



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	East Ferry House
Name of provider:	Anne Wilson
Address of centre:	East Ferry, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	25 April 2019
Centre ID:	OSV-0000226
Fieldwork ID:	MON-0022204

About the designated centre

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

The centre was set in mature gardens located in East Ferry with impressive views of the harbour from most of the bedrooms and communal rooms. It was registered to cater for the needs of 12 male and female older adults between the ages of 18 to 65. The section of the premises utilised by residents was laid out over two floors providing mainly single and double room accommodation. There was also a privately occupied third floor apartment in use at the time of inspection. The centre catered for long stay, short stay and convalescence residents. The statement of purpose stated that the centre catered for residents with low levels of dependency on admission. Residents were encouraged to maintain their independence and to bring in personal possessions from home. Visitors were welcomed at all times. There was a variety of communal rooms available which were decorated in a homely manner. Residents were encouraged to be involved in the centre and were consulted about issues each day. Residents were facilitated to bring a pet in with them to the nursing home, as long as this did not intrude on other residents, and were encouraged to make use of the extensive gardens. The centre employed 10 staff in all, which included the person in charge, her deputy, three staff nurses, four health care assistants, a chef, occasional administration support and maintenance staff. There was a nurse on duty 24 hours a day and a qualified chef prepared a variety of meals daily. Adequate supervision was provided. The complaints process was on display and there were arrangements in place for promoting fire safety.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 April 2019	10:30hrs to 19:30hrs	Mary O'Mahony	Lead

Views of people who use the service

The inspector spoke with all residents at different times during the inspection. They told the inspector that they were happy and that all their needs were met. They felt safe and praised the staff and person in charge for their kindness and attention. Visitors were always welcome and outdoor walks were facilitated for anyone who could mobilise independently. They said that the food was nice and served at suitable times. There were no organised activity sessions, as found on the previous inspection, as the small group of residents had diverse needs and interests according to staff. Staff spoke with residents and read newspapers with them. They also engaged in reminiscence with them and communicated with their families and representatives. They said that staff supported them with their mobility needs.

Capacity and capability

A high level of ongoing non-compliance with regulations and inadequate provider responses to the actions from previous inspections precipitated this follow-up inspection of East Ferry Nursing Home. Following the inspection of 13 February 2018 the registered provider representative (RPR) been asked to attend a meeting at the office of the Chief Inspector as part of an escalation process. The provider was also informed that continued non-compliance could impact the application to renew the registration of the centre, which was due to expire on 26 August 2018.

The findings from the inspection of 3 January 2019 demonstrated that the provider had not taken the necessary measures to ensure that the service was safe, appropriate, consistent and effectively monitored. The inspector found that there was a pattern of repeat non-compliance established in the centre.

The findings of this inspection on 25 April 2019 were that the registered provider had again failed to ensure that the service provided met the needs of residents living there, particularly in terms of the arrangements for, infection control, staffing issues, staff files, medicine management, notifications and personal accommodation. Although a number of the actions in the compliance plan from the previous inspection had been addressed the provider had not adequately addressed all the identified regulatory non-compliances. The provider had not taken a proactive approach to ensuring that all the required actions had been satisfactorily progressed to bring the centre into full compliance.

Repeat findings on this inspection were that the registered provider had failed to ensure that there was an effective cleaning system in place. For example, shelves in the food storage areas were not clean, there was rust on the kitchen furniture and

the treatment/clinic room contained out of date medical preparations and old equipment. Risk management was not robust and there was no risk register in place. Only two of the ten actions required under the previous inspection had been addressed. An example of this was that similar to the previous inspection signage for the storage of oxygen contained incorrect information. This was significant as oxygen is a highly combustible material. In addition, the management staff were not fully aware of the process in regards to three-day mandatory notifications. These areas were further addressed in the quality and safety dimension of this report.

Records were not easily retrievable or accessible in the centre. Continued gaps in record management were evident including the absence of a complete staff file for the person in charge and the absence of a file for a staff member who had left the centre. Not all staff files contained the required documents as set out in Schedule 2 of the Regulations, for example photographic identification, references and a job description. In addition, the staff roster was inaccurate for the day of the inspection. This was highlighted under Regulation 21: Records. While the mandatory training was seen to have been scheduled with a training provider this had yet to be undertaken by staff. Following the previous inspection the provider had undertaken to maintain a training matrix to enable the identification of staff who were due to undergo training. This was not in place nor had the audit system, which was proposed following previous inspections, been established. The inspector found that there was no audit schedule in place for the year, except for audits of medicine management and residents' care plans. The absence of a robust audit system meant that areas for improvement could not easily be identified and addressed, for example serious medicine errors had not been identified as detailed under Regulation 29: Medicines and Pharmaceutical Services.

