



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

Issued by the Chief Inspector

Name of designated centre:	AbbeyBreaffy Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	Dublin Road (N5), Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	17 September 2020
Centre ID:	OSV-0000308
Fieldwork ID:	MON-0028411

About the designated centre

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

AbbeyBreaffy Nursing Home is a purpose-built facility that provides care for 55 male and female residents who require long-term care or who require short periods of care due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The centre is located in a countryside setting a short drive from the town of Castlebar just off the N5. The atmosphere created is comfortable and there is plenty of natural light in communal areas and in bedrooms. Bedroom accommodation consists of four double rooms and 47 single rooms of which 50 have ensuite facilities. There are toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are several sitting areas where residents can spend time during the day. There were dementia friendly features in place to support residents' orientation and memory and this included signage and items of memorabilia that included displays of china and old style equipment. An accessible and safe courtyard garden is centrally located and has been well cultivated to provide interest for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

47

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 17 September 2020	10:00hrs to 17:00hrs	Una Fitzgerald	Lead
Friday 18 September 2020	10:00hrs to 13:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The inspector spoke with eight residents and three visitors during the two day inspection. Residents were aware that the centre was under new management and were knowledgeable on who the Director of Nursing was in the centre. Residents had high praise for individual staff describing them as "fantastic". Residents spoken with made reference to the efforts staff had made to keep them safe in the height of the COVID-19 national pandemic.

Residents described the time spent in isolation at the beginning of the pandemic and said it was difficult. Residents told the inspector that they had limited engagement with staff when they were in their bedrooms isolating. Residents acknowledge that this limited interaction with staff was done as a protective measure, however, the time spent in their bedrooms felt long and at times very lonely.

Residents voiced a high level of dissatisfaction on the current activities schedule in place. This is heightened by the limitations being placed on residents on visits from family and the wider community. Residents informed the inspector that there was very limited activities in the centre as the activities staff had been redeployed to the role of HCA (healthcare assistant). Residents understood the rationale for the decision was due to staffing shortages and that priority was been given to the delivery of their physical care needs. Residents had observed that there had been a high number of staff leave the centre. One resident described the staff changes as "very disappointing".

The centre is purpose built. Residents have free movement within the centre. There are a variety of communal rooms available for resident use. There are secure enclosed gardens that was seen in use by multiple residents throughout the two days of inspection. The inspector spent time sitting and chatting to residents in the garden. There was no restriction on resident access to the gardens. The gardens were welcoming with lots of colourful flowers and garden accessories. In addition, residents that have a interest in horticulture are supported to grow their own plants.

Residents confirmed that their bedrooms were cleaned daily. However, the standard of cleaning observed by the inspector required immediate attention. A resident invited the inspector to visit their bedroom as they were unhappy with the layer of dirt on the window. The residents window was looking out onto the gardens. However, due to the dirt it was not possible to see through the glass.

Capacity and capability

Knegare Nursing Home Holdings Ltd is the registered provider of AbbeyBreaffy Nursing Home. The company first registered the centre in December 2019. This was an unannounced inspection to monitor compliance with the regulations.

The management team operating the day to day running of the centre consists of a Director of Nursing (DON) who is supported by an assistant director of nursing, registered nurses, care staff, kitchen, household, cleaning, laundry, administration staff and maintenance. An immediate review of the governance structure was required as the named person in charge, who is on the register with the office of the chief inspector, was not working in the centre and did not have a presence within the centre. A review of the roster evidenced that the person in charge name was not on the roster. Records evidenced that the person in charge had spent a total of twelve days in the centre dating back to June 2020. Moreover, fifty percent of this time had been spent delivering training.

The findings from this inspection evidenced that the supervision of staff and oversight required a review to ensure that the service was safe, appropriate, consistent and effectively monitored as is required by the regulations. The building was not clean. There was insufficient staffing allocated to the cleaning of the building. In addition, the supervision of the cleanliness of the building required immediate attention. As a result of the findings on Regulation 27 Infection control the registered provider was issued with an urgent Compliance plan.

The centre has had a number of changes in the staff delivering the direct care. From a review of the rosters there are significant gaps in the whole time equivalent numbers as per the Statement of Purpose. The management team on the days of inspection confirmed that the centre is actively recruiting to replace staff and that the management team is committed to ensuring that they have the the appropriate numbers as is outlined in the statement of purpose.

The inspector acknowledges that once staff are recruited that there was effective procedures in place to support and induct new staff. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. Staff were facilitated to attend training that was informed by the needs of residents.

