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>Cherry Grove Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Cherry Grove Nursing Home Ltd</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Priesthaggard, Campile, New Ross, Wexford</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23 June 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005595</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029673</td>
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</table>
About the designated centre

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

Cherry Grove Nursing Home is a purpose-built two-storey centre and all resident areas are located on the ground floor. In total, there are 41 single, eight twin and one three-bedded bedroom. All bedrooms have en-suite facilities that include a wash hand basin, toilet and shower. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. Bedroom windows allowed residents good views of the garden. Clocks were also available in each room. There are additional wheelchair accessible toilets located around the building. The centre has two main day rooms, a visitor’s room, a dining room, an oratory, treatment room, smoking room, kitchen, hairdressing room, storage rooms and two sluice rooms. The upstairs area, which was accessible by stairs and lift, provided office space, staff facilities and the laundry in addition to storage. In their statement of purpose, the centre's philosophy is documented as, with respect to the dignity of all, striving to create an environment that is safe and happy, inclusive and holistic. It states that they are committed to being professional, creative and innovative in their care thus generating warmth, compassion, hospitality, justice, respect and excellence. The centre provides a service that can cater for residents who require general care, respite care, dementia specific care, convalescence and physical disability.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 23 June 2020</td>
<td>10:35hrs to 16:50hrs</td>
<td>Liz Foley</td>
<td>Lead</td>
</tr>
<tr>
<td>Tuesday 23 June 2020</td>
<td>10:35hrs to 16:50hrs</td>
<td>Caroline Connelly</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Overall the centre was seen to be homely and generally well decorated with numerous decorative murals along the corridors. The centre was clean throughout and there were hand hygiene facilities at convenient locations. The provider had installed two outdoor sinks to facilitate good hand hygiene for staff and all visitors to the centre. Residents art work was seen along the corridors and in day rooms. There were two bright day rooms and an oratory which residents were able to use to be together with other residents whilst still maintaining appropriate social distance. The main day room opened up to a lovely outdoor courtyard, the inspectors observed that these doors were unlocked and residents confirmed easy access to same. Inspectors observed that there were comfortable and appropriate sitting areas, tables and raised planters with an array of blooming flowers that residents had planted.

Residents told inspectors they enjoyed sitting out during the fine weather and garden furniture was available for their comfort. In the corner of the main day room there was a mannequin dressed up in finery and jewellery. The activity staff member described how she had organised a rock and roll themed event and the mannequin was dressed in a appropriate type clothing following same. This is used as a discussion point and for reminiscence.

Resident bedroom accommodation was provided in mainly single occupancy rooms eight twin bedrooms and one three bedded room, which at the time of the inspection was used for twin occupancy only, with the third bed removed. All bedrooms had an en suite toilet, wash-hand basin and assisted shower. A number of bedrooms were seen to be personalised with plenty of space for clothing and belongings. Directional signage was pictorial as well as written; this assisted residents with cognitive difficulties to find areas of the centre. Hand rails were available on corridors to maintain residents safety and mobility needs. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms whether they wished to stay in their room or spend time with others in the sitting rooms where they could observe social distancing. One resident explained to inspectors that she liked to spend part of the day in her bedroom where she was comfortable. But was glad to come to the day room as she enjoyed the company of residents and staff. She said it was great to get out of the bedrooms and back to the day rooms since the outbreak was over. One resident who had tested positive for COVID-19 said he spent the time in his room watching TV and reading. He described how although he was not ill as such he had slept for most of the time as it left him very very tired. He was well recovered now and staff had been very good to him.

In the morning residents were observed in the day rooms joining in the activities, enjoying story telling in one day room, whilst in the second day room a hairdressing session was ongoing. In the absence of the regular hairdresser a staff member was setting and styling residents hair. Residents told the inspector this was very
important to them to look well especially now that they were having visitors again. In the afternoon a cocktail session was underway. Decorative high calorie shakes made with juices and nutritional supplements were presented in cocktail glasses decorated with straws which appeared appetising and appealing. Music was playing and residents appeared to enjoy the experience. This was followed by a sing song.