The statement of purpose (SOP) which had been updated following the previous inspection was reviewed and was found to require further updating in line with the requirements of Schedule 1 of the Regulations which stipulated that all rooms, including their use, be included in the SOP. The annual quality review for 2018 had been completed prior to this inspection and a copy of this was available in the centre.

In conclusion, the findings of this inspection were that significant action was required on the part of the management to ensure full regulatory compliance and the provision of a safe and effective service for residents.

Regulation 15: Staffing

There was still only one staff member on duty at night time even though one resident required two people to support care and movement needs.

The person in charge stated that she was always on call to provide any help required.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had not been afforded mandatory training. Training on the prevention of elder abuse, medicine management and behaviour challenges was out of date. This had been scheduled at the time of inspection. This was relevant to support staff as residents occasionally had altercations with each other due to their specific needs.

Judgment: Not compliant

Regulation 21: Records

Staff files were not complete, for example one volunteer required a job description and a staff member had no photographic ID in place. A copy of the vetting was not in place in one file.

While a number of the regulatory Schedule 5 policies had been updated and revised not all the Schedule 5 policies had been updated as required. Similar to findings on the previous inspection a number of duplicate policies had been retained some of which were out of date.

The roster was not accurately maintained. A number of staff who were rostered to work were not in the centre on the day of inspection. A member of staff who was not on the roster was asked to come to work in place of these personnel when the inspector arrived.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that the service provided met the needs of residents living there, particularly in terms of the arrangements for, infection control, staffing issues, staff files, medicine management, notifications and personal accommodation. For example, notifications had not been submitted by the person in charge, audits were not robust, the actions required to bring the centre into compliance with the regulations had not been completed, medication management was unsafe and not supervised, risks had remained unaddressed, staffing issues remained unresolved. There was repeated pattern of non compliance over the course of a number of inspections.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts contained all the necessary information.

Judgment: Compliant

Regulation 3: Statement of purpose

The SOP required further updating to comply with Schedule 2 of the Regulations. This included a narrative account of all rooms within the centre including their use.

Judgment: Substantially compliant

Regulation 30: Volunteers

A job description was required for the volunteer IT support person.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications on a sudden death (NF01) and on a injury which required hospital care (NF03) had not been submitted to the office of the Chief Inspector. These were sent in retrospectively, but outside of the statutory time lines.

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints in the complaints log were seen to have been resolved.

The complaints protocol displayed on the wall required updating to include the phone no of the ombudsman and other relevant personnel involved in appeals and

complaints management.

Judgment: Substantially compliant

Quality and safety

The findings of this inspection were that further improvements were required to enhance the quality of life of residents living in East Ferry Nursing Home. The age and era of the building impacted on the ability of the provider to comply with the regulations on premises as set out in Schedule 6, Part 1 and 2 of the 2013 Regulations (as amended).

Management had taken some positive action to address issues identified on the previous inspection. However, the inspector found that not all unused beds or old excess furniture had been removed from the bedrooms. The cleaning regime required supervision and dedicated cleaning staff, as the centre was a large old period house and required constant maintenance. In particular the treatment room required a deep clean even though it had been tidied since the previous inspection. The majority of instruments and equipment in this room were seen to be very old. A urinal was still stored amongst other equipment and even though the provider said it was new, it appeared dirty. Out of date dressings and old ointments had not been removed since the previous inspection. These out of date ointments were removed at the end of the inspection.

Overall, residents received a good standard of care. Staff spoken with demonstrated good knowledge and understanding of residents' needs which corresponded with information in the care plans. Access to medical care and to allied health-care professionals was seen to be in keeping with the assessed needs of residents. One resident in the centre was in hospital at the time of inspection. The remaining five residents in the centre were assessed as having medium to low dependency needs and the person in charge stated that she had strict admission criteria, in relation to the dependency needs of residents, which she adhered to. Relatives spoken with were also complimentary of staff and the care provided. The GP and the pharmacist provided a review of medications and a written note was seen from the pharmacist, on a monthly basis, stating that medicines were reviewed and checked. The inspector found that medicines in the centre were securely stored on this inspection and the keys were kept by a registered nurse. Serious medicine management issues were identified by the inspector which required follow up. This was further discussed under the quality and safety dimension of this report.

In the absence of organised activity sessions for the five residents they were seen to sit in their bedrooms or conservatory watching TV, reading the newspaper or talking with staff. Staff explained that due to the small group, individual activities were preferred by residents. There were adequate communal and quiet areas for residents to relax. On this inspection the centre was warm and the stove was

lighting in the main sitting room.

