



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Camillus Healthcare Limited
Address of centre:	Dublin Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	11 December 2018
Centre ID:	OSV-0000434
Fieldwork ID:	MON-0025341

About the designated centre

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

St. Theresa's Nursing home was established in 1980 and is located on the outskirts of the town of Thurles in close proximity to shops, restaurants and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Accommodation on the first floor comprises five single rooms and five twin bedrooms. Two single bedrooms on the first floor have full en suite facilities with toilet, shower and wash hand basin and all of the other bedrooms have wash hand basins in the room. Access to the first floor is by stairs and chair lift. Accommodation on the ground floor comprises 12 single and four twin rooms with two bathrooms and one toilet. Sanitary facilities comprise three assisted bathrooms on the ground floor, each of which have an assisted shower, a toilet and a wash hand basin and a separate toilet with hand basin. There is a dining room adjacent to the kitchen on the ground floor. Communal space consists of two sitting rooms and a separate room that can be used by visitors. There is also a nurses' office on the ground floor that is located in close proximity to the communal living rooms. There is an enclosed outdoor area that contained suitable patio type furniture. The provider is a company called Camillus Healthcare Limited. The centre provides care and support for both female and male residents aged 18 years and over. Residents 50 years and over with dementia and or a physical disability can also be accommodated. However, the centre does not cater for people with an acquired brain injury. Care is provided for residents over age of 50 years requiring convalescent, respite and palliative care. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and / or the acute hospital, staff in centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. The centre currently employs approximately 33 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

32

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
11 December 2018	08:00hrs to 18:30hrs	Vincent Kearns	Lead
12 December 2018	07:00hrs to 15:30hrs	Vincent Kearns	Lead

Views of people who use the service

Residents who spoke with the inspectors were very complimentary about the care and support provided. Residents said that they were treated with respect and dignity at all times. Residents told the inspectors that there was a homely atmosphere in the centre, that it was a friendly place to live and confirmed that they felt safe living there. They said that staff were very good, kept them fully informed and up to date about any changes to their care and support needs, or any changes in the centre itself. Residents stated that they would have no hesitation in speaking to any staff member if they had a concern or any issue. Residents said that they knew many of the staff members well. A number of residents and staff were from the local community and some staff had worked in the centre for many years. Staff were described by residents as being very kind, caring and responsive to their needs. Some residents told the inspectors that there was lots happening in the centre but that they were always given choice as to how they spent their day. Residents said that they had freedom to choose when they got up, when or where they had their meals or what activities they participated in. Some residents said they preferred not to take part in the group activities and said that their wishes were always respected. A number of residents highlighted that they enjoyed the good food provided and described the food as always excellent and appetising. Residents informed inspectors that they felt that they were well supported by staff but also encouraged to be independent as much as possible. Some residents left the centre each day for example, to attend a day centre or visit friends or family.

Capacity and capability

Overall there had been improvements in the governance and management of the centre. There was a defined management structure that clearly outlined the lines of authority and accountability in the centre. The provider representative was also the person in charge and she was a registered nurse with significant experience in the area of nursing the older person. The person in charge was based on site and was well known to all residents and their visitors. Inspectors observed that she was also actively involved in the day to day running of the centre. She was supported in her role by an assistant matron, who deputised in her absence. There was always a named nurse in charge and nurses were qualified in general nursing with experience in care of the elderly. Healthcare assistants are supervised by the the person in charge and staff nurses. The inspectors noted that since the previous inspection, there had been a number of improvements for example, in relation to nursing staff allocation to individual residents and improved staff training. There was an annual review report into the quality and safety of care provided for 2017 and a copy was made available for residents. However, some improvements were

required to this report. For example; more details were required in relation to plans for improvements for the centre. In addition, there were some issues that required review including outstanding premises issues and improvements to the statement of purpose and function.

The person in charge regularly met with residents and their representatives. She also met with the catering staff, care staff and nursing staff. The inspector noted that recorded minutes were maintained of these meetings. The person in charge had a number of plans for promoting continuous improvement in residents' care. For example; developing and enhancing staff training, care planning development, updating the centre's policies and procedures and working to improve staff appraisals.

