 19/10/20. He works in conjunction with a list of outside contractors; specifically, an electrician, plumber, carpenter, and flooring contractor. The RP & Maintenance staff member develop a list of priorities and then engage with the appropriate contract service provider to carry out the work.
An extra cleaning staff member has also been employed to enhance the cleaning staff in place.
Documentation is now in place which includes the recording of cleaning and decontamination of surfaces that are frequently used.
The daily cleaning checklist has also been updated to include frequently touched surfaces.
The monthly environment audit has been updated to include the changes.
A separate maintenance checklist of repairs required is completed fortnightly and areas of non-compliance are actioned in a timely manner.
Clear roles and responsibilities for the decontamination of equipment and frequency of cleaning have been drawn up for all cleaning staff, health care assistants and nurses as per “Interim Guidance on Infection Prevention and Control 2020”
15. (2) Compliant
15. (3) Not applicable

| Regulation 21: Records | Not Compliant              |

Outline how you are going to come into compliance with Regulation 21: Records:
21.(1) All records in Schedule 2,3,4, are kept in the Centre and are available for inspection on request.
Temperature, oxygen saturation and signs and symptoms of COVID 19 are recorded twice daily in the daily evaluation notes of all residents. Staff temperatures and signs and symptoms of COVID 19 are now documented twice per day and signed by all staff.

All nurses have been advised to include in their documentation a more comprehensive description of all episodes of care which will give a comprehensive overview of the residents condition and to support the decision making process for that resident (As per NMBI guidance)

21.(2)+(3) Records in Schedule 2 are retained for 7 years
21.(4)+(5) Records in Schedule 4 are retained for 4 years (records in paragraph 6, 9, 10, 11, 12 ) of Schedule 4 are retained for 4 years
21.(6) Records are kept in a safe manner off site using a record keeping management service

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 23: Governance and management:</td>
<td></td>
</tr>
</tbody>
</table>
| 23(a) Compliant
| 23(b) Compliant
| 23(c) Each nurse is allocated a cohort of residents and are responsible for nursing assessments and four monthly review of all the residents care plans. This is overseen by the CNM who will ensure that going forward all residents nursing risk assessments and care plans are reviewed in line with current regulations or more frequently as the residents’ care needs change. Residents and staff temperatures, oxygen saturation and signs of COVID 19 are checked and documented twice per day as per Interim guidance on infection control2020
| 23(D) & (E) & (f) Compliant
| Going forward actions identified from the environmental audits and maintenance audits will be completed in a timely manner. As mentioned in Regulation 15(1)
| Clear roles and responsibilities for the decontamination of equipment and frequency of cleaning have been drawn up for all cleaning staff, health care assistants and nurses. This will be overseen by the CNM on a daily basis and by the senior nurse on duty at the weekends.

| Regulation 26: Risk management | Substantially Compliant |
Outline how you are going to come into compliance with Regulation 26: Risk management:

6.1. (a) & (b) The flooring on the internal ramp has now got clear demarcations to indicate change in the floor gradient for residents using this area.
26.1. (b) All staff have been reminded not to leave an unsupervised cleaning trolley and equipment in day areas where residents frequent stroll by. Nursing staff no longer leave yogurts on the medicine trolley.
Chiropody services have been reinstated and all residents will have been assessed by 04/11/20
Safety statement and risk register is updated every 2 years and is currently being worked on with an outside provider.
The completion date is 21/12/20.
26(c) & (d) Compliant
(2) Compliant

