



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ealga Lodge Nursing Home
Name of provider:	Underhill Investments Limited
Address of centre:	Shinrone, Birr, Offaly
Type of inspection:	Unannounced
Date of inspection:	26 August 2020
Centre ID:	OSV-0005665
Fieldwork ID:	MON-0030457

About the designated centre

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

Ealga Lodge Nursing home is located in Shinrone town centre. The centre is located in off the main road and is situated in a residential area. The centre is a purpose built 49 bed facility. The designated centre accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided in 47 single and one twin bedrooms with en suite facilities over two floors. The first floor is accessible by means of a lift and a stairs located in the reception area of the centre. Communal sitting rooms are provided on both floors and a dining room is available on the ground floor. Two enclosed courtyard areas with outdoor seating are available to residents. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Ealga Lodge Nursing Home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 August 2020	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 26 August 2020	09:00hrs to 17:00hrs	Breeda Desmond	Support

What residents told us and what inspectors observed

Inspectors spent time during the unannounced inspection observing and speaking to residents living in the centre. Overall residents who spoke to inspectors were happy with the care and support they received in the centre. Residents gave positive feedback about the care and attention they received. They complimented the increased opportunities for activities and said they particularly enjoyed the baking and gardening sessions. Inspectors observed the activities throughout the day and observed that staff were engaged with residents and encouraged their participation. A chair exercise session was delivered in a fun way and staff were observed going around to residents showing them individually how to do the exercises in a respectful manner. Staff chatted to residents as they went about their daily duties. Some staff sang to residents as part of their daily care routine and residents sang along. Residents appeared relaxed, happy and responded positively to these interactions.

Staff paced their work so that they had time to engage socially with residents. Residents who spoke with inspectors were very positive regarding staff caring for them and told the inspectors that they were 'the best in the world' and 'always make sure I am helped and want for nothing'.

All residents who spoke to inspectors reported that the food was very good and there was always a choice of something they liked on the menu. Inspectors observed that residents who required additional assistance during meals were supported by staff who sat with them providing patient assistance. Staff were observed offering residents choice about the food they ate and their drinks. They gently encouraged residents with their food intake and with additional sips of drinks.

Residents told inspectors that they would speak to any of the staff regarding concerns or issues that they had. Residents said they felt secure and safe in the centre.

Some residents spoke about COVID-19 infection and the outbreak in the centre. Residents said that during the outbreak their care needs were met to good standard at all times and that staff worked very hard for several weeks to keep them in good health and to look after residents who had COVID-19 infection. One resident said the virus worried them but added that staff were always reassuring him. This resident said that the centre 'was the safest place you could be in' as staff were always 'washing their hands' and 'they wore face masks all the time'. Another resident was observed wearing a face covering and told inspectors that staff provided him with a mask because he liked to wear one when outside of his bedroom.

Organised window visiting were ongoing for residents at the time of this inspection due to recommended regional visiting restrictions in place. One resident told inspectors that intermittent restriction such as the one in place 'was the future until

a vaccine was found' and they had accepted this and were glad of window visiting and phone calls. Some other residents said that they 'missed hugging their grandchildren most of all'. Residents were very appreciative of the varied measures put in place to keep them connected with their families. Residents spoken with were well-informed regarding COVID-19 and said they were 'Thanking God' that most residents who got COVID-19 survived but sadly reminisced about residents they had got to know well and had passed away during the COVID-19 outbreak in the centre.

Residents told the inspector that they were 'comfortable' in the centre and several residents had personalised their bedrooms with their own furnishings, pictures and ornaments. The communal sitting and dining room had been organised to accommodate social distancing and residents were observed to be comfortable with these arrangements. Residents chatted with each other and there was a nice relaxed atmosphere in the communal rooms.

Capacity and capability

Ealga Lodge Nursing Home was managed by Underhill Investments Limited. The governance structure of the centre included three directors, one of whom was the registered provider representative. The registered provider representative visited the centre on a regular basis and met formally and informally with the person in charge who worked full-time in the centre. The person in charge and her deputy had a period of unplanned leave during the COVID-19 outbreak in the centre. During this time, the provider representative maintained a full-time presence in the centre and ensured there was consistent oversight of the operation of the service. This arrangement ensured timely access to a key member of the management team for residents and their relatives regarding their queries and any issues that arose especially during the COVID-19 outbreak in the centre. When the person in charge took planned leave in July 2020, a suitably qualified and experienced person in charge was appointed from within the existing management team. Although, the provider had supports in place for the new person in charge, inspectors findings on this inspection indicated a need for additional senior management support for the person in charge with fulfilling their statutory role.

At the time of this inspection, the COVID-19 outbreak in the centre was over. A total of 25 residents and 11 staff had contracted the virus. Twenty residents had recovered but sadly five residents passed away with COVID-19 infection. Effective communication by the provider with the health service executive (HSE) and the public health team was evident. Support provided by these external services including from a geriatrician from CHO area 8 ensured the centre was provided with expert guidance in caring for residents during the COVID-19 outbreak. The unplanned absence of the person in charge, her deputy and nine other staff from the service proved challenging for the provider. The provider redeployed the group practice development coordinator to coordinate and oversee residents' clinical care during this period. Contracts for part-time staff of all grades

were increased and support with staffing from an external staffing agency ensured residents' care and safety needs were met. This action ensured that residents with COVID-19 infection had their increased care and support needs met. Staff described the outbreak as challenging and overwhelming at times but said they were well supported by the management team and by support services put in place for them by the provider. These included the services of a counsellor and an occupational health company.

