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>Orwell Private</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>MCGA Limited</td>
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<tr>
<td>Address of centre:</td>
<td>112 Orwell Road, Rathgar, Dublin 6</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>18 October 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000078</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0022706</td>
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About the designated centre

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

The centre is set in south Dublin close to local amenities such as bus routes, restaurants, and convenience stores. It is made up of a period premises that has been adapted and extended to provide nursing care and support through a number of units. The units provide bedroom accommodation alongside communal areas including sitting and dining areas and a kitchenette that are homely in design. Bedroom accommodation is a mix of single and double rooms, in the new areas of the centre the bedrooms are en-suite. Additionally on the premises there is a full time hair dressers, cafe, gym, library and training rooms. The provider is registered to offer 170 beds to male and female residents over the age of 18. They provide long term care, short term care, brain injury care, convalescence care, respite and also care for people with dementia.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 160 |
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>18 October 2019</td>
<td>09:30hrs to 17:30hrs</td>
<td>Michael Dunne</td>
<td>Lead</td>
</tr>
<tr>
<td>18 October 2019</td>
<td>09:30hrs to 17:30hrs</td>
<td>Deirdre O'Hara</td>
<td>Support</td>
</tr>
<tr>
<td>18 October 2019</td>
<td>09:30hrs to 17:30hrs</td>
<td>Gearoid Harrahill</td>
<td>Support</td>
</tr>
<tr>
<td>18 October 2019</td>
<td>09:30hrs to 17:30hrs</td>
<td>Helen Lindsey</td>
<td>Support</td>
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## What residents told us and what inspectors observed

Resident feedback during the course of the inspection was positive. They told inspectors that they felt comfortable and safe living in the centre. A number of resident questionnaires were received by inspectors and those received also reflected this view.

Residents were particularly content with their personal space and said they were happy with the support they received from staff keeping their room environment clean and tidy. They also mentioned that they were encouraged to personalise their room according to their taste. Inspectors noted that many resident rooms were personalised with photos, mementoes and items created during activity sessions on open display.

Residents mentioned they enjoyed the activities provided by the centre and were particularly happy with the garden facilities. Residents were happy that there was no restriction on visits and said that they enjoyed visits from their families and friends.

Many of the residents spoken with were complementary about the quality and quantity of food provided. Residents said that they like the fact that there was a choice of meals available. They were also happy with staff support during mealtimes and said that they enjoyed the overall dining experience.

Those residents spoken with said that they felt confident of staff support should they wish to raise a concern or a complaint and indicated that staff were friendly and approachable. They went on to add that staff respected residents privacy and dignity and provided personal care according to resident’s wishes.

## Capacity and capability

Residents living in this centre enjoyed a good quality service. There was an established management team in place which included the provider, the person in charge who is also the director of care and the assistant director of nursing. There were effective channels of communication established within the management team with clear lines of accountability and authority which ensured the standards of care and support were continuously evaluated.

There were systems in place to ensure that policies and procedures supported staff in the delivery of effective care interventions. These policies and procedures were updated on a regular basis and were subject to regular audit as to their effectiveness.
In addition there were systems in place to ensure that staff received an induction into the running of the centre including an introduction into the needs of the residents. There was a training programme in place for staff which covered a range of mandatory and supplementary training however it was noted that a number of staff had not received safeguarding and fire safety refresher training within the required timescale.

A review of the staff roster indicated that staffing levels were being maintained despite the turnover of care staff. There were sufficient numbers of staff available on the day of the inspection with the appropriate skill mix to meet the needs of the residents. Residents confirmed with inspectors that staff were knowledgeable of their needs and this was evident throughout the inspection.

There was a complaints policy on display in various locations throughout the centre. Residents were aware that they could alert any staff member to initiate a complaint and those spoken with confirmed that issues they raised previously were dealt with in a satisfactory manner. A review of the centre’s complaints register confirmed the centre was adhering to their own complaints policy with records maintained to a high standard.

Residents and relatives views on the quality of service delivery were canvassed on a regular basis through open communication and more formally through resident meetings and satisfaction surveys. Results from the last satisfaction questionnaire indicated high levels of satisfaction with the overall service. Feedback from satisfaction surveys were incorporated into the centre’s annual plan for quality and safety which identified improvements to the service.