Residents were complimentary about the food and inspectors saw that residents were offered choice. Inspectors saw pictorial menus displayed which assisted residents with cognitive impairment to ensure they understood the choice they were making. The menu was seen to be varied and the residents said if they didn't like what was on the menu they were given other choices. Modified diets were seen to be well presented and appetising. Currently the main dining room was being used to facilitate visiting so meals were served in the day rooms or residents' bedrooms. The provider said they would look to open up the dining room again but the capacity would be very reduced when observing social distancing.

Residents who spoke with inspectors were very complimentary about staff saying that staff were friendly, kind and understanding. One resident affectionately described a staff member as “a good old soul”. Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents said staff made a special effort to facilitate residents to talk to their families during the time when visiting was restricted. Staff said they were making an effort to sit and chat more with residents whenever they could, to ensure residents were not too lonely in the absence of visitors and residents not being able to go out with families or to day centres as they would normally do. Kind and person-centered interactions were observed throughout the inspection and staff and were observed using personal protective equipment (PPE) and good hand hygiene in line with best practice.

**Capacity and capability**

Prior to the recent COVID-19 pandemic, Cherry Grove Nursing Home, operated by Cherry Grove Nursing Home Limited, had a good level of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The centre’s management structure consisted of the registered provider, a limited company which has five directors who were responsible for the running of the centre. A person in charge, responsible for the day-to-day operations of the designated centre, was supported by an assistant director of nursing, senior nurses and other staff members including nurses, carers, activities staff, housekeeping, catering and maintenance.
This was an unannounced risk inspection to monitor ongoing compliance in the centre. A number of pieces of unsolicited information had been received by the Chief Inspector in relation to adverse incidents in the centre and staffing during the COVID-19 outbreak. These issues of concern were looked into during the inspection and are discussed throughout the report. The inspectors found that appropriate action was taken in relation to residents care and residents care plans were amended to reflect any changes needed. However the provider had not notified the Chief Inspector of one incident but this was subsequently notified following the inspection.

The centre had experienced an outbreak of COVID-19 with 24 residents testing positive and there were sadly 10 deaths among these residents. A significant number of staff also tested positive and a number were required to self-isolate. The Chief Inspector was informed of the outbreak and received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. Managers and staff in the designated centre received support and guidance from the public health team and community services throughout. The centre’s outbreak of COVID-19 had a significant impact on residents, staff and families in the centre. Inspectors acknowledged that this was a difficult and challenging time for all residents families and staff. At the beginning of the outbreak the service was particularly challenged by staff shortages but they were supported by the HSE and agency staff to care for residents. Staffing had now stabilised and the centre had sufficient staff to meet the needs of residents and to cohort staff to reduce the risk of cross contamination of COVID 19. The centre had established communications with external agencies for expert advice and support and continued to engage with and seek advice when required.

Overall inspectors found that good systems were in place to monitor the safety and effectiveness of the service. While some routine audits had not been completed in line with the centre’s plans, inspectors found that residents’ care needs and safety were prioritised particularly around infection control. For example, additional equipment and extra staff were allocated to meet the care needs of residents and housekeeping during the outbreak. Additional staff resources were in place to plan and supervise visits in the centre and to ensure that visiting arrangements comply with the national guidelines and maintain the wellbeing of residents.

Clinical management was strengthened in April 2020, with the appointment of an assistant director of nursing. The management team were planning to undertake a review of their COVID-19 outbreak and use the learning to inform their contingency plan for any future outbreak. There was good record keeping practices which supported the centre with contract tracing when required and records of symptom monitoring for COVID-19 were available for both residents and staff.

Complaints were recorded and responded to however, improvements were required in the documentation of complaints to ensure that actions to investigate the complaint, measures required for improvement and outcomes were consistently documented.
Regulation 15: Staffing

The number and skill mix of staff were appropriate to the assessed needs of resident and the design and layout of the centre. There was minimum of two nurses on duty at all times.