Inspectors were assured that the provider representative was providing suitable staffing and skill-mix to meet the assessed needs of the residents for the size, design and layout of the centre. All staff were supervised on an appropriate basis, in accordance to their role and responsibilities. Inspectors reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. All recently appointed staff had received a suitable induction, staff performance appraisals were on-going and staff had completed mandatory training. The provider representative confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspectors.

In relation to adequate resources, inspectors observed that there was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. Inspectors found that she was well known to residents and staff; residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a strong commitment towards providing a person-centred, high-quality service. There were arrangements for the assistant matron or the Staff Nurse on duty to replace the person in charge for short periods including the evenings, weekends and during annual leave periods.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection there were adequate staff in place to meet the needs of residents. The inspectors observed positive interactions between staff and residents over the course of the inspection and found staff had a good knowledge of residents' health and support needs, as well as their likes and dislikes. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspectors confirmed that there was an adequate level of training provided with numerous training dates scheduled for 2019. Mandatory training was ongoing and staff had completed mandatory training in areas such as fire safety, manual handling, safeguarding, dementia care and the management of behaviours that challenge.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was evidence of good governance and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. There was for example, regular audits and incident reviews carried out in relation to many aspects of care or following any complaint, incident, or accident. There were regular audits of health and safety, care planning and medication management. Following completion of any audits or incident reviews, there was evidence that the person in charge highlighted any identified issues to staff and an action plan was completed. These arrangements gave some assurance to the person in charge that residents were safe and the quality of care was being monitored, measured and actioned. However, as already identified in this report, some improvement was required in relation to annual review report into the quality and safety of care provided including more details in relation to plans for improvements within the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Written contracts for the provision of services were in place for all residents. They were agreed on admission; they described the care to be delivered; fees to be charged plus possible additional fees. The contracts also contained details in relation to the accommodation being provided as required by regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function relating to the centre that contained the information set out in Schedule 1 of the Regulations. The person in charge was aware that a review was required at intervals of not less than one year. However, some improvements were required to this document including the following:

- More details in relation to the criteria used for admission to the centre.
- More detail in relation to the description of the rooms to be used in the centre including details for each bedroom as to their suitability to accommodate low dependency and or mobile residents or residents who required assistance with their mobility including the need for assistive equipment.
- Under the section describing the facilities which are to be provided by the registered provider to meet those care needs; more details was required regarding the arrangements to ensure that all potential admissions were assessed prior to admission to the centre and regularly reassessed thereafter; as to their ability to use the chair lift or to use the stairs in the centre.
- A review was required in relation to the recorded arrangements made for consultation with and participation of residents in the operation of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There was a comprehensive log of all accidents and incidents that took place in the centre. The office of the Chief Inspector was notified as required by Regulation every quarter, and written notifications were received within three days of accidents and incidents, as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in a prominent position near the entrance to the centre. The complaints procedure was accessible and met the requirements of the Regulations. Residents and visitors who spoke with inspectors confirmed that their complaints were listened to and acted upon.

Judgment: Compliant

Quality and safety

Overall, residents were supported to experience a good quality of life in this small centre that was seen to be homely and inviting. For example, there were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents living in the centre. There were large easy to read clocks in a number of rooms and a large dementia friendly clock in the main corridor. Many of the residents' bedrooms had been personalised. Inspectors observed that the privacy and dignity of each resident was respected. The choices they made in relation to their lives were facilitated on a daily basis. This was for example, demonstrated by staff members' knowledge of individual residents' needs, personalities and preferences. Residents availed of an activity programme which included arts and crafts, music and other games. Residents' links with the community were maintained where possible. For example, a number of residents were seen leaving the centre on both days of the inspection to attend a local day centre or to visit friends and family. In addition, residents were supported to maintain links to their communities through access to local media, broadband and telephone services.