The inspector assessed a total of 12 regulations and found non compliance with two regulations and substantial compliance with three regulation. While systems were in place, findings indicated that strengthening of the supervision and oversight of care delivered was required to ensure that all aspects of the service delivered were meeting regulatory requirements. The details of non compliance are outlined under the regulations below.

Regulation 15: Staffing

The nursing management team on site for the inspection confirmed that a

significant number of staff had recently left the centre for varied reasons. The inspector was told that the recruitment of staff was on-going.

The inspector reviewed the rotas and cross referenced them with the numbers of staff available compared to those indicated in the Statement of purpose dated May 2020. There was a shortfall between what was available and what should be available. For example there was

- 7 nurses available instead of 8 nurses
- 16 healthcare assistants instead of 25 healthcare assistants

Shortfalls in staffing were observed on the rosters. The night prior to the inspection there had been one nurse on duty for forty-seven residents. The statement of purpose states that there are two nurses on duty at all times. The rotas from 7th September -15th September 2020 evidenced one HCA on night duty when the Statement of Purpose states that there should be two HCA on nights. In addition, the centre does not have a full time activities staff member.

The impact of a shortage of cleaning staff was also apparent on the day of the inspection when only one cleaning staff was on duty daily. The centre was visibly unclean. Resident personal bathrooms and communal bathrooms were unclean. The inspection findings clearly indicated that the entire centre and equipment could not be cleaned to the standard required during a COVID-19 pandemic by one cleaning staff. The inspectors acknowledge that this risk had been identified by the management who was in process of addressing the resource gap.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records indicated that all staff had up-to-date mandatory training. Records indicated that all staff had received recent training regarding infection control practices, donning and doffing of personal protective equipment and hand hygiene. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

However, the inspector found that there was insufficient supervision in place for the cleanliness of the building. This non compliance is actioned Regulation 23 Governance and management.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management required a review. On review of the governance structure the person in charge as per the register was not identified. The person in charge was not actively working in the centre. The inspector was informed that due to a COVID-19 outbreak in another centre within the group that the person in charge is not working onsite in this centre. Therefore, the management structure requires review to ensure it is clearly defined and identifies the lines of authority and accountability, specific roles and details responsibilities for all areas of care provision.

The registered provider is required to review the allocation of resources to ensure the effective delivery of care within the statement of purpose in relation to the staffing of the centre. The inspector reviewed the staffing reports that are provided to the registered provider that clearly outline the gaps. For example the staffing list dated 07/09/2020 identifies that there are 5 RGN available to work, eleven HCA available to work and no activities coordinator due to "no staff".

The level of supervision in place to ensure that Infection control standards are adhered too in order to protect residents was not sufficient and did not meet regulatory requirements. This is further compounded by the current allocation of staff to the cleaning of the building.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications were submitted to the Chief Inspector within the timescales specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that complaints were managed in line with the centre complaints policy dated May 2020.

The complaints procedure was displayed at the main foyer area and contained all information as required by the regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman. In addition, on the corridor where resident bedrooms were situated there was a suggestions box with empty templates for residents to complete and provide feedback.

The inspector reviewed the complaints log, there were no open complaints. All

complaints to date had been investigated and responded to and included the complainants' level of satisfaction with the outcome.

Judgment: Compliant

Quality and safety

The centre can accommodate up to 55 residents. As part of the COVID-19 contingency plan the management had taken the decision to admit a maximum of 48 residents. This meant that there would be no resident sharing a bedroom. The centre is purpose built and the communal rooms were spacious and filled with natural light. At the time of registration a restrictive condition was attached to the registration in relation to the installation of additional bathrooms and ensuites in the centre. As a direct impact of the COVID-19 national pandemic the registered provider applied for an extension in the completion date which was granted. The premises work when reconfigured and completed will have an increase in the number of showers and bathroom facilities for resident use. The senior manager who attended the feedback meeting confirmed to the inspector that the work is on schedule and will be completed on time.

Overall, the direct care provided to residents on the days of inspection was of a good standard. The inspector found that the assessment of care needs was completed. Care plans were developed on the assessed need. There was good evidence of resident involvement and consent. However, the inspector found that over time care plans became cumbersome and difficult to navigate. When reviews were completed the detail that was no longer current remained part of the care plan. A review of the detail contained within the care plans was required to ensure that the guidance was current and person centered.

Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. COVID-19 mass testing with resident consent had been completed. Staff had also been tested. All visitors and healthcare professionals that enter the centre complete a COVID-19 self risk assessment, screening and temperature check.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Regulation 11: Visits

Visiting to residents had been strictly controlled since March 2020. During the lockdown, staff had supported residents to maintain telephone and visual contact with their families via electronic devices. Window visits were also facilitated.