Robust systems were not in place to monitor the quality and safety and risks in the service. For example, the health and safety statement had not been updated as required on the previous inspection and there was no risk register in place as before. In addition, an audit of the cleaning regime had not been comprehensive and there was a lack of supervision of these tasks. The inspector saw that parts of the kitchen equipment were rusting and this had not been addressed. Some improvements were found since the previous inspection. Blown bulbs had been replaced and leaking taps had been repaired, a broken step had been repaired and the sitting room chairs had been cleared of the old art supplies.

From a fire safety perspective, the fire safety clearance certificated had been made available to the provider which had then been submitted to the office of the Chief Inspector. The inspector found nonetheless that the provider was not taking adequate precautions against the risk of fire. The inspector looked at the arrangements in place for the storage of oxygen in the centre, which had been non-compliant on the previous inspection and addressed under Regulation 28 Fire Safety. This was not in line with the precautions to be taken for the presence of oxygen cylinders and required risk assessment and review which had not been addressed.

Fire training had been undertaken by all staff and the fire alarm system was sounded on a weekly basis as required. Staff had undertaken in-house spontaneous fire drills the last of which had been carried out in February 2019. There was only one staff member on duty at night for the six residents and there were no personal evacuation plans (PEEPS) in place to support staff in the most efficient evacuation of residents. A conservatory area at the back of the house was used by smokers. Issues in relation to the fire safety risks in this room were documented under Regulation 28: Fire Safety.

Overall the quality and safety of care required further review to achieve compliance with the Regulations for designated centres for Older People. The age and era of the premises continue to impact adversely on the ability of the current staffing complement to clean and maintain it. This presented a risk to the health and safety of residents and staff residing there.

Regulation 11: Visits

Visitors were welcomed throughout the day.

Judgment: Compliant

Regulation 12: Personal possessions

The personal possessions of a resident who was in hospital had been placed in large bags and moved to a downstairs unoccupied room.

It was not clear if the resident was aware that all the property had been moved and packed up.

Judgment: Substantially compliant

Regulation 17: Premises

- Extra beds had not been moved from the bedroom of one resident.
- The smokers' room was not fit for purpose due to the presence of combustible cushions, couches and chairs.
- Large damp patches were seen on the ceiling and some areas high up on the walls in some corridors required repainting.
- While there was a visitors' room available, there was no accessible shower or toilet available in the upstairs corridor where the room was located, for any relative using the room for an overnight stay.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents said that they enjoyed the food which was available and it was plentiful.

Judgment: Compliant

Regulation 26: Risk management

The risk register in place was not up to date and did not enable the registered provider to continuously evaluate and manage risks, for example, risks presented by a loose toilet seat placed on a chair in a bathroom had not been assessed and a deconstructed bird table was placed on a chair in the sitting room. This presented a risk to residents as there were screws visible on the exposed underside of the table.

Judgment: Not compliant

Regulation 27: Infection control

- Cleaning arrangements required review.
- A urinal was found on one resident's locker where a drinking cup was also placed.
- A cat was seen lying on a bed in one resident's bedroom.
- The toilet cleaning brush in one toilet area was found to be very dirty.
- A number of dead insects were seen in the corner of a linen/storage room and in an unused toilet off the store room.
- Cobwebs were still found in parts of the designated centre.
- Toilet brushes were dirty.
- Shower fans were not clean and were seen to contain heavy dust.
- Showers had not been tested annually for the presence of Legionella. This was required in nursing home settings to avoid infection from Legionnaires disease.
- Carpets in a number of bedrooms required cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

- Oxygen cylinders were stored at the entrance to the treatment room. The signage which was in place over the cylinders stating "non-flammable gas" was inaccurate, as oxygen was a high risk material which strongly supports combustion, therefore creating a risk to residents' safety. The cylinders were not secured on a suitable stand.
- The smoker's area was not suitably furnished.
- Covers on the cushions of wicker chairs were damaged exposing the highly flammable underlying foam posing a risk of fire in the centre.
- This room contained a large amount of cushioned chairs which were not covered in suitable fire safe material.
- There was an annex off the conservatory where a wicker couch and chair were situated. These were not covered with suitable fire material and were further compromised by the presence of holes in the covers of the chairs. This exposed the foam which was highly flammable and indicated that cigarette ash had been dropped on the couch at some stage. There was a male resident seen using this smoking annex, however, the provider stated that he was always accompanied by a staff member when smoking.
- The door of the laundry room was held open by a chair which presented a further fire risk as the laundry was a high risk area in the nursing home.
- One fire extinguisher downstairs was out of date and appeared to have been