Contingency planning for a potential second wave included utilizing existing staff and employing agency staff when necessary through the established channels.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors viewed the training matrix and found that some mandatory training was not up to date for all staff however, this was due to external factors and training dates were scheduled. Mandatory training included, fire safety, manual handling and people moving, infection control and safeguarding. The provider was reviewing how training could be facilitated if restrictions were to continue.

In addition to the centres regular infection control training staff had received training in infection control specific to COVID-19 which included hand hygiene and donning and doffing of PPE. Ongoing additional training specifically for COVID-19 precautions was also planned for all staff. Staff were observed to have good practices and had good knowledge of the procedures and requirements for preventing the spread of infection.

Judgment: Compliant

Regulation 23: Governance and management

There were clear management structures in place and all staff were aware of their respective roles and responsibilities. The person in charge worked full time in the centre and was supported by a senior and experienced management team who provided clinical and administrative expertise.

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were routinely carried out and informed ongoing quality improvements in the centre. While management meetings and regular staff meetings were interrupted during the COVID-19 outbreak the centre
kept residents, staff and families fully informed of all changes in the centre.

While the centre encountered staffing difficulties at the beginning of their outbreak, due to the large number of staff affected by COVID-19, they were supported to maintain safe staffing levels from external agencies. Staffing levels had now settled and the centre had sufficient numbers of staff to provide cohorts or separate teams of staff to care for groups of residents if required. Additional systems and resources to support the residents and staff during the outbreak were in place for example, additional PPE, hand hygiene facilities, increased clinical supervision and support.

During the outbreak the centre maintained good communications with residents and their families. One senior manager was responsible for providing regular and sometimes daily updates on each resident. The person in charge and the assistant director of nursing maintained regular and ongoing contact with members of the public health team and the HSE during the outbreak and continue to do so on a weekly basis at minimum.

The centre had a contingency plan in place should a second outbreak occur in the centre; this included staffing and systems contingencies. This plan may change following the centre's review of their outbreak which will provide valuable information and learning.

Judgment: Compliant

Regulation 31: Notification of incidents

One notification had not been submitted to the Chief Inspector within the required time lines, this was due to staff changes at the start of the centre's outbreak. Recent notifications as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible and clear complaints procedure in the centre. Documentation of individual complaints required review as it was not always clear what actions were taken to investigate a complaint. Measures required for improvement in response to a complaint were not clearly documented nor were the outcomes consistently documented. The provider undertook to review this.
Judgment: Substantially compliant

Quality and safety

Overall, despite the COVID-19 restrictions and COVID-19 outbreak residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were respected and promoted as much as possible. There was evidence of good consultation with residents. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Some improvements were required in care planning.

The inspectors found that an ethos of respect for residents was evident. Inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding all aspects of care in the centre. There were two activity coordinators who work full time in the role of meeting residents’ social care needs. There was a comprehensive programme of activities available to residents. Residents’ rights were seen to be respected in the centre. The design of the premises enabled residents to spend time in private and communal areas of the centre maintaining social distancing. There was open access to the garden from the sitting room and there were walkways and seating areas around the centre to be enjoyed by residents. Overall, there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to also be supportive, positive and respectful in their interactions with residents.