Governance and management meetings continued through the outbreak and issues were addressed without delay including the appointment of a suitable person in charge. However, inspectors' findings on this inspection did not provide sufficient assurances that the service was adequately resourced with regard to staffing, staff training and to ensure that the premises met residents' needs. Although, some progress was made in these areas since the last inspection in January 2020, resources were necessary to bring these areas into compliance with the regulations. There were 16 actions identified as needing completion in the compliance plan from the last inspection in January 2020 and while all actions were progressed to various stages, eight actions were not satisfactorily completed. Refurbishment of the first floor is in progress since 2017.

At the time of the inspection, there were staff vacancies due to statutory and non statutory leave, the provider was actively replacing vacant staff positions. Three newly appointed staff nurses were working through a period of role induction. Interviews were scheduled for recruitment of two more staff nurses and an external staffing agency continued to support the service with staff nurse requirements in the interim.

Although staff were facilitated to attend training, there were gaps in staff attendance at mandatory training including, safeguarding and safe moving and handling procedure training. While all staff had completed training on COVID-19 infection, hand hygiene and wearing/removal of personal protective equipment (PPE), approximately one third of staff had not attended training in infection prevention and control. This was identified as an area needing improvement on the last inspection in the centre in January 2020.

The inspector found that staff were well informed about the symptoms of COVID-19, including atypical symptoms and were knowledgeable about isolation procedures and the latest infection control guidelines published by the by the health protection and surveillance centre. There was a comprehensive monitoring system in place for residents and staff to detect symptoms related to COVID-19 without delay. There was also a good tracking system where the time-lines of testing, test results, infection and outcome were clearly recorded.

There was good evidence of consultation with residents and their families. Communication with residents' families was made a priority during the COVID-19 outbreak and staff who knew family members well were allocated time to keep in regular touch with them regarding the well-being of residents with COVID-19 infection. There was a procedure in place to ensure all complaints were recorded and investigated. However, documentation of complaints and the management

process required improvement to ensure they were appropriately addressed.

Regulation 14: Persons in charge

The centre's person in charge was on statutory leave at the time of this inspection. The person deputising for the person in charge had previously worked in the position of assistant director of nursing in the centre and their qualifications and experience met regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

Inspectors were not assured that there was sufficient staff with appropriate skills to meet any increase in the needs or numbers of residents. Inspectors found that although the needs of the current 32 residents were met on the day of this inspection, nurse and care staffing levels were less than the staffing skill mix that the provider stated they provide to meet residents' needs in their statement of purpose. Inspectors were told that a staff nurse was deputising for the clinical nurse manager. Two staff nurses were newly recruited since the beginning of August 2020 and were currently completing their induction programme. Inspectors were told that recruitment of more staff nurses was in progress. The provider was currently employing a staff nurse from an external agency for one to two days each week. This arrangement gave assurances regarding provision of staff nurses to meet residents' clinical needs and with replacing any unplanned staff nurse leave.

Since the last inspection, inspectors were told that the provider had increased carer, activity and cleaning staff hours. The increase in carers or cleaning staff was not evident in the staff duty rosters dated from 03 to 23 August 2020, examined by inspectors. Inspectors also found that the service was not in compliance with infection prevention and control standards as discussed under regulation 27 Infection control in this report.

Inspectors found that residents were appropriately supervised in the sitting and dining rooms by care staff and their needs were met without delay. Checks in place for residents at risk of leaving the centre unaccompanied were completed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, which included fire safety, safeguarding, manual handling, restraint management, food hygiene, infection control and managing responsive behaviours. Strengthening of oversight to ensure that all staff attended refresher training was identified as being required from the last inspection in January 2020 and was not satisfactorily implemented as found by inspectors on this inspection. Approximately 33% of staff were either overdue or had not completed infection prevention and control training. Only two staff had completed training in end-of-life care. Five staff had not completed safeguarding training. Although no unsafe moving and handling procedures with residents were observed by inspectors, seven staff had not completed this mandatory training.

Staff were appropriately supervised for the most part. However, appropriate supervision of new staff, including during their induction period was not assured. For example, two new staff nurses worked on the 17 August 2020 from 08:00hrs to 20:15 with no supervisor from 17:00hrs.

Judgment: Substantially compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

The inspectors reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management structure in the centre was clear and roles of the management team were defined. The provider representative met with the person in charge formally on a monthly basis and informally at least on a weekly basis. Minutes from the monthly meetings evidenced that a comprehensive standing agenda to ensure that to all aspects of the service were reviewed and addressed.

The person in charge was appointed to the position of person in charge on 13 July 2020. While, supported in his role by the provider representative, inspectors findings indicated that the newly appointed person in charge needed further support to fulfill their regulatory responsibilities including submission of required statutory notifications, appropriate staffing, staff supervision and training.

There were systems in place to monitor the quality and safety of the service. A schedule of audits was carried out and used to inform continuous quality improvements. The audit programme had been strengthened since previous inspections to include the development of action plans with persons assigned to ensure areas needing improvement were addressed. Data on key quality indicators was also routinely gathered and analysed by the person in charge to monitor trends and this information was reviewed at the monthly governance and management meetings. All information collated on key quality indicators was analysed and action plans to address areas needing improvement were developed.

