Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre: Strawhall Nursing Home
Name of provider: Strawhall Nursing Home Partnership
Address of centre: Strawhall, Fermoy, Cork
Type of inspection: Unannounced
Date of inspection: 11 February 2020
Centre ID: OSV-0000295
Fieldwork ID: MON-0022236
About the designated centre

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

Strawhall Nursing Home is a two storey building located within walking distance of the town of Fermoy. The centre was established in 1988 and can accommodate 30 residents. We accommodate both female and male residents, over 18 years who cannot live independently. We cater for residents who require convalescent, respite, long term and palliative care. The nursing home is situated in a rural area. It is surrounded by a large mature garden with an enclosed courtyard which provides a safe outdoor area with suitable furnishings. The bedroom accommodation is laid out in 22 single bedrooms, 10 which are en-suite with shower, toilet and wash basin. There are four twin bedrooms, one of which has en-suite facilities. Admission to Strawhall Nursing Home is arranged by appointment following a pre-admission assessment. Your care plan will be developed with your participation within 48 hours of admission. This will be individualised to set out your personal care needs and will provide direction to staff members caring for you. We operate an open visiting policy within Strawhall Nursing Home, however to protect our residents we ask that all visitors inform staff of their arrival and departure. An activities coordinator is employed daily to enable Strawhall Nursing Home to fulfil residents’ personal, social and psychological needs. The following services and activities are available: hairdresser, arts and crafts, bingo, mobile library, music etc. Mass is held twice monthly (at minimum) and residents with other denominations will be catered for. The following therapy services are provided following assessment and as required: physiotherapy, speech and language therapy (SALT), dietitian, occupational therapy (OT), psychiatric services, chiropody, dental, optical and aromatherapy. Strawhall Nursing Home endeavours to adopt a culture of complete care where the emphasis is on individuality, mutual respect, dignity, sensitivity and where a "feel good" factor is nourished.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 25 |
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>
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<tbody>
<tr>
<td>Tuesday 11 February 2020</td>
<td>09:00hrs to 18:00hrs</td>
<td>Mary O'Mahony</td>
<td>Lead</td>
</tr>
<tr>
<td>Wednesday 12 February 2020</td>
<td>09:30hrs to 17:30hrs</td>
<td>Mary O'Mahony</td>
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Views of people who use the service

Residents living in Strawhall Nursing Home told the inspector that they were happy with staff, their accommodation, the food and their involvement in the centre. They were forthcoming to the inspector with a positive appraisal of their lives in the centre and were found to be aware of the inspection process. Minutes of resident meetings were reviewed which indicated that a range of issues were discussed and addressed where possible.

The meals were nicely presented with a choice at each meal. Residents were satisfied that the kitchen was located adjacent to the dining room as the chef was accessible to them if required. They said that their likes and dislikes were known and that their dietary needs were met. Residents informed the inspector that there was attentive medical care available and they said that they felt safe in the centre. Visitors were welcomed at all times and they kept residents up to date with news from the community. Residents were supported and encouraged to personalise their bedrooms. Daily newspapers were available and activity staff were seen to read the headlines and generally discuss local and international events with residents. Residents said that the centre felt homely and they enjoyed the company of other residents in the sitting and dining rooms as well as the two conservatory areas. They had choice in their daily routine in relation to getting up, mealtimes and bedtime. The gardens were accessible both through an enclosed patio as well as a spacious well-kept back garden area. Residents had access to a hairdresser who attended the centre weekly for both male and female residents. Residents were delighted with this service and they stated they looked forward to the weekly visit.

Residents said that staff were supportive and they were praiseworthy and thankful for the care they received. Relatives echoed this sentiment and said that residents were enabled to live life to their full potential with regard for their different abilities. Residents spoke with the inspector about the happy events which kept them busy on a daily basis.