There were systems in place to maintain residents' safety in the centre. There was a low level of accidents recorded in the centre and there were accident prevention measures in place. There was a process for reporting on and investigating any allegations or suspicions of abuse. The residents within the centre spoke highly about the staff who cared for them on a daily basis. Staff interactions observed were kind and friendly. Staff were familiar with the residents and addressed them in a respectful way. The inspectors reviewed multiple residents' files and also spoke with the residents and a number of visitors and overall, the findings were positive. The information in the files was person centered and specific individual likes and dislikes were not only recorded but, the information was also known to the staff.

The person in charge assessed prospective residents prior to admission. This arrangement gave the resident or their family an opportunity to meet in person, provide information and determine if the service could adequately meet the needs of the resident. Following admission, all residents had been assessed by a registered

nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were also assessed on admission and as required thereafter. Each resident spoken to was knowledgeable about what a care plan was and confirmed that the nursing team consulted with them on all changes.

Residents' health care needs were met through timely access to treatment and therapies. The residents had access to a general practitioner of their choice, with a number of GPs attending the centre. In addition, residents had access to allied health care professionals as required. There was evidence within the files that advice from allied health care professionals was acted on in a timely manner.

Residents were protected from abuse and harm, and residents who inspectors spoke with confirmed that they felt safe in the centre. Training records confirmed that staff had received training in relation to responding to incidents, suspicions or allegations of abuse. All staff who spoke with inspectors were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was suitable practice, policies and staff training to support residents with behaviours that challenge. Care plans recorded strategies to support residents with behaviours that challenge. Of particular note, was that the person in charge with her staff team, were clearly endeavouring to provide a restraint-free environment. For example, since the previous inspection, inspectors noted that there no restraint in use in the centre.

Medicines were appropriately prescribed and administered to residents. These medications were reviewed regularly by the residents' GP and changes were made where required. Residents were not rushed when taking medications. The opportunity for medicine administration was used as a opportunity to engage and converse with residents. Medications were stored and managed generally in line with relevant legislation and guidelines. A local pharmacist provided training in relation to medicines. However, some improvement was required in relation to the completion of medication administration records.

Inspectors noted that the atmosphere within the centre was welcoming, and it was warm, appeared clean and well ventilated on both days of inspection. The premises were generally homely, and since the previous inspections there had been some improvement in the personalisation of some parts of the premises. For example, there were additional residents' photographs, appropriate pictures, and homely furnishings positioned throughout the centre. There has been ongoing improvements in the centre. For example, there was new televisions in most bedrooms, a new television system giving more choice of channels to residents and, a number of rooms including the sitting room and some bedrooms had been repainted. However, there were some issues in relation to the premises. For example, twin bedrooms in the centre required review to ensure that they met the needs of residents and the two steps on the first floor also required review.

The food served in the centre was enjoyed by residents, as observed during mealtimes and in feedback from residents. Menu available showed that dishes were

varied and nutritious, and served in an appetising manner. Catering staff were knowledgeable of residents' special dietary requirements, but also of their individual tastes and preferences. Attentive assistance was also provided by staff during meals. Overall, this ensured that mealtimes were a positive experience for residents.

Fire safety management of the premises within the centre generally met with regulatory requirements. For example, fire safety training was provided to staff and inspectors noted that most staff spoken with were suitably knowledgeable when asked how to respond in the event of a fire. However, improvements were required in relation to fire safety records and recommended remedial fire safety works.

Regulation 11: Visits

There was an open visiting policy and the inspectors observed that visitors were welcomed and many were well known to staff. Residents also confirmed that visitors were always facilitated. Visitors spoken to confirmed that they were always welcomed and staff positively engaged with family members and this was observed on inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had a bedside locker that could be secured if a resident wished to store small amounts of money or valuables. Most bedrooms were decorated in accordance with residents' wishes and preferences and they all had access to their personal property. In each bedroom, residents had an individual wardrobe available that provided adequate space to store and maintain clothes and personal items.