There were no residents accommodated on the first floor as refurbishment was in progress. Since the last inspection and the COVID-19 outbreak in the centre, the provider had reduced occupancy in all twin bedrooms to single occupancy on the ground floor. This action had positive outcomes for residents with ensuring their privacy, dignity needs were met and improved facilities for isolation if required. Further improvements were required to complete removal of redundant screen curtains in the rooms and as found on the last inspection.

There were regular residents' meetings and a residents' survey was being carried out to elicit residents' views on the running of the centre and to inform service improvements. This information informed the annual review of the quality and safety of the service for 2019. A review of the COVID-19 outbreak in the centre was not completed to inform preparedness of the service for another outbreak but was in progress. The provider was significantly challenged to maintain staffing levels during the recent COVID-19 outbreak in the centre and health care and nurse staffing levels were not back to baseline levels as described in the centre's statement of purpose. Inspectors advised the provider representative and person in charge that a completion of a comprehensive review of this major incident in the service should be progressed without delay to examine the chronology of the recent outbreak, the consequences of the virus and the process of recovery. In addition, this review should clearly identify the actions taken that had been effective in caring for residents and managing the outbreak and what could be done differently and needs strengthening in preparedness for further outbreaks.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was dated January 2020. Inspectors were told that this document was currently being revised to include the change in person in charge and the deputising arrangements for the person in charge. Otherwise the document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors identified that notifications of incidents were not submitted as required:

- one notification of an unexpected death of a resident due to COVID-19 infection during the recent outbreak in the centre was not submitted as required by Schedule 4, Paragraph 7(1)(a) of the regulations
- notification of an unexplained absence of a resident from the designated centre as required by Schedule 4, Paragraph 7(1)(g) of the regulations
- notification of an allegation of abuse of a resident as required by Schedule 4, Paragraph 7(1)(h) of the regulations
- daily update notifications as required by the Chief Inspector during the outbreak contained gaps and some information submitted was not accurate
- quarterly notification reports as required by Schedule 4, Paragraph 7(2)(k) and (l) of the regulations, did not reference the electronically coded door lock on the front door as restrictive to residents, or provide details of psychotropic medicines administered to two residents on two occasions in February 2020.

Judgment: Not compliant

Regulation 34: Complaints procedure

A policy was available to inform the procedures for receiving and managing complaints from residents or others. Feedback on the service was welcomed, reviewed at the centre's governance and management meetings and used by the provider and person in charge to improve the service as necessary. The complaints procedure was displayed in the reception area but had limited information on the person who had responsibility for managing complaints in the centre, the response timescales, the appeals procedure and details for the Ombudsman. A record of complaints received was not maintained separate to residents' individual records. The complaints recorded in residents' records did not consistently include details of the investigation done or that the outcome of the investigation was communicated to complainants.

An independent advocacy service was available to residents to assist them with raising a concern and contact information for this support was displayed.

Residents who spoke with inspectors spoke positively about the service they received but confirmed that they were aware of the complaints procedure and said they would express any dissatisfaction or concerns they had to the person in charge, other staff members or their families.

Judgment: Substantially compliant

Quality and safety

Residents' medical and nursing care needs were met to a good standard and they were provided with timely access to multidisciplinary services as needed. Residents' care plan documentation provided assurances that residents' needs had been assessed and their care interventions were developed in consultation with them regarding their individual care preferences and wishes. There were opportunities for improvements identified in residents' care plan documentation. These improvements would improve clarity of and access to the information that was important for staff to complete to meet each resident's needs.

Having experienced and recovered from an outbreak of COVID-19 in the centre, the provider, person in charge and staff team were committed to keeping residents and staff in the centre free of further COVID-19 infection. Arrangements were in place to keep staff informed of all guidance published by the health protection and surveillance centre (HPSC) and to ensure it was implemented. However, infection prevention and control practices were not adequate in a number of areas including, staff training, cleaning of equipment, sluice room, laundry procedures and hazardous waste storage. The provider and person in charge were working to complete a review of the recent outbreak to identify areas that need strengthening in their preparedness plan for a further outbreak.

The provider ensured there was a plentiful supply of PPE available and that it was appropriately used by staff. Signage was in place throughout the centre advising of COVID-19 infection prevention and control precautions. Improvements were necessary to ensure residents' equipment was cleaned after each use. There was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. Clinical waste was appropriately segregated but not securely stored to prevent unauthorised access while awaiting removal by the centre's waste management company. Laundry procedures in the centre required review to ensure used linen was appropriately segregated in the laundry room and hand hygiene facilities were accessible at all times to mitigate potential risks of cross infection. The sluice room was cluttered and the floor surface was heavily damaged and unclean. The sluice and cleaner's room did not have sufficient storage facilities and boxes were stored directly on the floor surface.

Staff training in the centre included health screening procedures and up-to-date information in relation to COVID-19 symptom presentation. Designated staff in the centre had also been trained to take viral swabs and this ensured testing could be done without delay. Resident and staff health screening included recommended temperature checking to ensure that any symptoms of COVID-19 infection were detected at the earliest opportunity and appropriate containment measures were put in place.