Capacity and capability

The inspector found the Strawhall Nursing Home was a good centre where care was led by a diligent and effective management team. The inspector found that this effective management system ensured that high quality care was delivered. There were clear lines of accountability and authority in place with an appropriately qualified person in charge. She was responsible for the quality and supervision of care. She was supported by the registered provider representative (RPR), the assistant director of nursing and a knowledgeable health care team. Throughout the inspection the management team were found to be amenable and responsive to
any issues identified by the inspector. Management staff maintained records of staff training, policy updates and meetings. An appropriate number and skill-mix of staff were on duty during the days of inspection to ensure that effective care and support were available to residents. The centre had developed a continuous improvement plan through regular training, auditing and benchmarking against the Regulations and Standards for the sector.

Staff meetings and detailed handover reports ensured that information on residents’ needs was communicated in an effective manner. A training matrix record was available indicating that staff had received training appropriate to their roles. The inspector spoke with a number of staff members who were knowledgeable of the training they had received and relevant care plans and policies. They were aware of their statutory duties in relation to the general welfare and protection of residents.

The inspector found that complaints were managed appropriately and learning was discussed. Residents were provided with contracts on admission which reflected living and care arrangements.

Copies of the Standards and Regulations were readily available to staff who were found to be aware of the role of the inspector in monitoring regulatory compliance. Maintenance records were in place for equipment used in the centre. Records required by Schedule 2, 3 and 4 of the Regulations were securely stored and easily retrievable. A sample of residents' records such as care plans and nursing records was seen. Issues in relation to fire safety and residents' rights were addressed under the Quality and Safety dimension of this report.

Policies on staff recruitment and training supported robust induction, including a supervised probationary period. The person in charge and the RPR assured the inspector that Garda Síochána (GV) vetting clearance was in place for all staff, prior to taking up their respective roles. A sample of staff files was seen to be in compliance with Regulations.

**Regulation 14: Persons in charge**

The person in charge fulfilled the requirements set out in the Regulations for the sector. She was experienced and knowledgeable. She understood her remit and the responsibilities of her role.

Judgment: Compliant

**Regulation 15: Staffing**

Staffing levels were appropriate for the needs of residents and there was a nurse on duty at all times. Staff supported residents with an attentive and kind approach at
meal times and they were seen to respond to bell ringing without delay.

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<th>Judgment: Compliant</th>
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**Regulation 16: Training and staff development**

The training matrix was complete.
Staff appraisals were undertaken and issues were addressed where necessary.
Staff had a comprehensive induction at the commencement of their employment.
All staff had the required GV in place and each staff member had two verified references on file.
Staff nurses were seen to be registered with An bord Altranais.

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**Regulation 19: Directory of residents**

The directory of residents contained all the regulatory details such as contact details of relatives, admission dates and discharge dates where applicable.

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**Regulation 21: Records**

Records were secure, maintained in good order and were easily accessible to the inspector.
For example: the inspector reviewed complaints, staff files, the staff roster, incidents, errors, medical referrals, personal property records, financial details and attendance at activities.

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**Regulation 22: Insurance**
The current insurance document was viewed. It covered all risks as set out in the Regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust governance and management system in place which included:

- regular staff meetings
- a programme of staff supervision and performance improvement
- a system of audits
- trending of complaints and falls.

Evidence was seen by the inspector that learning was communicated to staff following these audits and the new information was applied to practice.

The management team were supported by an administration assistant. Senior staff reported that they had recently been granted dedicated administration hours each week to attend to administration duties which included auditing, supervising care plan updates and medication management.

The risk register was updated weekly, all staff had the required Garda vetting (GV) clearance in place and policies and procedures were reviewed on a three yearly basis or as required.

A programme of training was ongoing to include training in end-of-life care and infection control.

Management staff had supported the development of a more challenging and interesting activity programme to include Sonas (activating the potential for communication) for residents with dementia.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts were in place for all residents. However, not all had been signed by relatives despite frequent requests from the RPR.