Judgment: Compliant

Regulation 17: Premises

This centre was a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Bedroom accommodation comprised of nine twin bedrooms and 17 single bedrooms. Two of the bedrooms on the first floor were en suite with toilet, shower and wash hand basin and all of the other bedrooms have wash hand basins in the room. Access to the first floor was by stairs and chair lift. On previous inspections and again on this inspection, the person

in charge was requested to review all twin bedrooms to ensure that they were suitable to meet residents' needs. This request was made as inspectors noted that some twin bedrooms were marginal in size and would not be suitable for residents with high needs, such as residents requiring large speciality chairs and full hoist transfers. The person in charge was advised that the size of these bedrooms would not meet the requirements of S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 from 01 January 2022. These regulations stipulated that, from that date, each resident shall have an area of not less than 7.4 m² of floor space in their bedroom. The first floor could only be accessed by a chair lift and when on the first floor, there were two steps on the corridor to be negotiated in order to access bedrooms on one wing containing four bedrooms. The person in charge stated that the pre-admission process involved screening residents to ensure that all bedrooms were suitable and that bedroom accommodation was under constant review as residents' needs changed. During this inspection, inspectors noted that this was the case and for example, all bedrooms met the needs of the residents living there. Inspectors noted that the vast majority of residents were up and about during the day and few spent much time in their bedrooms. Residents spoken to confirmed that they were happy with their accommodation and were always afforded choice as to when they got up or what activities that they participated in. There was evidence of an effective programme of redecoration in place and on the days of the inspection the centre was predominantly in a good state of repair. However, some improvements were required. For example, there was some rust like stains on the hand or grab rails in one of the showers and a water damage stain on the ceiling of a shower room. Communal space comprised a visitors' sitting room that was located immediately to the left of the front entrance door. This room was homely, comfortably furnished and decorated to a good standard. It was routinely used by residents to meet with visitors in private but was also occasionally used by residents, if they wished to have some quiet time alone. There was a small sitting room to the right of the entrance door and a larger sitting room adjacent to it, both of which were suitably homely and in constant use. Given the profile of residents living in the centre on the days of inspection, there were adequate sanitary facilities provided. These facilities comprised of three assisted bathrooms on the ground floor, each of which had an assisted shower, a toilet and a wash hand basin. There was an additional toilet on the ground floor. There were two bathrooms on the first floor, both with shower, toilet and wash hand basin, one of which was an assisted shower. There was a dining room adjacent to the kitchen that was furnished with three large circular tables. The kitchen was clean and well organised. Residents had access to an enclosed outdoor area that contained suitable patio type furniture. There was appropriate assistive equipment such as speciality beds, mattresses, and hoists and records indicated that preventive maintenance was up-to-date.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet that was properly prepared, cooked and served. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times. Residents received suitable assistance and support from staff, when it was required.

Judgment: Compliant

Regulation 26: Risk management

There was an up to date safety statement and an adequate risk management policy that contained the items as listed in the regulations. The person in charge was familiar with the risk policy and and risks identified. However, there were a number of potential hazards that required to be risk assessed including the following:

- the unsecured access to the kitchen
- the stairs and stair bannister required a risk assessment
- the suitability of the two steps on the first floor bedroom corridor required risk assessing.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspectors noted that the centre appeared to be cleaned to a good standard. Procedures in place were consistent with the standards for the prevention and control of health care associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

Overall there were adequate fire safety procedures in place. The centre was a non-smoking centre at the time of this inspection. Emergency lighting and the fire alarm panel were serviced quarterly and most recently in October 2018. However, a number of recommended fire safety improvements identified on this service report and on a number of previous service reports had not been actioned. Written assurance was provided by a suitably competent person to the Office of the Chief Inspector that such works were of a low risk. However, the person in charge stated that these actions would be completed as soon as possible. Fire safety equipment