Restricted visiting into the centre put in place on 06 March 2020 had been eased and residents had been enjoying scheduled visits with their relatives and friends again. However, restricted visiting was reintroduced at the time of this inspection in the centre due to the regional restrictions put in place by Public Health for Kildare, Laois and Offaly. Exceptions to these restrictions were made by the person in charge to facilitate visits on compassionate grounds such as, when residents were at end of life or where a resident became distressed at not seeing their loved ones.

Residents had opportunities to participate in meaningful varied activities that were appropriate to their interests and capabilities. Residents were encouraged to participate in group activities in the sitting room with social distancing arrangements in place. A daily exercise session facilitated as part of the activity programme helped residents who had recovered from COVID-19 with their rehabilitation and these daily exercises helped other residents with maintaining their mobility and strength. While, there were two outdoor areas assigned for residents' enjoyment, access to both these areas was not assured. This was identified as needing improvement on previous inspections.

Residents were currently accommodated on the ground floor, as the first floor was being refurbished. All bedrooms had full en suite facilities and there were sufficient toilet and bathroom facilities in the centre. Since the last inspection, the provider had reduced twin bedrooms to single occupancy only and this positively impacted residents' safety from COVID-19 cross infection and their privacy and dignity.

Staff interactions with residents were observed by the inspectors to be respectful, courteous and kind. Staff had developed positive relationships with residents and they knew them and their preferences well. While, the provider had put measures in place to safeguard residents from being harmed or suffering abuse, records of incidents that occurred in the centre were not comprehensive and did not confirm that all alleged incidents were appropriately followed-up by the person in charge. A small number of staff had not attended training in safeguarding residents from abuse. This finding was discussed with the provider representative and person in charge by inspectors during the inspection feedback meeting.

Residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were assessed and well supported by staff. Restrictive practices were generally in line with the national standards.

Regulation 10: Communication difficulties

Care plans showed that individualised care was detailed to enable effective communication with residents. Inspectors observed that staff were familiar with residents and assisted them respectfully in an individualised way to ensure their communication needs were effectively met.

Judgment: Compliant

Regulation 11: Visits

Scheduled visits to the centre had commenced for a short period but restrictions on visiting were back in place at the time of this inspection in line with Health Protection and Surveillance Centre (HPSC) guidance regional precautions in Offaly, Laois and Kildare. The provider had reintroduced a system of scheduled window visits to ensure that residents could continue to see their family in a controlled and safe way. Residents were also supported to maintain contact with their families with regular telephone calls and use of video technology. Residents' families were encouraged to contact the centre for updates on residents' well-being. During the COVID-19 outbreak in the centre, the provider and person in charge had formalised arrangements to ensure families were kept up to date on all residents and were informed promptly of any changes in their well-being.

Judgment: Compliant

Regulation 13: End of life

End of life care plans were in place and residents' individual care wishes were recorded. Documentary evidence showed that consultation with residents and their families formed part of this care planning process which had been updated as part of the COVID-19 assessment to ensure residents had opportunity to review and update their wishes.

Some residents' care documentation recorded advanced care directives. These records provided assurances that residents or their families on their behalf, as appropriate were involved in their advanced care decisions. Palliative care services were available remotely to advise residents' GPs and staff in the centre on managing and supporting residents' end-of-life symptoms including pain relief and comfort measures. Anticipatory prescribing was in place to ensure residents were provided with timely effective pain relief and symptom management.

Residents' families were facilitated with opportunities to be with their loved ones when they became very ill. Staff told the inspector that where family members were unable to be with residents in their last days and hours during the COVID-19 outbreak, they ensured that staff they knew were with them and that no one died alone.

Judgment: Compliant

Regulation 17: Premises

The centre was bright and homely and many of the corridors and rooms had been recently painted. All areas were easily accessible to residents and advisory signage was placed throughout to allay confusion and direct residents to bedrooms and communal areas. However progress had not been made with refurbishment on the first floor and many of the issues relating to the premises which were found on previous inspections had not been addressed.

Residents were currently accommodated on the ground floor, as the first floor was being refurbished. All bedrooms had full en suite facilities and there were sufficient toilet and bathroom facilities in the centre. Since the last inspection, the provider had reduced twin bedrooms to single occupancy only. All bedrooms were now spacious with adequate storage for residents' personal possessions and assistive equipment. However, screening curtains and rails had not yet been removed.

Work was ongoing to replace stained and worn flooring in communal toilets on the ground floor. The dark tiles on floors of some en suites were stained with a white film. Inspectors were told that this was due to high levels of lime in the water and a product was in use to remove lime-scale from sinks and the floors.

Most of the residents chose to spend their day in the sitting room. Residents also had access to an activity room, an oratory and a dining room. The conservatory off an enclosed courtyard area was used as a smoking room; this courtyard could only be accessed by residents via the smoking area. The sitting room used by residents opened onto an enclosed garden that residents did not have access to at will, as the perimeter fence was low and there was a risk that some residents might leave the centre unaccompanied. This finding was identified on the last inspection in January 2020 and the provider had not completed the compliance plan to ensure that residents could safely access this garden during the summer months.

A wide adhesive tape was in place on the floors in doorways to some residents' bedrooms to prevent floor covering lifting. This tape was lifting in several rooms seen and posed a trip risk, and infection control hazard to residents as effective cleaning of these areas was hindered.