In the sample of contracts seen details of all fees to be paid were not documented.
The room number assigned to each resident was not detailed on the sample of contracts seen by the inspector.

Judgment: Not compliant

**Regulation 3: Statement of purpose**

This document contained all the Regulatory requirements including details on residents' rights and the medical and social services on offer in the centre.

Judgment: Compliant

**Regulation 31: Notification of incidents**

In the sample of incidents reviewed the inspector found that one incident had not been notified as required by the Regulations:

For example: A fall which had resulted in hospital treatment for the resident.

Judgment: Not compliant

**Regulation 34: Complaints procedure**

Complaints were recorded.

The inspector found that details such as, the satisfaction of the complainant, had been documented on all records.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

All policies and procedures required under Schedule 5 of the Regulations were in place and up to date.

A number of these were reviewed by the inspector and they were found to be underpinned by best evidence-based practice.
Overall, the quality and safety of care provided to residents was seen to be of a high standard which supported a very good quality of life for residents. Residents spoken with confirmed this with the inspector.

Residents' health care needs were promoted through ongoing medical review and assessment using a range of recognised clinical assessment tools. These assessments included communication, skin integrity, risk of malnutrition, falls and pain assessments. Residents' care plans were developed with resident input where possible. This input was documented in the sample of care plans reviewed. Care plans were developed to take into account the holistic needs of residents and they were found to be individualised. Throughout the two days of inspection the inspector found evidence that plans were implemented and reviewed on a four-monthly basis to reflect residents' changing needs.

Residents' well being and social care was enhanced by the choice of appropriate and stimulating activities available to meet their preferences and choice. The activity staff members worked from Monday to Sunday and coordinated a wide range of activity sessions. These were listed daily on the information board and on information leaflets for residents. Residents told the inspector that they particularly liked the bingo sessions, music and quizzes. Residents' meetings were held which provided opportunities for residents to voice their opinions. Residents' civil and religious rights were respected. Residents confirmed that they had voted in the recent election either in the centre or in the polling station. Mass was said in the centre monthly and communion was available on Sundays. Residents in the centre were seen to have access to newspapers, individual mobile phones, SKYPE, radio and television. Residents spoke with the inspector about how this had a positive impact on their family relationships and involvement. One of the activity personnel had been facilitated to access a SONAS training course which was an activity designed to activate the potential for residents with dementia to communicate through their senses.

On this inspection the inspector found that the registered provider had taken adequate measures to enhance the level of fire safety in terms of staff practices, fire safety certification and fire training. Risk management was supported by a designated health and safety officer who maintained a comprehensive and extensive risk register. This was seen to be updated annually and as required.

In summary: residents' rights and safe care were safeguarded by robust health and safety management as well as a person-centred ethos which ensured:

- detailed fire safety procedures including regular fire drills
- assessment for the use of bed-rails
- medication administration practices and learning from errors.
- in-house staff training in mandatory areas such as the protection of residents and manual handling practices
- access to qualified external advocacy and residents' meetings
- access to activities, outings and to the outdoor areas
- choice in mealtimes and bedtimes
- a variety of communal rooms and private sitting rooms

**Regulation 10: Communication difficulties**

Residents with communication challenges were seen to be supported to access their personal music through the use of head phones. Each resident had access to TV, radio and daily news updates. Staff were familiar with residents' usual behaviour. This was evidenced where residents who had dementia communicated their needs through their behaviour. Staff were seen to intervene patiently and appropriately.

**Judgment:** Compliant

**Regulation 11: Visits**

Visitors were plentiful throughout the two days of inspection. Residents were happy to see them and a number of them spoke with the inspector. They were seen to be familiar with staff members and other residents in the centre.

**Judgment:** Compliant

**Regulation 12: Personal possessions**

Residents expressed satisfaction with their accommodation. They had sufficient space to store personal items. Pictures, photographs of family and personal items of value were displayed in their rooms.