**Regulation 15: Staffing**

Inspectors reviewed rosters for previous weeks as well as those for the day of inspection, and found standard staffing levels were maintained. The provider had set up a staffing structure that ensured all areas of business were covered by staff who knew their roles and responsibilities.

All the management team reported to the director of nursing/person in charge. There was a person in charge, assistant director of nursing, and also clinical nurse managers providing oversight in relation to the clinical elements of the service. There was also human resources support, a finance team, a team of support staff, and people responsible for the maintenance of the centre.

Inspectors reviewed rosters for previous weeks as well as those for the day of inspection, and found standard staffing levels were maintained. On each of the units there were clear staff rosters setting out senior managers, nursing staff, and health care assistants. There were also household staff and cleaning staff allocated to each unit. Staff spoken with said there were arrangements in place to cover shifts if staff were not available.
Inspectors spent time in each of the units and found there were sufficient staff to meet the needs of the residents. Inspectors also spoke with residents and relatives who said overall staff were available when they needed them.

**Judgment:** Compliant

### Regulation 16: Training and staff development

There was a commitment to providing effective training by the provider, including a specific role of education co-ordinator and practice development nurse.

There was an induction programme for new staff, and on an ongoing basis staff were supported to attend a range of training relevant to their role in the centre.

A staffing matrix was held to monitor when staff had completed training required by the provider, and additional training options. It was noted that eight staff had not received refresher training in safeguarding vulnerable adults within the timeframe set out in their policy, and seven staff had not completed fire safety refresher training within the timeframe set out in their policy. An audit had been carried out of training provided and also noted this gap.

There were arrangements in place for the supervision of staff, with each role having a clear management structure. There was a nurse in charge each shift, and they provided oversight for the running of the centre. The person in charge and other members of the management team also did walk arounds of the centre to gain feedback from residents and observe practice in the centre. There were also annual appraisals for staff with the opportunity to express interest in training, and also manage any performance issues.

**Judgment:** Substantially compliant

### Regulation 21: Records

All records were available in the centre as required by the regulations. There were safe storage arrangements in place, and document retention arrangements.

A review of staff records found all required items were available including Garda Vetting checks and two references.

**Judgment:** Compliant
Regulation 23: Governance and management

There was a clearly defined management structure in place with staff clear about their roles and responsibilities. The person in charge was supported in their role by an assistant director of nursing and a number of clinical nurse managers.

There were a range of systems in place which ensured good communication within the staff team and there was evidence that effective management and leadership ensured residents had good health and social care outcomes. Information collated from audits and monitoring reports were analysed to improve care interventions for the residents.

There was an effective use of staff resources which provided timely intervention to meet resident’s needs. There was evidence of staff management and supervision which assisted in the delivery of appropriate care interventions.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A selection of resident’s contracts for the provision of services were reviewed. All contracts seen contained key information about the costs of care provided and included information about any additional charges that may be levied such as additional costs for activity provision.

All contracts seen were signed by appropriate personnel and indicated the type of room that was offered including the room number. Where residents were unable to sign the contract themselves the centre had processes in place to support the resident with this.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which described the aims and objectives of the service. This document was well written giving details of how the centre was able to meet the needs of their residents. The centres statement of purpose was updated regularly taking into account any changes that affected service delivery and was available for residents and family members to review.

Judgment: Compliant
Regulation 34: Complaints procedure

There was a policy and procedure in place which was advertised in prominent locations throughout the centre. The procedure set out in clear terms how a resident or other party could register a complaint. The procedure explained the process in terms of timescales, investigation, feedback and details of referral to the ombudsman should the complainant not be satisfied with the centre’s decision.

The centre’s complaints log was reviewed and showed that complaints were managed consistent with the centre’s policy. There were good administrative records on file making it easier to track the progress of a complaint for its origin to its conclusion. There was evidence that the management team reviewed complaints focusing on any learning that could be achieved to improve the overall service. Residents confirmed that staff would be able to support them to register a complaint should this need arise.