While the hairdresser's room was a large spacious area where residents could relax while having their hair styled, the worktop was in poor condition and there were large boxes of personal protective equipment inappropriately stored in this area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals were pleasantly presented and residents gave positive feedback regarding

their food and mealtime experiences. Menus were displayed on a large white notice board on entering the dining room. Tables were dressed with table clothes, napkins, condiments prior to residents coming to the dining room. Residents had access to speech and language therapy and dietician specialists. Residents' documentation showed that their weights were done routinely on a monthly basis, and weekly when their medical condition indicated.

Fluid and food intake for residents assessed as being at risk of dehydration or malnutrition was monitored. Some residents experienced unintentional weight loss during the COVID-19 outbreak in the centre and these residents were progressively gaining weight again with the assistance of assessment and treatment plans recommended by the dietician. There was sufficient staff available to provide assistance to residents with their meals. This assistance was observed by inspectors to be discrete and was used by staff for positive interaction with residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' documentation examined by inspectors confirmed that all relevant information was received on each resident's return to the centre following hospital admission or treatments as an out-patient. However, transfer letters from the designated centre to the receiving setting were not seen in the sample of care documentation reviewed. A resident was transferred out of the centre to hospital on the day of inspection and the transfer letter provided did not comprehensively set out the care needs, personal preferences and medical history of the resident to ensure a smooth transition to the acute services for the resident.

Judgment: Substantially compliant

Regulation 26: Risk management

Oxygen cylinders were free-standing and not securely stored in a general store room. Advisory signage indicating that flammable oxygen was stored there, in line with health and safety precautions, was not in place.

Judgment: Substantially compliant

Regulation 27: Infection control

All staff participated in routine viral swabbing for COVID-19 infection in line with HPSC recommendations, and fortnightly serial swabbing was taking place on the day of inspection. Residents and staff temperatures were taken twice daily. Visitors to the centre were guided through the appropriate precautions including hand hygiene procedures, temperature checking, contact tracing details and presence of any signs and symptoms of COVID-19 or associated risk factors. There was a shoe bath at the entrance for visitors to decontaminate their shoes on entry to the centre.

Good hand hygiene practices and use of recommended personal protective equipment (PPE) by staff were observed throughout the day of inspection. Systems were in place to ensure PPE was accessible and was appropriately used by staff in line with current guidance. Staff were observed to gently prompt and assist residents with hand hygiene and respiratory etiquette procedures. When residents were seated for their meals, staff also offered hand sanitizer to each resident before they commenced eating their meals.

Advisory signage regarding infection prevention and control procedures and reminders to maintain two meters social distancing was posted at various points in the centre. A schedule for cleaning frequently touched areas was in place and completed by cleaning staff.

Recommended best practice cleaning procedures were in place for residents' bedrooms and other areas of the centre and decontamination of frequently touched surfaces. Residents' chairs were arranged in the sitting and dining room to facilitate them with social distancing. Staff were facilitated to complete training on COVID-19 and necessary infection control procedures that must be completed. Staff were aware of the local policy to report any signs of illness to the person in charge. A staff uniform policy was in place and all staff changed their clothes going on and off duty. Waste was appropriately segregated and securely stored awaiting removal.

The following findings by inspectors were not in line with infection prevention and control standards and required review to ensure residents were protected from risk of infection including COVID-19 infection.

- -The housekeeping room had inadequate shelving and storage facilities. Inspectors observed bottles of cleaning solutions stored on the floor; there was no hand wash sink; and no low sluice sink to empty buckets. Hand towels were inappropriately stored here.
- -Assistive equipment such as hoists and wheelchairs used by residents were not clean; the areas around the wheels on commodes in the sluice area were rusted and did not ensure this equipment could be cleaned effectively
- -The layout of the centre's laundry on the first floor required review to ensure that all used linen including contaminated linen was stored appropriately while awaiting washing; the hand wash sink in the laundry had items of clothing stacked on it waiting to be washed.
- - The sluice room did not have adequate shelving or storage space for items

such as urinals and commode inserts.

- - While, there was a separate hand wash sink and sluice sink their function had been reversed, so the hand washing advisory signage, hand wash soap and towels were over the sluice sink. The room was cluttered with equipment and could therefore not be cleaned. The floor covering was damaged and the floor was visibly unclean
- -Cleaning trolleys were not cleaned down as part of the household regime at the end of each work shift.
- - Prepared cleaning solutions were not dated therefore there was no procedure for discarding unused solution at the end of each day.
- -The sink taps in the activities room were too short for the sink so water was splashed over the worktop during hand washing, the area around the tap-base was damaged as a result and effective cleaning of this surface was not assured.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of residents' medicines met with regulatory requirements and reflected professional guidelines. A sample of residents' medicine records were examined by inspectors and showed that administration records were comprehensive. Individual medicines that required crushing prior to administration to some residents were individually prescribed. Multi-dose medicine solutions were dated on opening to ensure they were not administered past their expiry date. While transcription of residents' medicines occurred, this was by exception rather than routine, and was completed in line with professional best practice guidelines.

