Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	04 February 2019
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0025710

About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside in peaceful surroundings approx one mile outside the heritage town of Listowel. The Nursing Home is serviced by nearby restaurants/ public houses/ libraries/ heritage centre and various shops. 24-hour nursing care is available which is led by the person in charge, who is a qualified nurse. Staff participate in regular training courses to maintain and improve the level of care for residents. Lystoll Lodge Nursing Home employs 50 staff. All staff and visiting therapists have the required Garda Vetted (GV) clearance in place. Accommodation is available for both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment following a pre-admission assessment of needs. This is to ensure that the centre has all the necessary equipment, knowledge and competency to meet residents' needs. On admission all social activities/hobbies, leisure interests and local amenities available to residents, are discussed. For example, local social events such as Listowel races and Listowel writers' week can be accessed. A care plan will be developed with the resident's participation within 48 hours of admission. This will be individualised for personal care needs and will provide direction to staff members. All food is prepared freshly and cooked by the chefs who tailor meals to meet the preferences and requirements of residents.
Residents meet on a quarterly basis to discuss any improvement or changes that they would like to see in the operation of the centre. An open visiting policy operates within Lystoll Lodge Nursing Home. Complaints will be addressed and the complaints policy is set out in the statement of purpose.

The following information outlines some additional data on this centre.

Current registration end date:	09/12/2019
Number of residents on the date of inspection:	47

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
04 February 2019	11:00hrs to 18:15hrs	Mary O'Mahony	Lead
05 February 2019	09:00hrs to 18:30hrs	Mary O'Mahony	Lead
04 February 2019	11:00hrs to 18:15hrs	John Greaney	Support
05 February 2019	09:00hrs to 18:30hrs	John Greaney	Support

Views of people who use the service

Residents said they were happy in the centre and that staff were kind to them. They said that they were comfortable in their bedroom accommodation and that the food was tasty and plentiful. Residents were aware of the type of activities and enjoyed the music sessions.

They said that their visitors were welcome at any time. There was adequate communal space and a spacious dining room where they gathered for meals in a social atmosphere.

A number of residents were unhappy that there were not enough activities when the activity staff member was off duty. They said that there was a shortage of staff and they would have to wait a period of time for the call bells to be answered.

Capacity and capability

A high level of non-compliance with regulations and inadequate provider responses to the actions from the three inspections completed since April 2017 precipitated this follow-up inspection of Lystoll Lodge Nursing Home. Findings on the previous inspections, namely the thematic dementia inspection of 06/04/2017, the inspection of 18/04/2018 and the inspection of 07/11/18, had established a pattern of repeated non-compliance with the regulations for the sector. Following the November inspection the registered provider representative (RPR) been asked to attend a meeting at the office of the Chief Inspector as part of an escalation process. At that meeting on 27 November 2018 the RPR was issued with a warning letter and informed of the consequences of repeated and on-going non-compliance. Lystoll Lodge Nursing Home's registration was due to expire 09 December 2019.

The findings from this inspection of 4 and 5 of February 2019 demonstrated that the provider (Lystoll Lodge Nursing Home Limited) had failed to address the deficits in governance and management identified on previous inspections. The provider had not taken the necessary measures to ensure that the service was safe, appropriate, consistent and effectively monitored.

The absence of an effective system of governance was evident in:

- a failure to progress actions required to address risks related to staffing, fire safety, complaints management, medication management and safeguarding of residents
- a lack of support and oversight by the registered provider in plans to address the

above issues
• findings of repeated regulatory non-compliance over the four most recent inspections.

One urgent action plan issued on this inspection related to medication management. One immediate action plan issued related to the investigation of a safeguarding allegation. This is the second inspection that necessitated the issuing of immediate or urgent action plans. The issue of an immediate or urgent action plan was a rare step only taken when inspectors have serious and immediate concerns in relation to the welfare and safety of residents.

Inspectors remained concerned that the registered provider had failed to set out a clearly defined management structure which identified roles and responsibilities and clarified areas of authority and accountability. In the absence of this clarification the role of the registered provider representative impeded the autonomy the person in charge which impacted on good clinical governance and staff improvement initiatives such as safe medication management and supervision.

A number of risks identified under the quality and safety dimension of this report indicated that failings in the capacity and capability dimension had negatively impacted on the quality and safety aspects of the designated centre. While attempts had been made to establish improved practice these could not be maintained due to lack of cohesion and support. The person in charge had submitted her resignation and inspectors were not assured that adequate steps had been taken for succession planning for this responsible role. This presented a serious risk to the continuity of the steps taken to promote improved compliance and improved standards of care for residents.