The recent COVID-19 Guidance on visitations to residential care facilities had been communicated to all families of residents. This had allowed visiting to commence under controlled circumstances. A designated room had been identified for these visits, which was in close proximity to the entrance foyer and where social distancing could be maintained. This meant the visitors would not be moving through the centre or coming in contact with staff and other residents. Residents and relatives spoken with were happy with the current visiting arrangements and delighted that visits were now being facilitated.

Judgment: Compliant

Regulation 27: Infection control

On the day of inspection there were supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up to date guidance on its use. All staff were observed to be wearing surgical face masks as per the relevant guidance. Alcohol gel dispensers were observed to be available and in use throughout the building. Signage was erected regarding COVID-19.

The inspector reviewed the risk register specific to COVID-19 and found that a review of the risk relating to infection control practices had been completed in April and July 2020. The document outlined that frequent cleaning and disinfecting of objects and surfaces that are touched regularly particularly in areas of high use such as door handles is required. The additional controls in place identify the need for rigorous checks to be carried out by line managers. The implementation of the additional controls as identified by the management was not actioned. Systems and resources in place for the oversight and review of infection prevention and control practices required an immediate review. This was evidenced by:

- Communal bathrooms inspected were not clean.
- Bathrooms that had been signed off as clean were not.
- Signage sheets were signed into the future
- Multiple toilet seats were in a poor state and required replacement.
- Toilet brushes were encrusted with dirt.
- Tooth brush holders were visibly dirty
- There was an insufficient supply of hot water in the communal bathroom to allow for safe hand hygiene.
- Signage in bathrooms was layered with dirt.
- Resident bedroom floors that had been recently cleaned had a layer of dirt that was visible to the eye.
- Resident equipment was visibly dirty

- Cobwebs were visible in communal bathrooms.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were assessed on admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments.

Resident's weights were monitored on a regular basis and appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by phone consultation by the dietetic services and recommendations made were implemented by staff. The inspector also reviewed wound management documentation and found evidence of good practice that promoted healing of wounds.

Care plans required review to ensure that they were person centered and guided care. The inspector found that the detail in the care plans was difficult to navigate and contained contradictory advice. For example:.

- A care plan on the use of restraint stated in one line that the resident had bedrails on both sides of the bed. Two sentences down the care plan stated that the resident did not have bedrails in place.
- A resident that had recently become immobile due to general deterioration last had their care plan updated eight months ago. The care plan was not person centered.
- A care plan on the management of resident pain stated that the resident was on pain medication but also stated that the resident was not on pain medication.

Judgment: Substantially compliant

Regulation 6: Health care

During the lock down period, resident 's general practitioners (GP) were providing a service remotely and advised staff over the phone. This included remote prescribing of medicines.

GP's and Allied Healthcare Professionals had recommenced having face to face consultations with residents. For example, residents were having physiotherapy on the day of inspection. The inspector observed residents taking part in a group

mobility exercise session which was facilitated by a physiotherapist.

The inspector found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure the best outcome for residents as per their medical status.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents in the centre that had 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.

The nursing management had systems in place to monitor restrictive practices to ensure that they were appropriate. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. There was a small number of residents with bed rails in place. Records showed that where restraints were used these were implemented at the request of the residents and following robust risk assessments.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed and from suffering abuse.

The staff spoken with and training records viewed confirmed that staff had received ongoing education in safeguarding. Training was scheduled on an on-going basis. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre.

The centre does not act as a pension agent for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to advocacy services and information regarding their

rights. Information and contact details were displayed.

The Statement of purpose outlines that the centre has an activities coordinator in a full time position. This resource is currently redeployed into the role of HCA. The inspector did observe during the inspection that when possible the HCA staff take on the role of activities at varied times in an attempt to ensure that there is meaningful engagement in place for residents. However, the level of activity available to residents was minimal. The impact on residents is heightened in light of the HPSC guidance and the aligned reality that visits from family are restricted in numbers and frequency.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for AbbeyBreaffy Nursing Home OSV-0000308