However, residents' personal clothes were not all marked which led to complaints about missing clothes.

While there were dedicated hours assigned to laundry management seven days of the week the inspector found that this area required supervision, and revision of practice, to ensure that all items were returned safety to residents.
Judgment: Substantially compliant

**Regulation 13: End of life**

End of life care plans were in place for residents. A number of these required updating however to ensure that relevant information was current and easily accessible to medical and nursing staff in the event of an emergency.

Judgment: Substantially compliant

**Regulation 17: Premises**

The premises was brightly painted and the decor was comfortable and suitable for residents. Each corridor was colour-coded to aid orientation around the building for those who lived there. New pictures had been purchased and it was apparent to the inspector that there was a system of continuous upkeep in operation. New wardrobes had been purchased and other furniture was being replaced with newer items where required. Maintenance personnel attended daily and were prompt with repairs.

There was adequate and spacious communal accommodation on the ground floor level. Residents had access to a lift which was regularly serviced. The three conservatory area were seen to be utilised by those who preferred a more relaxed pace of life. Visitors were seen to use these rooms also for quiet, private visits with their relatives.

The inspector saw that a number of ceiling areas required painting which was completed during the inspection. In addition, a wooden stair gate, which was no longer required, was removed from the hall upstairs.

Judgment: Substantially compliant

**Regulation 18: Food and nutrition**

The kitchen was adjacent to the dining room which meant that kitchen staff could check residents' satisfaction with meals and provide alternatives if required. Staff were appropriately trained and the chef was knowledgeable of residents' dietary needs and preferences. The dietitian had provided information and training to kitchen staff on modified and special dietary requirements.

Home baking was provided and residents expressed satisfaction with the choices on
Residents at risk of malnutrition were weighed regularly and were seen by the dietitian. Care plans were seen by the inspector which specified how to support these residents in achieving optimal nutrition.

Modified diets were well presented and staff were trained in this aspect of nutrition by the speech and language therapist from a company which supplied nutrition supplements.

Judgment: Compliant

**Regulation 20: Information for residents**

Residents had been informed of any improvements or changes through residents' meetings.

Advocacy was available if requested.

Community involvement meant that residents were aware of all the local news and items of interest.

A resident’s guide was available to all residents. This set out the arrangements in place for medical and allied health care as well as advising residents of their rights to complain, to speak with advocates and have full access to relatives and visitors.

Judgment: Compliant

**Regulation 26: Risk management**

The risk register was maintained and updated regularly. The policy contained the details required under Regulation 26.

Judgment: Compliant

**Regulation 27: Infection control**

Staff were trained in infection control and particularly in hand washing techniques.

However, the inspector found that the shower outlets required cleaning.
This was addressed immediately.

Judgment: Substantially compliant

**Regulation 28: Fire precautions**

Daily, weekly and quarterly checks were carried out on the fire safety system.

Fire safety drills were carried out on a quarterly basis.

Where there were any specific risks identified a suitably qualified external adviser had supported staff in developing the risk assessment and carrying out evacuation drills.

There were eight identified compartments or zones in the centre which were clearly identifiable on each corridor.

Fire warden training was planned and the fire warden was specified on a daily basis.

Certification was available to indicate that the Regulatory quarterly services were undertaken.

All staff had received annual fire safety training to include evacuation drills and the use of fire extinguishers.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

Medicine management was found to be compliant with Regulations and professional guidelines for nurses.

The pharmacy was supportive to staff and residents.

Staff had undertaken training in this aspect of clinical care.

Medicine management was subject to audit and learning was disseminated to staff.

Medicine errors were recorded and medicines no longer in use were returned to pharmacy.

Staff signed when they administered medicine and prescriptions were reviewed by the general practitioners (GPs) on a regular basis.
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<tr>
<td><strong>Regulation 5: Individual assessment and care plan</strong></td>
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Care plans were person-centred, detailed and relevant. It was apparent to the inspector that all staff were trained in care planning.