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control:</td>
<td></td>
</tr>
<tr>
<td>As stated in regulation 15 increased cleaning hours and the employment of 1 further cleaner is now in place.</td>
<td></td>
</tr>
<tr>
<td>Roles and responsibilities of the different grades of staff have identified which areas and equipment they are responsible for.</td>
<td></td>
</tr>
<tr>
<td>Improved signage in the laundry room will clearly define separation of clean and dirty laundry. This will assist in the work flow in this area.</td>
<td></td>
</tr>
<tr>
<td>12 new bedroom doors (FD 30 standard) complete with door frames, iron mongery, door closures and receivers in the older part of the house have been installed.</td>
<td></td>
</tr>
<tr>
<td>2 cross corridor doors (FD 60 standard) have also been installed, together with 2 FD 30 standard doors in the dayrooms in the original building</td>
<td></td>
</tr>
<tr>
<td>2 Wheelchair bays have been identified on the ground and middle floor to house no more than 2 wheelchairs at any one time.</td>
<td></td>
</tr>
<tr>
<td>Linen skips are returned to the laundry after morning afternoon and evening rounds</td>
<td></td>
</tr>
<tr>
<td>Hoists are stored in identified areas on the top and middle floors</td>
<td></td>
</tr>
<tr>
<td>Individual wash basins are named and cleaned after use decontaminated and dried and stored upside down in the residents’ rooms</td>
<td></td>
</tr>
<tr>
<td>Inappropriate storage of clean items identified in open shelves in the sluice have been removed</td>
<td></td>
</tr>
<tr>
<td>Access to sinks and wash hand basins are no longer restricted and clear access is accessible.</td>
<td></td>
</tr>
<tr>
<td>Daily housekeeping check list has been updated to include frequently touched surfaces</td>
<td></td>
</tr>
<tr>
<td>New chairs had been ordered in early September have now been delivered and old chairs which were not of washable materiel were discarded</td>
<td></td>
</tr>
<tr>
<td>New dani-centre for the sluice room has been purchased and fitted</td>
<td></td>
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</tbody>
</table>
Decontamination wipes and cleaning solutions are available on all floors. Monthly infection control meetings are held and are in the process of finalizing Infection control strategy. Environmental hygiene, equipment and hand hygiene audits are conducted monthly. PIC has commenced post graduate course in UCC on infection control to be completed May 2021.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28(1)(a) The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable firefighting equipment, suitable building services, and suitable bedding and furnishings. • We have engaged the services of a fire consultant company to provide expert advice regarding adequate precautions against the risk of fire and in particular compliance with Regulation 28. • Portable fire extinguishers are provided within the centre in line with the requirements set out within IS 291:2015. • There is an ongoing maintenance programme in line with relevant standards regarding building services including but not limited to our fire detection and alarm system, emergency lighting and fire doors. • Bedding and furniture are inspected by staff on an ongoing basis any items that are found to be defective are repaired or removed immediate. Regulation 28(1)(c)(i) The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. • There is an ongoing maintenance programme in line with relevant standards regarding the building fabric and services • Portable fire extinguishers are provided within the centre in line with the requirements set out within IS 291:2015 • Fire detection and alarm system is installed and maintained in line with the requirements set out within IS 3218:2013+A1:2019 • Emergency lighting is installed and maintained in line with the requirements set out within IS 3217:2013+A1:2017 • An electrical contractor is engaged to carry out ongoing maintenance • An electrical contractor undertakes PAT Testing; management is currently reviewing this arrangement (21/12/2020) • A review was carried out of fire doors within the centre, following from the review sixteen (16) fire doors were identified to be replaced • This work was undertaken with a completion date (10/11/2020), and we believe this work will be completed ahead of schedule • Means of escape are inspected daily by staff and monitored on an ongoing basis Regulation 28(1)(c)(ii) The registered provider shall make adequate arrangements for reviewing fire precautions. • The management of Tara Care Centre continuously strives to improve the level of fire...
safety within the centre including both passive and active fire safety measures and the knowledge and skill of our staff in preventing a fire or dealing with an incident should it arise

- To support the management and staff of Tara Care Centre, we have engaged the services of a fire consultant company to provide expert advice regarding adequate precautions against the risk of fire and in particular compliance with Regulation 28

Regulation 28(1)(d) The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

- Fire Safety Training – All staff are trained annually in fire prevention, emergency procedures and fire drills, a fire consultant company has been engaged to provide fire safety training to staff and management based on access to the centre due to current restrictions in place regarding Covid-19

- Fire Safety Training – All staff are trained annually in fire prevention, emergency procedures and fire drills, a fire consultant company has been engaged to provide fire safety training to staff and management based on access to the centre due to current restrictions in place regarding Covid-19

- Emergency Procedures – a fire consultant company has been engaged to review the current arrangements in place (21/12/2020)

Regulation 28(2)(i) The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.