The pharmacist who supplied residents' medicines was facilitated to meet their obligations. There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and maintained in line with best practice professional guidelines including checking of balances. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had evidence-based risk assessments completed to guide care needs. Residents' documentation showed that residents and their next-of-kin were consulted with regarding care plan development and subsequent reviews thereafter. Care plans were holistic in their approach, for example, the activity care plan considered the resident's medical history, their physical ability, social engagement preferences (group activity or one-to-one), and where to spend their day so that the activities were tailored to their ability, needs and wishes, and this was observed on inspection. A COVID-19 risk assessment and care plan was in place to direct care to help each resident to maintain their safety from infection and where required, the care to be given regarding suspected symptoms of COVID-19 or their isolation needs if COVID-19 infection was confirmed. Other care documentation to inform individualised care included falls, weight screening tool, behavioural day chart, risk of leaving the centre unaccompanied and daily records of intake and output by vulnerable residents. Separate consent forms were in place for (1) bed rails and (2) medication management, wound care photography. Care plans and consent forms were signed by residents to reference discussion regarding their care. Daily temperature checks were recorded in the daily narrative update.

In general, care documentation of assessments and plans were updated in accordance with the regulations, however, skin care assessment was not updated in one resident's care plan reviewed. While another care plan had individual assessments completed, the supporting comprehensive assessment was not completed within the required time-frame. Although an audit of care planning documentation was done, it did not identify that many plans of care were duplicated. For example, there was a comprehensive care plan for nutrition and hydration with up-to-date information that reflected the current status of the resident, however, there was an additional care plan on 'non-compliance' with the nutritional care plan with the same information. Some care plans were not closed-off following recovery from an illness and treatment such as an infection with antibiotic treatment.

The clinical risk register had risks identified associated with individual residents with controls and additional controls put in place to mitigate risk to these residents. There was good oversight of pain assessment and management for residents, including residents with a diagnosis of dementia.

Judgment: Substantially compliant

Regulation 6: Health care

During the COVID-19 outbreak in the centre, GP visits to the centre were reduced. GPs were contacted remotely by staff and they then made a decision whether instructions could be given remotely to staff or there was a need for them to attend

the centre to review residents. This arrangement ensured there were no delays for residents with receiving appropriate interventions and having treatment plans to meet their needs. GPs were supported with caring for residents during the COVID-19 outbreak in the centre. Residents' GPs were attending residents' in the centre again at the time of this inspection and were completing their routine medical reviews as necessary.

Residents had access to community psychiatry of older age, palliative care and tissue viability nursing services remotely during the COVID-19 outbreak and these services were now available to visit residents in the centre. The provider employed a physiotherapist and the physiotherapist and staff were assisting residents with mobility and strengthening exercises, including rehabilitation of residents who had recovered from COVID-19 infection. Other health and social care professionals including speech and language therapy and a dietician continued to support residents' care remotely as needed. The person in charge was working with these services to resume on-site consultations. Recommendations and treatment plans developed by specialist health and social care professionals were documented in residents' care plans and implemented by staff. A chiropody service was available to residents in the centre. Residents were supported to attend the optician and diabetic retinal services. Residents were also supported to attend a dentist and out-patient appointments as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A very small number of residents were periodically predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Systems were put in place since the last inspection by focusing on assisting residents with person-centred approaches including increased access to activities to manage any episodes of responsive behaviours that they may experience. This had positive outcomes for these residents and no episodes of responsive behaviours were observed on the day of inspection. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Positive behavioural support care plans were developed for residents who experienced responsive behaviours. These plans of care and support for residents detailed possible triggers to any responsive behaviours and the most effective person-centred de-escalation strategies to guide consistency in each resident's care procedures.

Five residents had full-length bedrails in place. These residents' documentation confirmed that an assessment of their need for full-length bedrails was completed and included details of alternatives tried. Safety risk assessments were also completed to ensure bedrails were safe for residents to use prior to implementation. The person in charge told inspectors that residents could access the garden to the

front of the centre but only with assistance of staff to open the door which was locked. This or key code locks on the front door of the centre were not recognised as restrictive practices. There were no residents in the centre receiving psychotropic medicines on a PRN (as required) basis. Lap belts were in place following assessment by occupational therapy and in consultation with residents.

Judgment: Substantially compliant

Regulation 8: Protection

All interactions as observed by inspectors between staff and residents were respectful, courteous and kind. Residents confirmed to inspectors that they felt safe and secure in the centre and staff were very kind towards them.

Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. However, the staff training records evidenced that five staff had not attended safeguarding residents from abuse training.

While a policy was available to inform management of any allegations, suspicions or incidents of abuse of residents in the centre. Other measures were also in place to safeguard residents, but the records of incidents that occurred in the centre were not comprehensive and did not confirm that all incidents were appropriately followed-up by the person in charge and staff. This finding did not provide assurances that all reasonable measures were taken to protect residents from abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

A residents' committee was in place that met regularly. This was suspended for a time during the COVID-19 outbreak and plans were under way to resume these meetings in smaller group arrangements. Residents were kept informed regarding the arrangements related to COVID-19, including visiting in the centre. A draft template was developed for a resident forum to give residents an opportunity to share their experiences of COVID-19 and associated precautions. This draft template was reviewed at the governance and management meeting on the 04 August 2020. Inspectors were assured from their discussions with residents and the persons in charge, that residents and their families were informed of the results of COVID-19 tests. Residents who tested positive for COVID-19 were reassured and the associated changes to their care and infection prevention and control procedures were explained to them. Many residents who spoke with inspectors were aware of the rationale for the ongoing measures in place to keep them safe

including social distancing in communal areas, hand hygiene, respiratory etiquette and increased monitoring of their vital signs. Some residents were also facilitated to wear face coverings as they wished.