Care plans were reviewed on a four-monthly basis and they had been discussed with residents or relatives if appropriate.

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<tr>
<td><strong>Regulation 6: Health care</strong></td>
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Residents had access to responsive medical care. The general practitioner (GP), the speech and language therapist (SALT) and the dietitian supported the nursing and health care staff to deliver person-centred care to residents. Dental, chiropody, psychiatric and hospital care was also facilitated for residents.

The inspector found that these allied health personnel had documented their advice and their visits within residents' care plans. Residents and relatives confirmed that they had adequate health care support and felt that their wishes were respected in this aspect of care.

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<tr>
<td><strong>Regulation 7: Managing behaviour that is challenging</strong></td>
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Care plans were seen to have been developed to support residents who experienced the behaviour and psychological symptoms of dementia (BPSD). Training had been afforded to staff in this aspect of care and staff were found to be knowledgeable of same.

A review of a sample of these care plans indicated that there was a supportive approach taken in relation to those residents who had experienced escalation in behaviour.

Staff were found to be knowledgeable of residents' needs and were seen to provide patient and kind care to these residents.
Judgment: Compliant

**Regulation 8: Protection**

The policy of the prevention of elder abuse was up to date and relevant. All staff had attended mandatory training in recognising and reporting allegations of abuse. There was a designated person in the centre who was appropriately trained to deliver safeguarding training to staff.

Finances were well managed. The centre was acting as pension agent for three residents. These records were seen to be well maintained.

The RPR gave an assurance that all staff had the required Garda (police) Vetting (GV) clearance in place.

Staff were committed to implementing the national policy ‘Towards a restraint free environment in Nursing Homes’ and the use of bed rails was minimal. There was a policy on restraint use in the centre that set out the procedure to use where such a restriction was required in order to achieve a positive outcome for residents. Alternatives to bed rails, such as sensor mats, were in place and decisions were reviewed regularly to ensure that the least restrictive option was utilised.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents were living full lives to the best of their abilities in Strawhall Nursing Home. The inspector found that every opportunity was taken to ensure residents were supported to participate in the daily life of the centre. Residents attended meetings and consultation sessions. There was a happy and warm ambiance in the centre. Staff were very familiar with residents and they took time out to chat socially with them. Residents and relatives spoken with by the inspector expressed a very high level of satisfaction with the service provided and their experience in the centre.

Information about each resident's life history and interests was documented and used to inform the activity programme. Enthusiastic activity personnel facilitated residents' activities. There was a variety of meaningful group activities facilitated each day in the sitting room. This resulted in the sitting room being a busy and stimulating social environment. Staff accompanied residents for short walks outside whenever the weather permitted. Bingo, music, singing and dancing were observed to be some of the favourite activities for many residents on the days of inspection. A music session initiated a sing-song session in the sitting room and
individual singing performances were encouraged by other residents, who knew each others favourite songs. The musicians were very kind and were seen to adapt to the needs of residents. This person-centred engagement enhanced the quality of the session and the feeling of inclusion for all residents.

Local and national newspapers were made available for residents. Residents were facilitated to exercise their civil, political and religious rights. A large number of friends and relatives visited during the days of inspection. Relatives informed the inspector that a sense of community and home was promoted in the centre and everybody knew and cared about each others' welfare. The local men's club and choir attended the centre to provide community involvement and local news. The person centre stated that the community were very generous with their time. This meant that residents retained their sense of belonging. This was evident to the inspector as one resident was supported to continue to carry out her previous occupation of shopkeeper, in the centre.

The centre had access to an advocacy organisation to support residents. The person in charge said that this service ensured that residents had independent support to address their concerns and support decision making. It was apparent to the inspector, through talking with staff and observation over the two days of inspection, that residents' lives and their daily experiences mattered to staff, and that residents were central to the care process.