The centre normally operates an open visiting policy but due to the COVID-19 pandemic and outbreak the centre had generally closed to visitors except in exceptional and compassionate circumstances for end of life and some window visits had been facilitated. The centre has recently reopened to visitors following public health guidelines. These outline that visits will be limited to two named visitors per resident; visitors must undergo temperatures checks; visits will be limited to daytime visits of less than 30 minutes; each visitor will only be allowed a maximum of one visit per week and children aged under 16 are not allowed to visit. Inspectors saw that the centre had undertaken all the above precautions. Visits were pre booked and coordinated by management. Visitors undertook a screening process where health checks were undertaken. An outside sink was available for hand washing and masks were made available. Relatives were able to enter directly into the visiting area without entering through the nursing home. The visiting area was set out with a long table maintaining a minimum of two distance between the resident and the visitor. On the day of the inspection the inspectors saw that a nurse was allocated to facilitate and manage the visits and bring the resident to see their visitor. Residents reported that it was great to see their family again and looked forward to the visits. One resident told the inspectors he had no interest in window visits.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to
general practitioner (GP) services, to a range of allied health professionals and outpatient services. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The dietician was in regular contact with the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. A number of these consultations took place over the phone or via video link in the current COVID-19 pandemic.

The assessment process involved the use of a variety of validated tools and care plans were found to be person centred to direct care. However there was some improvements required for care plans for end of life and wound care.

### Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Staff were committed to ensuring residents and their families remained in contact by means of planned visiting in line with the national guidance. A schedule of arranged visits was in place. Visiting controls now included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing, cleaning of the room following every visit and appropriate supervision to allow for privacy and supervise compliance with the controls in place.

Judgment: Compliant

### Regulation 26: Risk management

Inspectors followed up on unsolicited information regarding management of incidents and accidents in the centre. The centre had arrangements in place for the identification, recording and learning from serious incidents or adverse events involving residents. The specific incidents of concern were found to have been appropriately dealt with and documented.

Clinical and environmental risks were assessed and controls were in place to prevent or minimise theses risks as appropriate.

Judgment: Compliant
### Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures and resources were in place to help prevent a second outbreak of COVID-19. A recent outbreak in the centre was now over but this had had a significant impact on residents, staff and families in the centre. Policies had been updated to guide staff and specific training had been provided which included hand hygiene technique, cough etiquette, donning and doffing PPE and symptom monitoring.

Cleaning procedures were updated and frequency was increased during the outbreak for specific areas of the centre. Housekeeping procedures were in line with best practice with recommended cleaning solutions used and good waste management systems in place.

The centre was following the guidance set out by the HPSC and was in regular contact with their local public health team and with the HSE. There were sufficient resources in place such as PPE and hand hygiene facilities and staff were observed following best practice.

Clear signs were placed around the centre reminding staff about hand hygiene and cough etiquette. Floors in communal rooms were clearly marked so residents could identify safe socially distant spaces to relax in.

**Judgment:** Compliant

### Regulation 5: Individual assessment and care plan

Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspectors were comprehensive and person-centred. They were regularly reviewed and updated following assessments and recommendations by allied health professionals. This was particularly relevant in relation to nutritional care plans where residents had lost weight and changes were recommended by the dietician. Care plans were sufficiently detailed to guide staff in the provision of person-centred care. The inspectors viewed care plans in place in relation to COVID-19 for residents affected by the virus and these were discontinued once the outbreak was over.

Some improvements were required in care planning:

- End of life care plan's seen did not fully reflect resident's expressed wishes at end of life including if they wished to remain in the centre or be transferred to hospital. There were not always clear pathways in place for treatment escalation.
A number of wound care charts and care plans were examined during the inspection. The current assessment sheets used at dressing changes were not sufficiently detailed, they did not give scientific measurement or staging of wounds. The ADON acknowledged this to be the case and had already commenced addressing this. He showed the inspectors a new assessment sheet for wounds which gave more detail including scientific measurements that he plans to implement. There was also no photographs of wounds stored in the care plans therefore it was difficult to see improvements or deterioration in wounds which could affect the treatment provided to the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents’ health care needs were generally met through timely access to treatment and therapies. Resident’s had suitable access to GP’s, and allied health care professionals. There were a number of GP’s in the centre doing rounds on the day of the inspection. The inspectors were satisfied that residents who contracted COVID-19 received appropriate nursing care, including access to medical care and palliative care medications and advice as required. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner. Examples of this was when residents had lost weight and different nutritional needs were identified following the Covid-19 outbreak, dieticians and speech and language therapy reviews were requested and provided. A number of residents were seen to have increased fortification of their diet with high calorific foods and extra nutrition supplements were prescribed and administered to the resident.