was serviced on an annual basis. Regular fire drills had taken place in the previous 12 months. However, some improvements were required to the records of these fire evacuation practice drills to ensure that they adequately recorded a description of the fire drill, duration, and any issues identified. Staff spoken with were knowledgeable about all residents' evacuation needs and which method of evacuation would be required for each resident. However, there was no written personal emergency evacuation plan in place for each resident.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately prescribed and administered to residents. These medications were reviewed regularly by the residents' GP and changes were made where required. Residents were not rushed when taking medications. Inspectors noted that the opportunity for medicine administration was used as a opportunity to engage and converse with residents. Medications were stored and managed in line with relevant legislation and guidelines. There was adequate and secure storage provided for the residents' medicinal products and access was limited to each individual resident. However, some improvement was required to the medication administration records. For example, some administration records seen were not consistent with the centres' medication policy and nursing initials were recorded in the comments section of the administration records instead of the required initials box on the records.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was suitable arrangements in relation to admissions to the centre. All residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. However, some improvement was required in relation to care plans for example, one care plan reviewed did not have sufficient details to guide staff in relation to end of life care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were met through timely access to treatment and therapies. Residents had suitable access to GPs, and allied health care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors noted that few residents had been identified as having behaviours that challenge. Staff spoken with were clear on the support needs for residents exhibiting behaviours that challenge and the use of suitable de-escalating techniques. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required.

Judgment: Compliant

Regulation 8: Protection

The centre did not manage any pensions on behalf of residents. The centre managed a small number of residents' financial transactions and inspectors noted that suitable arrangements were in place in relation to the maintenance of residents' day to day expenses. In relation to the storage of valuables, inspectors noted that all residents were provided with a lockable storage facility in their bedrooms.

There were organisational policies in place in relation to the prevention, detection, reporting and investigation of allegations or suspicions of abuse. Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. All staff who spoke with inspectors were knowledgeable of what constituted abuse and of the steps to take in the event of an incident, suspicion or allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre and residents were facilitated to maintain their privacy and undertake any personal

activities in private. Residents spoke about the friendly atmosphere in the centre and inspectors noted that there was jovial banter between staff and residents, particularly during meal times and when one to one activities were being provided. Residents were supported to retain as much control of their own decision making as possible. Residents were kept informed about their rights, including, civil, political and religious rights. These rights were respected by staff, and advocacy services were also available to assist residents, where required. Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre. Residents' access to the community was maintained for example, by access to local and daily newspapers, local parish letters, visits by residents to local community services and day services. There was access to media and aids such as telephone and wireless Internet access.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Theresa's Nursing Home OSV-0000434

Inspection ID: MON-0025341

Date of inspection: 11/12/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

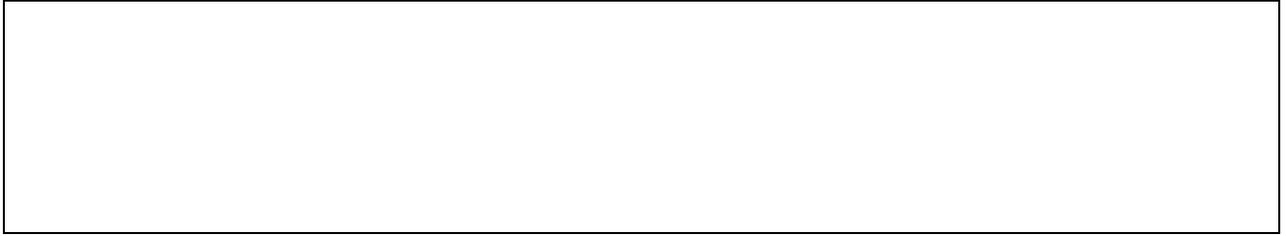
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of the Annual Report has been completed and amended to include more details in relation to plans for continued improvements, to ensure we are in compliance with Regulation 23.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed and amended to include all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2013.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of the premises has been done to ensure we meet the needs of the Residents and that we are in compliance with Regulation 17.</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>A review of the risk management policy and system has been done to include all potential hazards and to ensure we are in compliance with Regulation 26.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review of the fire precautions has been completed to ensure we are in compliance with Regulation 28.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A review of medicines and pharmaceutical services has been completed to ensure we are in compliance with Regulation 29.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A review of Regulation 5 has been completed to ensure we are compliant with Regulation 5.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	14/01/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/12/2018

Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/12/2018
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	18/01/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	27/12/2018
Regulation 29(5)	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	Substantially Compliant	Yellow	13/12/2018

	accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/01/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/12/2018