- missed for service on the last service date.
- Fire drill records were not sufficient detailed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While the keys of the medicine cabinet were securely stored on this inspection the inspector found a serious non compliance in the management of medicines in the centre. In one case, a night time sedative medicine had been administered by staff members for a period of over three weeks without the necessary signed authorisation. There was no record documented that the sedation had been administered. This practice was in contravention of the An Bord Altranais Guidelines for Nurses on Medication Management and meant that the staff were acting outside of their scope of practice. It posed a risk to the resident also as he had received sedation over a period of time for which there was no corresponding records to enable assessment of his fall risk, the efficacy of the sedation and the resident's cognitive status as a result of being administered a psychotropic medicine.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were not all completed . Residents who had medical conditions of a serious nature did not have a corresponding plan of care in place for that condition, to guide staff on best evidence-based practice. Examples of these included, Chronic Obstructive Pulmonary Disease (COPD) and Pain.

Judgment: Substantially compliant

Regulation 6: Health care

The GP and the chiropodist visited the residents when required. Private physiotherapy sessions were available to residents.

Judgment: Compliant

Regulation 9: Residents' rights

Staff engaged in conversation with residents on a daily basis. Resident said that they were consulted and felt that their opinion mattered.

An issue arose in relation to personal possessions which was highlighted under Regulation 12 in this report.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for East Ferry House OSV-0000226

Inspection ID: MON-0022204

Date of inspection: 25/04/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **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: This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>Staff member was sick and was sent to Doctor (GP). The staff member was replaced within 4 hours.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>Staff have access to training. Matrix organized for Summer</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>All records are kept at East ferry House for 7 years.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>All staff have been vetted, and records provided to HIQA. Single non-conformance of delay in recording signature on east ferry house prescription sheet has been noted, corrected and discussed with staff to prevent reoccurrence.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The above statement has been updated</p>	
Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>Job descriptions are under annual review and will updated by June 30th 2019 to include volunteers who support IT administration on occasion</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>In future, will notify within 3 days</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 procedure has been updated</p> <p>Policy for this summer</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The room for the resident in question was cancelled by the resident in question. and her personal property had full control over her clothes. She organized this with her relative</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>Extra 2 beds have been removed.</p> <p>Smokers room, porch area. Slates have been replaced and ceiling painted.</p> <p>Vistors room, not used for 4 years</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk register put in place May 2019.</p> <p>Bird table removed.</p> <p>Raised toilet seat removed and new toilet and toilet seat put on toilet</p>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All rooms, corridors etc are cleaned daily (AM). All floors, main stairs and bathrooms are washed every afternoon. High dusting - done every 2 weeks and shower fans. Toilet brush – replaced. Carpets were shampooed. All cobwebs removed All glass windows power washed six weeks previous, over a period of 3 weeks.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>All furniture removed All cushions removed Fire drills – done by Apex (October 2018 and February 2019).</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the Regulations.</p> <p>East Ferry center acknowledge this non-compliance and take very seriously measures to prevent any reoccurrence. As noted earlier this single occurrence has not occurred previously, has been noted, corrected and discussed with staff. The correct prescription information provided by the doctor was available to the administrators at all times, this in no way detracts from our obligations to maintain updated records and we a satisfied to discuss our response actions with HIQA to provide assurance of how seriously we treat this issue and seek to prevent its recurrence.</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>Care plans relating to both residents, one (C.O.P.D.) and one chemo therapy have been</p>	

compiled	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The movement of the absent residents possessions was agreed with the resident and her relatives.	

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	23/05/2019
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	30/06/2019
Regulation	The person in	Not Compliant		30/06/2019

16(1)(a)	charge shall ensure that staff have access to appropriate training.		Orange	
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2019
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.	Not Compliant	Orange	30/06/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/06/2019
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years	Not Compliant	Orange	30/06/2019

	after the staff member has ceased to be employed in the designated centre concerned.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2019
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.	Not Compliant	Orange	30/05/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	30/05/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for	Not Compliant	Orange	30/06/2019

	the identification, recording, investigation and learning from serious incidents or adverse events involving residents.			
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	30/05/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/05/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/05/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire	Substantially Compliant		30/05/2019

	prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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.	Substantially Compliant		30/05/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/05/2019

Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Not Compliant	Orange	30/04/2019
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication related interventions in respect of a resident, such record shall be kept in a safe and accessible place in the designated centre concerned.	Not Compliant	Orange	30/04/2019
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 accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	30/04/2019
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	30/05/2019

	a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Not Compliant	Yellow	30/06/2019
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	30/04/2019
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	30/06/2019
Regulation 34(3)(a)	The registered provider shall nominate a person, other than	Substantially Compliant	Yellow	30/06/2019

	the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	07/06/2019
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2019