- A fire detection and alarm system is installed and maintained in line with the requirements set out within IS 3218:2013+A1:2019

- Portable fire extinguishers are provided within the centre in line with the requirements set out within IS 291:2015

- We have requested a competent person to review fire stopping based on access to the centre due to current restrictions in place regarding Covid-19 (21/12/2020)

Regulation 28(2)(iv) The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.

- Emergency Evacuation Drills are completed on an ongoing basis, and records of same are maintained in the fire safety register

- A compartment emergency evacuation drill was carried out (28/9/2020) in a section of the centre that accommodates nine (9), residents

- The outcomes of this drill have been communicated to the Chief Inspector on the (28/09/2020)

- A fire consultant company has been engaged to review the current arrangements in place (21/12/2020)

- An arrangement with a nearby nursing home is in place to accommodate residents (ongoing), and assembly points are positioned at suitable locations on the premises as per our evacuation policy, a fire consultant company has been engaged to review the current arrangements in place (21/12/2020)

- Fire Safety Training – All staff are trained annually in fire prevention and emergency procedures, a fire consultant company has been engaged to provide fire safety training to staff and management based on access to the centre due to current restrictions in place regarding Covid-19
<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</td>
<td></td>
</tr>
<tr>
<td>5 (1)&amp; (2) Continue with carrying out pre assessment of all new admissions.</td>
<td></td>
</tr>
<tr>
<td>5(3) CNM will ensure that all nursing assessments and appropriate care plans are in place within 48 hours of admission.</td>
<td></td>
</tr>
<tr>
<td>5 (4) Continue to capture all episodes of care provided to residents and document in the residents clinical records. All nurses aware of the legal requirement to update residents care plans four monthly or if there are changes in the resident’s condition at a point in time. This will continue to be overseen and audited by the CNM. The PIC is currently engaging with a contractor to transition to an electronic integrated care record system.</td>
<td></td>
</tr>
<tr>
<td>5 (5) Continue to make the residents care plan available to the resident and with the consent of the resident the care plan will be made available to the residents’ family member.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 6: Health care</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 6: Health care:</td>
<td></td>
</tr>
<tr>
<td>6 (1) Improvements in the documentation of subcutaneous fluid, oral intake and urinary output have been discussed with all nursing and HCA staff. Nursing care plans for residents who have an active infection such has urinary tract infection or respiratory infection will continue to include interventions, vital signs and evaluate the resident’s condition to show any significant changes and so decisions can be made as to whether further medical interventions are required.</td>
<td></td>
</tr>
<tr>
<td>6 (2) (a) All residents have access to GP services.</td>
<td></td>
</tr>
<tr>
<td>6 (2) (b) &amp; (C) Allied health care professionals are available to residents should they choose to avail of their services. We have restored our chiropody, ophthalmic services and have access to Dietician, SALT and TVN remotely.</td>
<td></td>
</tr>
</tbody>
</table>
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 15(1)</td>
<td>The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/10/2020</td>
</tr>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/10/2020</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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/10/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliant Status</td>
<td>Color</td>
<td>Date</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------</td>
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</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/10/2020</td>
</tr>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>21/12/2020</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/10/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(a)</td>
<td>The registered provider shall take adequate precautions against the risk of fire, and shall</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>05/11/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>21/12/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(ii)</td>
<td>The registered provider shall make adequate arrangements for reviewing fire precautions.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>05/11/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(d)</td>
<td>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>21/12/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Colour</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>28(2)(i)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>21/12/2020</td>
</tr>
<tr>
<td>28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>05/11/2020</td>
</tr>
<tr>
<td>5(4)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/10/2020</td>
</tr>
<tr>
<td>6(1)</td>
<td>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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/10/2020</td>
</tr>
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accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.