The protocol for complaints was displayed at the entrance to the sitting room. Relevant personnel had been identified in relation to complaints management. This, however, had not been implemented in practice as all complaints had not been investigated and followed-up as set out in this protocol.

Some improvements were outlined by the person in charge. She informed inspectors that staff meetings were more frequent than previous which ensured that information on residents' changing needs was communicated in a more effective manner. There was evidence that most staff had received training appropriate to their roles, for example, nutrition, infection control and medication management. Inspectors spoke with a number of staff members who were knowledgeable of the training they had received. The person in charge stated that a return to work protocol had been developed for staff returning from sick leave. The provider had engaged an external company to facilitate compliance with regulations.

Most of the records and documentation as required by Schedule 2, 3 and 4 of the Regulations were maintained and easily retrievable. Residents' records such as care plans, assessments, medical notes and nursing records were, on the whole, detailed and relevant. However, similar to previous inspection findings all staff files were not complete. In the sample reviewed one file did not contain the required two references.

Similar to findings on the previous inspection, inspectors found that there was inadequate supervision of newly registered nurses. Inspectors found that there were occasions when these nurses had been the only staff nurse on duty and they were not afforded mentoring and guidance as necessary in this period of adjustment to the responsibilities of their roles. This practice increased the risk to safety of residents in relation to fire and medication management in particular.

In summary, despite three inspections with findings of poor regulatory compliance the provider had failed to implement their own compliance plan and to make the necessary improvements. For example:

-Continued failure to investigate and appropriately respond to complaints

-Lines of communication and accountability were not clearly defined

-Ongoing inadequate staffing levels and poor staff supervision

-Unsafe medication practices

-Safeguarding issues not investigated and residents' personal bank accounts not set up

In conclusion, the findings of this inspection were that the provider had failed to take the necessary action to strengthen the governance and management of this centre for the purpose of improving the quality of life for residents and supporting the staff in striving to achieve greater regulatory compliance.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations. She was knowledgeable and had a good relationship with residents, relatives and staff.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were completely inadequate on a number of days. Staff informed inspectors that there were days when there was only one nurse on duty for 47 residents on day duty, along with health care attendants and there had been some nights when only one nurse was on duty with one health care attendant for 47 residents due to the other nurse being on sick leave. On one day in November only two staff came into work instead of the usual ten. Residents and residents spoke

about waiting for extended periods to have the call bell answered and other residents said that their relatives was not brought out of their rooms, were not walked often enough or sometimes not dressed in a timely manner.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training was not adequate in some areas. Medication management follow up, for example. Induction records were not on file for staff files reviewed. Staff supervision was inadequate particularly in the area of mentoring and guiding newly qualified nurses who were occasionally left unsupported to administer medication to all 47 residents.

Judgment: Not compliant

Regulation 21: Records

The required two references were not on file for all staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance and management systems were not robust. Not all members of the governance and management team were aware that the regulatory annual review had been completed. Inspectors found repeated non-compliance with the regulations. Roles were not clearly defined within the team. Two urgent action plans were issued. The person in charge had submitted her resignation and succession planning had not commenced.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Room numbers had been added to individual resident's contracts.

Judgment: Compliant

Regulation 3: Statement of purpose

This document had been updated.

Judgment: Compliant

Regulation 30: Volunteers

Job descriptions had been developed for volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified as required by regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

Not all complaints had been fully investigated or documented. The satisfaction of each complainant had not been recorded.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Not all policies were adopted and implemented. For example the policy on medication management and the policy on the prevention of elder abuse.

Judgment: Substantially compliant

Quality and safety

Findings on this inspection were that the quality and safety of care required a system of robust and consistent management which inspectors found was not in place in the centre. There was lack of cohesion between senior managers which impacted negatively on the roll out, development and maintenance of new quality and safety systems.

For example, inspectors found that the improvement in resident supervision particularly in the upstairs sitting room and bedrooms had not been maintained on a consistent basis. Thirty residents resided in this second floor area of the premises and the staff were generally seen to be in the downstairs office instead of supervising residents upstairs. Activity provision in the upstairs sitting room was not scheduled during the inspection and the activity board was last updated on 31/01/19. Staff did their best in the absence of the activity staff to entertain the residents by instigating singing sessions. During the inspection activities in the afternoon were sparse and not well attended. Residents were seen in the communal sitting areas watching TV, meeting with visitors or talking with staff. They were often seen sitting on their own however, particularly in the upstairs sitting room area. This meant that inspectors were not assured that there were adequate meaningful opportunities for residents to be involved in social events and activity sessions on a daily basis.

Staff stated that the desk and cupboard which had been positioned in a vacant space at the top of the stairs was not suitable as office space. The provider stated that alternative office space was being considered in the upstairs section which would provide more discretion when making relevant calls or meeting relatives.