Activities staff hours were increased to provide activities for residents up to 17:00hrs each day. The inspectors were told by the person in charge that a new activity coordinator was undergoing training and when completed residents' coordinated activities would extend to 17:00hrs on Saturday and Sunday each week. In were provided by four to five activity staff working 9:00am to 17:00pm Monday to Friday and two staff working 9:00am to 17:00pm Saturday and Sunday. On the day of inspection residents were enjoying group activity sessions while socially distancing in the sitting room and residents were clearly enjoying being back together again. Staff made good efforts to ensure residents had meaningful activities that they could participate in either in the sitting room or in their bedrooms. There was good engagement observed between staff and residents about the local news, their families and the day-to-day activities. Interactions observed showed that staff knew residents well and sang and chatted with them while providing individualised care and encouragement. Inspectors observed that there was a good activities programme in place and residents reported that they enjoyed the baking and gardening. The exercise programme observed was done in an encouraging and fun manner with good interaction that promoted a positive social atmosphere.

Residents were seen to have choice in when they got up and went to bed. One resident's routine was to get up around 15:00hrs and inspectors observed that this was facilitated.

Resident privacy was respected by staff and staff were seen to knock on residents' bedroom doors before entering and to close bedroom and toilet doors during personal care activities.

Residents' families were kept informed regarding the COVID-19 outbreak in the centre and the measures in place to protect residents. Arrangements were in place to ensure communication with residents' families was maintained regarding the outbreak and the visiting arrangements. Staff telephoned residents' families to provide them with updates if residents were unwell or their clinical condition deteriorated.

Residents were supported to continue to practice their religious faiths remotely during the COVID-19 outbreak in the centre. While some religious clergy came into the centre, visits by other religious clergy had not yet resumed. The provider and person in charge were working to provide the necessary assurances to progress this access for residents.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ealga Lodge Nursing Home OSV-0005665

Inspection ID: MON-0030457

Date of inspection: 26/08/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The nursing home is in the process of recruiting more nursing staff. Since the 26.8.20, 3 new additional nurses have been recruited. Additionally, one part time nurse has joined the nursing home on a part-time basis to mitigate the staffing shortages. At the end of November another permanent staff nurse will be returning from statutory leave to bring the total staff nurses to 10.</p> <p>Whilst the organization's statement of purpose lists 21 care staff, with the nursing home currently operating on reduced capacity the current staffing levels ensures the nursing home has sufficient staff available to meet with resident's care needs.</p> <p>Each newly recruited nurse undergoes a staff nurse competency and medicines management competency as part of the induction process and this will be completed within a 3 months period. The completion of the nurses induction programme will be based on an individual assessment of each nurse.</p> <p>On the 17.8.20 all nurses on duty were Registered General Nurses employed on a full-time basis in Ealga Lodge. The nurses on duty had completed their induction process and deemed competent. In Addition to this, the Person In Charge was on duty from 0800-1700hours and is always on call after this to support as required.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

The matrix that was reviewed on the date was reviewed to update further training that was done from the 26/8/20. Scheduled fire training for 12 members of staff was completed on the 28/08/2020. Further training in safeguarding and restraint also completed on 03/9/20 and 04/09/2020. The training matrix will be reviewed continuously to identify training needs for staff requiring re-training and all new staff.

All the staff will continue to undergo mandatory training as provided by the Practice Development Nurse. The organization will be also organizing zoom training sessions facilitated by the Practice development nurse and enable remote training as this will promote better infection control measures through social distancing and also allow more numbers to attend each training session. Staff have also completed training on the HSE-Land for Hand Hygiene, Introduction to Infection, Breaking the Chain of Infection, Donning and Doffing of PPE and other modules as may be deemed necessary for enhancing the quality and safety of care delivered to residents in Ealga Lodge Nursing Home.

All nurses have completed the medicines management course on HSELand. 3 staff nurses have attended HSE facilitated training for Covid-19 hand hygiene, PPE and Oral and Nasal Swabbing on 23.9.20 in MRHT. 3 staff nurses attended a train the trainer course on infection control on 22.9.20.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

All outstanding notifications have been returned and full compliance has been demonstrated since the last inspection on 26.8.2020. Governance meetings continue on a monthly basis. In addition, the Registered Provider Representative and Group General Manager are in daily contact and visit the nursing home every week. Further to this with hiring of additional nurses the Clinical Nurse Manager is in a position to provide greater support.

A review of the covid-19 outbreak has been completed and the preparedness plan has been updated to reflect the NHI template.