In relation to COVID-19, there was evidence of liaison with the public health officer and with the HSE locally regarding supplies of oxygen, PPE, funding and management of same. The HSE has arranged for additional therapies for residents who have recovered from the Covid outbreak such as physiotherapy occupational therapy and other rehabilitation services.

There was evidence of consultations with psychiatry of older age as residents needs' for this service arose. Timely access to local community palliative care services was also available to residents, Chiropody, dental, optical services were available to residents as necessary. Tissue viability advice was acquired through the practice nurse or via local hospital. Residents were supported to attend outpatient appointments and supported to access national health screening programmes as required.
Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents’ right to privacy and dignity were respected and positive respectful interactions were seen between staff and residents. The residents had access to copies of local newspapers, radios, telephones and television. Internet access was available in the residents’ day room where a computer was set up. Residents were facilitated to exercise their religious and political rights. The centre’s management had organised for residents to vote in the recent elections and religious preferences were facilitated through regular visits from the local clergy to the centre and the celebration of mass regularly. Although these visits are suspended during COVID-19 restrictions residents were facilitated to partake in mass via the television and daily rosary was also prayed with the activity staff for residents who wished to partake.

The requirement to maintain a socially distance impacted on social activities in the centre. Although larger group activities, external musicians and gatherings were discontinued due to COVID-19, there was an ongoing programme of smaller group and one-to-one recreational activities for residents to partake in. These were carried out in accordance with public health advice and inspectors observed that there was ample communal space to facilitate social distancing. There were two activity coordinators working in the centre. Resident’s individual preferences were respected regarding activities and this was confirmed by residents who spoke with the inspector and reported the choice to partake or not partake in activities was always afforded to them. A social assessment ‘Key to Me’ had been completed for residents which gave an insight into each resident’s history, hobbies and preferences to inform individual activation plans for residents. The inspector reviewed a sample of these activation plans; they were found to contain person-centred information to direct staff when developing and planning the centres activity plan. Activities included imagination gym, bingo, arts and crafts, floor games, exercises and reminiscence.

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

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</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, Measure 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>
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<tbody>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
S- To ensure compliance
M- Review complaints log weekly and ensure updated
A- Review weekly
R- Ensure compliance and ongoing compliance
T- Commence 01/09/2020
Complaints log has been updated and outcomes and satisfaction documented

<table>
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<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
S- To ensure compliance
M- Review every 3 months or more frequently considering residents status and needs
A- ADON to review monthly progress and direct nurses in relation to same
R- To ensure compliance and ongoing compliance
T- Completed 01/10/2020 and review as needed thereafter

End of life care plans will be updated to reflect residents wishes, needs and wants
We have commenced photographs of residents wounds on dressing changes to assess progress of same.
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>
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<tbody>
<tr>
<td>Regulation 34(1)(f)</td>
<td>The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/09/2020</td>
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<tr>
<td>Regulation 34(1)(h)</td>
<td>The registered provider shall provide an accessible and effective complaints procedure which includes an</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01/09/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance Status</td>
<td>Date</td>
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<tr>
<td>34(2)</td>
<td>The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident’s individual care plan.</td>
<td>Substantially Compliant</td>
<td>01/09/2020</td>
<td></td>
</tr>
<tr>
<td>34(3)(a)</td>
<td>The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.</td>
<td>Substantially Compliant</td>
<td>01/09/2020</td>
<td></td>
</tr>
<tr>
<td>34(3)(b)</td>
<td>The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the</td>
<td>Substantially Compliant</td>
<td>01/09/2020</td>
<td></td>
</tr>
<tr>
<td>Regulation 5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>01/10/2020</td>
<td></td>
</tr>
</tbody>
</table>