Inspection ID: MON-0028411

Date of inspection: 18/09/2020

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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Advertisement has been placed both locally and nationally for staff. The recruitment of staff is ongoing to achieve staffing level as outlined in statement of purpose and function.</p> <p>Abbeybreaffy Nursing has successfully hired 1 x housekeeping staff and they are due to commence on 17.10.2020. This staff member is currently preparing his compliance paperwork and will be due to commence by end of October 2020.</p> <p>The Nursing Home has interviewed and offered 6 HCAs roles within the Nursing Home. Two of these have already been inducted and have commenced on the rota. The remaining 4 are currently preparing their compliance paperwork and are due to commence in November 2020. Completed 20.11.20.</p> <p>Rota and staffing has been reviewed by the Management Team to reflect adequate night staffing levels as outlined in statement of purpose. Post inspection Abbeybreaffy has had the appropriate night cover rostered on each shift. Completed 05.10.20.</p> <p>The Group HR Team and the Nursing Home Team have met and reviewed staffing to ensure that the Home is planning ahead for any known departures.</p>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

A new Person in Charge has commenced in Abbeybreaffy Nursing Home and compliance paperwork has been submitted to HIQA in respect of same.

The PIC is supported by the ADON in the center and has external support from the RPR and other named PPIMs. The management structure within the Nursing Home is clearly identified with all staff fully aware of the escalation pathways.

Families have been advised of the new appointment in writing.

The IPC standards in the Nursing Home are under constant daily monitoring and review. New audits implemented will be reviewed and monitored and shared with the RPR. Supervision in relation to IPC is ongoing and will continue in the Nursing Home.

Regulation 27: Infection control

Not Compliant

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

A deep clean has taken place in the center and all rooms have been inspected by the PIC and ADON to ensure compliance with the standard.

Chemical Disinfection has been organised by an external provider and was completed on 15.10.2020

Toilet Seats have been audited within the Nursing Home and all those that require replacing have been ordered and are due to arrive onsite week beginning 19.10.2020

Toilet Brushes have been replaced in all bathrooms- completed 09.10.2020

Staff Training has taken place on site in respect of the use of chemicals and appropriate disinfecting products. This was completed by an external trainer on 30.09.2020

Weekly cleaning audits in place by PIC with dedicated action plan discussed with staff members individually to highlight any areas that need to be addressed.

All windows in the center have been cleaned internally and externally on 03.10.2020

Monitoring and supervision of the housekeeping staff daily by ADON and PIC

1:1 meetings held with housekeeping staff to ensure they are fully aware of their roles and responsibilities in relation to IPC practices in the Nursing Home.

The PIC and RPR meet weekly (electronically) to discuss IPC practices within the Nursing Home and any progress made in relation to the action plan.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Feedback meeting with nursing staff following HIQA inspection held and finding of reports discussed.</p> <p>1:1 meeting held with nursing staff to discuss their roles and responsibilities regarding resident assessments and care planning. Completed on 02.10.20.</p> <p>Inhouse assessment and care planning training completed by ADON on 04.10.20. Managers to provide ongoing support and guidance to nursing staff.</p> <p>Care planning training was attended by all Nursing Staff. Completed on 07.10.20.</p> <p>Each resident has a named nurse in the center. All care plans are to be reviewed and updated by the nursing staff. To be completed by 10.12.2020.</p> <p>Hard copy of pain assessment scale has been implemented and training has taken place on 15.10.2020.</p> <p>Online care planning training and pain management training organised for nursing staff. To be completed by 20.10.20.</p> <p>A monthly Care Plan audit has been devised and implemented in the Nursing Home. This will be reviewed by the PIC on a monthly basis and an action plan devised and reviewed continuously to ensure the care and welfare of residents is appropriately documented.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Feedback meeting held with staff following HIQA inspection held and finding of reports discussed. Residents rights reiterated to staff and their roles and responsibilities discussed relating to same.</p> <p>Activity coordinator in situ to ensure there is meaningful engagement in place for residents. Completed 05.10.20.</p> <p>Advert has been placed locally and nationally for recruitment of additional HCA.</p>	

Interviews ongoing. Note the actions taken above response to staffing, Regulation 15.

Activity planner has been reviewed in consultation with activity coordinator and with residents. A new activity timetable will be implemented as a result of these meetings. To be completed by 19.10.20.

Training sessions will be organized for HCA to ensure that there is a meaningful engagement in place for residents. To be completed by 20.10.20.

Residents needs and rights were discussed during Residents committee meeting on 08.10.20. Points addressed by residents will be actioned accordingly. Completed by 22.10.20.

Resident feedback day schedule for 30.10.2020 to ensure feedback from residents is noted and documented. Action plans arising from this meeting will be implemented and reviewed by the Activity and PIC.

PIC and ADON to monitor and review activity planner on a daily basis to ensure there is meaningful engagement in place for residents.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	25/10/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that	Not Compliant	Orange	25/10/2020

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	22/10/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/10/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and	Substantially Compliant	Yellow	30/10/2020

	capacities.			
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