Judgment: Compliant

Quality and safety

Overall a good quality service was provided to the residents however there were areas relating to medication management that required review. Inspectors found that resident’s needs were being met by staff that knew them well and were familiar with their needs and preferences.

A number of resident care files were reviewed and there were examples seen of pre-admission assessments in place for residents moving into the centre. There was evidence that staff were utilising a range of nursing based tools to plan effective care interventions to meet residents assessed needs. Resident consultation and participation were evident in the formulation of these plans. Care plans were reviewed and altered at least every four months or as and when required for example when a change in residents need occurred.

Where resident’s needs changed there were records available to show staff making timely referrals to relevant health care specialists for advice and guidance, care plan interventions were seen to incorporate recommendations made by these professionals. Relatives also confirmed that they were kept informed about the needs of their relatives and said that there was good communication with staff at the centre.

Residents were particularly happy with the premises and said that they liked living in a clean warm comfortable environment. The premises were suitably decorated with comfortable furnishing placed throughout the building. The safety of the building
was kept under review with systems in place to ensure risks were assessed and monitored.

Residents had access to a range of health care services including keeping their own GP if they wanted or choosing to avail of the services of the visiting GP. There were arrangements in place to access specialist care intervention such as old age psychiatry or allied healthcare professionals such as dieticians. There were arrangements in place for the safe storage, disposal and transfer of medication. However it was found that some areas required improvement.

Residents told inspectors that staff respected their rights as individuals. Staff demonstrated an awareness of resident’s communication abilities and liaised with residents in a respectful manner. Throughout the inspection staff were seen to be attentive to resident needs and were proactive in meeting those needs.

**Regulation 12: Personal possessions**

The residents had good opportunities to personalise their bedrooms to their own preferences and has suitable storage space for clothing and belongings, including lockable storage options.

Arrangements were in place for residents' laundry to reduce the risk of clothing going missing.

Judgment: Compliant

**Regulation 13: End of life**

The inspector found that there were care practices in place so that residents received end-of-life care in a way that met their individual needs and wishes. Having reviewed a sample of care plans, inspectors were satisfied that each resident been given the opportunity to outline their wishes regarding end of life, or or their relatives, where appropriate.

Judgment: Compliant

**Regulation 17: Premises**

Overall the centre was designed and laid out to meet the needs of residents. The centre was in a good state of maintenance, was clean and well-heated and lit with
good ventilation.

The centre was nicely decorated and combined modern design elements with traditional furniture such as seating, mirrors, lighting fixtures, clocks and cabinets. Sitting rooms and dining areas were comfortable and homely in their presentation, and residents had multiple options of where to spend their time in communal areas, including smaller lounges in which residents could receive visitors in private or relax away from busier areas. All corridors and stairways were equipped with handrails and platform lifts to allow for safe navigation, and inspectors observed residents navigating around the centre independently, with their mobility equipment or with personal assistance without restriction or obstruction.

Bedrooms had been well-personalised based on the residents’ own preferences, with photos, decorations, artwork, posters, soft furnishings and other items allowing the resident to make their space their own. Residents had adequate storage space for their clothing and belongings. In shared bedrooms, there was sufficient screening which provided privacy without restricting access to the room features for either person. Some double bedrooms had been rearranged to accommodate one resident based on their needs or equipment, and this had been done in a way which allowed the resident to make use of the full space. The majority of residents had private ensuite toilet and shower facilities, and those who did not had appropriate, nearby shared options. All private and communal areas were equipped with call bells.

Residents had unrestricted access to safe and pleasant external areas. These areas included suitable tables and chairs, planting beds, chicken coops, safe path networks and smoking shelters. Additionally the centre featured a multi-faceted area known as the Avenue, which included a newsagent-style shop, hairdressing salon, café and physiotherapy gym. These facilities were staffed and visited by residents and their families.

Resident equipment such as hoists and wheelchairs were accessible when needed and appropriately stored when not in use.