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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<tr>
<td><strong>Views of people who use the service</strong></td>
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<tr>
<td>Capacity and capability</td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
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<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
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<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Not compliant</td>
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<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Not 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>
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<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
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<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
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<tr>
<td>Regulation 12: Personal possessions</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 13: End of life</td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
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<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 27: Infection control</td>
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<td>Regulation 28: Fire precautions</td>
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<td>Regulation 29: Medicines and pharmaceutical services</td>
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<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
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<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<td>Regulation 9: Residents' rights</td>
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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>
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<tbody>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Not Compliant</td>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</td>
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<tr>
<td>• Enhanced our admission process by developing administrative admission checklist which include completing the resident’s contract of care with all required details. The PIC and administrator will be responsible in ensuring all relevant details were entered before giving it to the resident or representative as appropriate.</td>
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</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</td>
<td></td>
</tr>
<tr>
<td>• The Person in charge will endeavour to notify the chief inspector of any incidents to a resident that requires medical and /or hospital treatment.</td>
<td></td>
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<tr>
<td>• Provision of Staff nurses meeting around notification of incidents.</td>
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</tr>
<tr>
<td>• The Assistant Director of Nursing will submit required notification in the absence of PIC.</td>
<td></td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 12: Personal</td>
<td></td>
</tr>
</tbody>
</table>
possessions:
• Improved our system of labelling our residents clothes. We have developed new checklist in labelling resident’s clothes which involved 3 staff checking and signatures. Also the administrator will now be allocated to check and sign this each morning. This will ensure all resident’s clothes will be labelled properly.
• We are currently re inventoring and checking unlabeled resident’s clothes.
• A review of our new system will be undertaken through an audit to ensure our new practice has safeguarded our resident belongings.

<table>
<thead>
<tr>
<th>Regulation 13: End of life</th>
<th>Substantially Compliant</th>
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</thead>
</table>

Outline how you are going to come into compliance with Regulation 13: End of life:
• A one page summary of all resident’s current end of life care plans was developed on the day of inspection for easy access in the event of an emergency. Moreover, a color coded sticker to indicate their end of life care plan was in placed outside of each resident’s file.
• The Assistant Director of nursing will now be checking and updating the list on a regular basis.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
</tr>
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</table>

Outline how you are going to come into compliance with Regulation 17: Premises:
• The management endeavor to upkeep the premises in a good decorative repair and a regular audit will be undertaken to assess any improvements required.
• The Director of Nursing and maintenance personnel will check the premises and remove any unnecessary furnitures or equipments on regular basis.

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Enhanced the weekly deep cleaning of shower rooms. Cleaning of shower outlets was included on the deep cleaning list.
• A cleaning audit will be undertaken on a regular basis.
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 12(a)</td>
<td>The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>Regulation 12(b)</td>
<td>The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Date</td>
<td></td>
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<tr>
<td>13(1)(a)</td>
<td>Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.</td>
<td>Substantially Compliant</td>
<td>12/03/2020</td>
<td></td>
</tr>
<tr>
<td>17(1)</td>
<td>The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.</td>
<td>Substantially Compliant</td>
<td>30/04/2020</td>
<td></td>
</tr>
<tr>
<td>24(1)</td>
<td>The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom,</td>
<td>Not Compliant</td>
<td>20/03/2020</td>
<td></td>
</tr>
</tbody>
</table>
on which that resident shall reside in that centre.

<table>
<thead>
<tr>
<th>Regulation 24(2)(b)</th>
<th>The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.</th>
<th>Not Compliant</th>
<th>Yellow</th>
<th>20/03/2020</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Regulation 27</th>
<th>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.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>20/03/2020</th>
</tr>
</thead>
</table>

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<tr>
<th>Regulation 31(1)</th>
<th>Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.</th>
<th>Substantially Compliant</th>
<th>Yellow</th>
<th>31/03/2020</th>
</tr>
</thead>
</table>