Regulation 31: Notification of incidents	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>As requested by the inspectors the NF03 and NF05 were submitted and prior to submission contacted family members to ensure they were fully updated. All notifications to HIQA have been returned since the inspection as per regulatory requirement.</p> <p>The Person In-Charge will continue to track all incidents and will ensure that notifications will be returned. An events cross will be used to help notify management of all incidents. An upgrade of the VCare system will also be implemented so as to provide reminders on all notifiable incidents to HIQA to ensure that as previously occurred no incidents will be missed. The organization will also strengthen its risk management with the implementation of XYEa software system which will aid in identification and tracking and management of incidents including those which must be notified to HIQA.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints policy has been updated to provide information on the person responsible for managing complaints, the response timescales, the appeals procedure and details for the Ombudsman. Future complaints will be recorded and managed in the XYEa system.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There are currently no residents accommodated on the first floor. Refurbishment on the first floor has recommenced and is expected to be completed by the 30th of October 2020. This will include the hairdressing room and worktop in same.</p> <p>Screening curtains and rails have been removed.</p> <p>The tiles on ground floor en-suites continue to be treated with limescale remover. All floor coverings have been effectively glued to ensure there is no need for adhesive tape.</p>	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The nursing homes electronic records in V-Care are comprehensive and can be used to capture all resident's details on transfer from hospital. On discharge to hospital or any other facility all the information can be retrieved and printed including the all assessments and care plans. An option is also available to print either full resident's details or just a summary. V-Care will continue to provide on-site and off-site assistance so as to ensure staff are fully aware of how to retrieve the records whenever required. Additional support in use of the system will be provided by the PIC and Practice development nurse who are quite familiar with the system. The transfer letter will be updated on V-Care in line with national guidelines when available.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>All oxygen has been removed to storage in a locked cabinet outside the building. The oxygen has been safely secured in a storage cabinet which is lockable and access to keys is only by registered nurses. Within the locked cabinet the oxygen has been further secured by lock and chain which is mounted to the cabinet. Oxygen signage has been ordered and awaiting delivery. Once signage has been obtained it will be placed outside the oxygen cabinet. Currently temporary signage has been placed on the storage cabinet.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An infection control nurse has been appointed within the nursing home to conduct ongoing audits to ensure compliance with infection prevention and control. A weekly checklist will be devised to ensure that all servicing, repairs and cleaning of equipment such as hoists and housekeeping trolleys is met. Staff will continue to receive mandatory training on infection control and advised to complete training on HSE-Land portal, adherence will be monitored through infection control audits.</p>	

The Clinical Nurse Manager and Infection control nurse will do huddles on various aspects of infection control with randomly selected members of staff to assess awareness and training needs.

The nursing home will continue to facilitate serial testing and all staff are encouraged to get tested for covid-19.

The nursing homes infection policy will continue to be reviewed and amended to ensure evidence-based practice as per HPSC guidelines.

The Person in charge will ensure that adequate housekeeping staff are rostered and that a detailed work schedule capturing all elements of cleaning is in place and adhered to. Staff in housekeeping will be sent for additional training where deficits have been noted.

The sluice room and housekeeping room will undergo renovations and adaptations to ensure they are fit for purpose. A hand wash sink will be fitted into the housekeeping room and relocated in the sluice room. Additional shelving will be added and excess equipment not in use will be stored elsewhere. The floor covering in the sluice will also be treated with to remove limescale stains.

The taps in activity room have been replaced.

We have reviewed the layout of the laundry and have found it to be adequate. The process used in the laundry require updating however to remove the potential for cross contamination and also to ensure there is no inappropriate storage of linen or clothes.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All admissions to the nursing home will be pre-assessed by the Person In Charge prior to admissions as per admission policy to ensure that the residents needs can be met. On admission the nursing team will carry out and put in place assessments and care plans to meet the individual needs of the resident. A schedule for completion of assessments and care plan is in place within the nursing home. The Person In Charge and the Clinical Nurse Manager conduct routine audits of each resident's assessments and care plans to ensure that they are person-centered and to ensure that all aspects of care have been addressed in the care plans. Each resident will be assigned a primary nurse who is responsible for updating, reviewing and evaluating each resident's care plan and assessments.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 The exit door in the day room to the front garden is locked daily for security reasons and not to restrict resident's access to garden. We have conducted a survey with residents and they are aware that staff members will readily unlock the door and they are satisfied with this arrangement.

The key code locked doors on the front doors will be recognized and recorded as restrictive practice and will be submitted on the quarterly returns.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 All staff have updated safeguarding training. New staff members will be required to complete this training prior to commencing. Going forward we will ensure that any incidence which occur in the centre will be comprehensively recorded and investigated by the Person In Charge or suitably qualified person. The outcome of this will be provided to staff (where relevant), to ensure learning is maximized from same. Family/Next of Kin will be notified and notifications will be returned to HIQA and safeguarding teams where required.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	11/09/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	18/09/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	18/09/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/10/2020

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	18/09/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	18/09/2020
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	Substantially Compliant	Yellow	30/09/2020

	the Act.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	01/09/2020
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	01/09/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	01/09/2020

Regulation 31(1)	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.	Not Compliant	Orange	10/09/2020
Regulation 31(2)	The person in charge shall ensure that, when the cause of an unexpected death has been established, the Chief Inspector is informed of that cause in writing.	Not Compliant	Orange	26/08/2020
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/10/2020
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable	Substantially Compliant	Yellow	01/09/2020

	after the admission of the resident to the designated centre concerned.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	01/09/2020
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	01/09/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters	Substantially Compliant	Yellow	01/09/2020

	complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	01/09/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	18/09/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in	Substantially Compliant	Yellow	01/09/2020

	a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	18/09/2020
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	26/08/2020