Judgment: Compliant

Regulation 18: Food and nutrition

There were systems in place to ensure residents’ nutritional needs were met, and that they did not experience poor hydration. Fresh drinking water was accessible in the centre. Nutritional and fluid intake records when required were maintained.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. To ensure residents were being supported appropriately their weights were checked as required and at least on a monthly basis. Nutritional care plans were in place that detailed residents’ individual food preferences, and outlined the recommendations of dietitians, speech and language and occupational therapists where appropriate. Inspectors observed residents at mealtimes in the dining rooms,
and saw that a choice of meals and varied menu was offered daily.

There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements, and sufficient staff available to support and assist residents.

Judgment: Compliant

**Regulation 26: Risk management**

The provider maintained a risk register which clearly identified and assessed hazards and specified controls in place to mitigate the assessed risk. The register identified that the provider had analysed and controlled a range of risks, and overall the content of the risk register was specific to the features of the designated centre. The provider maintained a plan to respond to serious events or emergencies in the centre, as well as incidents relating to residents.

Judgment: Compliant

**Regulation 28: Fire precautions**

Procedures related to fire safety and evacuation were posted in the centre. Each resident had a personal evacuation plan which identified their staff and equipment requirements to exit safely in the event of an evacuation. Inspectors spoke with a random selection of staff in all units and they were knowledgeable and consistent with evacuation procedures, phased horizontal compartmental evacuation and their own responsibilities during an emergency.

Practice evacuation drills had been carried out in the centre which incorporated practical elements and used a mannequin to simulate personal evacuation and practice the safe use of equipment. The records of these drills had improved in recent months by including more relevant information. They noted the time taken to evacuate some residents, and further developments were arranged to simulate evacuation of a larger, fully-occupied resident compartment during times of low staffing levels such as at night.

The building was adequately equipped to detect, contain and extinguish fire. Routine checks were carried out in the centre to test fire door closure mechanisms and ensure evacuation routes were clear, and the provider had up-to-date service and certification records for all equipment including emergency lighting.

Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services

The designated centre had written policies and procedures which related to the administration, transcribing, storage, disposal and transfer of medicines. 43% of nurses were outstanding for repeating medication management training, as set out in the policy.

The pharmacist maintained oversight of medicine practices in the centre and carried out regular audits. Inspectors noted gaps identified in the safe storage of medications in the centre, insulin pens were not all individually labelled for each resident and sharps bins did not have the temporary closure mechanism engaged.

Cleaning was required in some areas, for example tablet crushers. There was good evidence of documentation and hand hygiene practices during drug administration rounds.

Medications were stored securely in the centre and medicines that were out-of-date or no longer required were securely stored and disposed of appropriately.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were policies and procedures in place setting out how residents needs were to be assessed and how to develop care plans.

Examples were seen of pre-admission assessments prior to residents moving in to the centre, to ensure their needs could be adequately met. On admission a detailed assessment was carried out and a range of nursing tools were used to identify if residents were at risk in relation to a range care needs, for example pressure areas, poor nutrition, mobility.

A range of residents records were reviewed and they were found to contain clear care plans setting out residents identified needs and how they were to be met. All care plans reflected residents personal wishes and preferences. They were updated on a four monthly basis or sooner if required.

Where residents required equipment to support their identified needs there were very clear records setting out what the equipments was, and how it was to be used. There were also clear records for maintenance and for steps to take if any changes in the residents needs were noticed.

Judgment: Compliant
Regulation 6: Health care

Daily records and updates to residents care plans showed the staff team were responsive to residents changing needs. A general practitioner (GP) visited the centre on a regular basis, and on-call arrangements were in place out of hours. Residents were able to maintain their own GP if they chose to.

Referrals were made to a range of allied healthcare professionals where appropriate. Where recommendations were made, they were included in care plans and risk assessments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents were seen to be interacting positively with staff, and it was evident that staff were familiar with residents routines, preferences and the way they responded to different situations. For example a resident was asking for a specific item and all three staff who spoke with him about it knew his routine with that item and the reassurance he required to feel calm and settled. A number of staff had completed training on how to support residents with responsive behaviours, and their practice reflected their learning.

There was a clear policy in place setting out background as to why residents may have responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The policy also set out the procedure for identifying residents needs, and setting out how they were to be met. The practice in the centre followed the policy.

There was a policy in place setting out the providers position on using restrictive practice, that was seen to be in line with the national guidance ‘towards a restraint free environment’. A register was kept to support the person in charge to monitor use in the centre, and regular audits were carried out to ensure that for each approved approach, for example bed rails or a wheelchair lap belt, there had been a risk assessment and the use was reviewed on a regular basis. A review of residents care plans indicated that residents were supported to live their lives in an environment that was free from restriction.

Judgment: Compliant
Regulation 8: Protection

All residents spoken with told the inspectors that they felt safe in the centre. Residents said that staff were kind and caring. They mentioned that if they had an issue they were worried about they could raise it with any member of the staff team. Discussions with staff throughout the inspection confirmed that they were aware of the types of abuse that residents could encounter in a care environment and were aware of their roles and responsibilities in ensuring residents were protected.

A review of monies and valuables held on behalf of residents showed that there were robust systems in place to monitor and protect resident’s property. There was evidence of regular monitoring and reconciliation of resident’s valuables and property.

There was evidence that management investigated allegations of abuse. Investigations were thorough with residents provided with the necessary support throughout the process. Investigation reports seen were well presented indicating good investigation technique and appropriate analysis of information.

Judgment: Compliant

Regulation 9: Residents' rights

Residents and families who communicated with inspectors during the inspection commented that they felt well supported in the centre. Staff were seen to engage with residents in a respectful manner, for example in the way they communicated and not entering residents bedrooms without knocking. Residents were seen to be moving around the centre, speaking with friends and visitors, and spending their time where suited them.

The provider had a team of seven activities co-ordinators, and the rosters showed that three or four were available in the centre across seven days. Inspectors observed some large and small group activities, and some one to one engagement with residents. There was an programme of activities in each unit, and staff were seen taking residents to a large music session during the morning of the inspection. Also many residents attended Mass in the afternoon. There were art projects displayed around the centre including pottery and painting, and residents spoken with said they enjoyed these practical activities. A plan was being developed for the winter season of events that included bands, singers and other performers attending the centre. Links had been made with other service providers in the area and a choir had been set up. Residents were looking forward to upcoming performances.

Residents were also seen to be enjoying other facilities in the centre, such as the cafe, hairdressers and the gym. The hairdressers was set up like a salon, and
Residents spoken with really enjoyed their time ‘getting pampered’.

Each bedroom, and the communal rooms provided a television, and there were radios, DVDs and CDs available through the centre. There was also access to wifi.

Residents were supported to follow their preferred routines in relation to following their chosen religions, with Catholic and Church of Ireland services provided. Resident were also supported to vote if they chose to do so.

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:

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<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></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>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
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<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
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<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
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<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
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<td>Regulation 8: Protection</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
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**Compliance Plan for Orwell Private OSV-0000078**

**Inspection ID: MON-0022706**

**Date of inspection: 18/10/2019**

**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 16: Training and staff development</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The staff that were due to have the fire safety training and safeguarding training on the day of the inspection are scheduled to attend training which will be completed by December 2019. Going forward there will be stricter organizational approach with regard to mandatory training to avoid any gaps. A “zero tolerance” approach to noncompliance in mandatory training will be adopted.</td>
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<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medication management training has been prioritized in the training plan for the next four months to ensure that all nurses working in the centre receive training in the area of safe medication management practices. This will be achieved by March 2020. All nurses working in the centre are instructed to complete the eLearning on medication management via HSEland eLearning module and to submit the completion certificate to the Education department by January 2020. An audit was carried out on the compliance of the safe use of sharps in November 2019. Compliance score was 98%. Nurses have been informed of the cleaning of the medication crushers after each use</td>
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and this will be monitored on a day to day basis by the day duty manager and night manager on duty.

All the insulin pens used by the residents are now labelled and will be audited monthly as part of medication management audit schedule.

The nurses working in the center have been informed of this and have been educated regarding the importance of labelling all medicinal products that are used for the 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).

<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 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/03/2020</td>
</tr>
<tr>
<td>Regulation 29(5)</td>
<td>The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2019</td>
</tr>
</tbody>
</table>