Residents had comfortable, spacious accommodation with en-suite showers and toilets. However, the damaged woodwork had not been re-painted and a number of doorways and hallways remained scuffed. This indicated that the maintenance of the centre was not proactive but was often undertaken in an ad hoc manner.

Inspectors found that residents' health care and nursing needs were generally met to a good standard. Care plans were individualised. General practitioners (GPs) attended the centre regularly. Allied health services were accessible. A number of concerns had been documented however, which indicated that not all

relatives were happy that residents' health care needs were met in a timely manner. An investigation was planned into one such detailed concern. Inspectors found that the delay in commencing the investigation was not an ideal scenario as the passing of time would have an impact on staff members' recall of events surrounding the allegations made by the family member.

In relation to medicine management, similar to findings on the previous inspection a significant concern remained in relation to the absence and verification of the signatures of a number of nurses who checked or administered medicines. This was in contravention of the guidelines set out for nurses in An Bord Altranais, "Guidance to Nurses and Midwives on Medication Management" 2007 and of the guidelines in the centre's own policy on medicine management. A comprehensive audit had been instigated by the person in charge to identify errors and improve practice. An urgent action plan was submitted following the inspection as the missing initials had been entered for a staff member who was not in the centre and this required urgent and comprehensive action and investigation. Inspectors found that unsafe instructions had been given in relation to medicine management which was of significant concern.

Definition of clinical governance responsibilities, increased supervision, evaluation of the understanding of training and a comprehensive ongoing audit was required to adequately reduce the risk presented by poor practice and unsafe directions, to ensure the safety of residents and the safe provision of medication.

Management staff stated that improved staff training in the area of infection control had been delivered. Issues such as correct hand-washing technique and the use of personal, protective equipment (PPE) had been addressed and staff were found to be aware of the content of training sessions. The impact of this was that staff felt empowered and knowledgeable in relation to their own protection and the protection of residents from contacting infection. Issues of concern remained in relation to the provision of individual sling hoists.

Safeguarding of residents was supported by training and appropriate policies on the prevention, detection and response to abuse. However, inspectors found that an investigation into an allegation of an alleged abusive interaction had not been adequately investigated, even though 25 days had elapsed since the incident had occurred. Contrary to policy guidelines a safeguarding plan had not been developed for the resident. An immediate action plan was issued to the provider to complete an investigation before the inspection was complete. This was significant as evidence from the closed circuit camera(CCTV) footage was only available for 28 days. This footage had been requested on numerous occasions by the person in charge without success. It was viewed on the instructions of the inspectors. Similar to findings on the last inspection, inspectors were informed that the centre acted as pension agent for three residents, however, these residents did not have individual, personal bank accounts which is a requirement for undertaking this service. This had not been addressed at the time of this inspection and did not assure inspectors that residents had full access to their own pension payment, as is their right.

Improvements had been undertaken in the area of fire safety. The seals on the fire-

safe doors had been replaced, wedges were no longer in use, staff were undertaking regular fire drills including evacuation drills from the upstairs compartments and all residents had a "ski sheet" for evacuation purposes under their mattress. A fire safety risk assessment of the designated centre had been carried out by a competent professional with suitable experience in fire safety design and management. This assessment had identified, assessed and rated all fire risks throughout the centre. As a number of issues in relation to fire safety were rated as high risk and the provider was requested to submit an action plan response, including time lines to the office of the Chief Inspector indicating when each item would be addressed. Serious concerns remained however, particularly as the centre was not always adequately staffed. In addition a number of hallways were identified by inspectors as not having adequate emergency lighting installed. The hazards presented by inadequate staffing levels had not been assessed in relation to the risks in relation to evacuation and safe systems of work.

On this inspection, inspectors reviewed the risk register and found that it had been updated in recent weeks. Daily, weekly, three-monthly and other required checks of the fire safety system were carried out, including checks of the fire-safe doors and fire extinguishers.

Regulation 11: Visits

Visitors were welcome throughout the day.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space for personal items and belongings. Personal items were labelled.

Judgment: Compliant

Regulation 17: Premises

Issues identified on the previous inspection had not been addressed such as wall repairs and painting in some areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Food was plentiful and residents had a choice at each meal. The chef was knowledgeable and had updated relevant training. A relevant report by a another inspectorate body had been very praiseworthy of the cleanliness and record keeping in the kitchen.

Judgment: Compliant

Regulation 26: Risk management

The risk register was being populated on an ongoing basis. However, the risks associated with shortage of staff had not been assessed particularly in relation to fire safety risks, safe care, medicine management and response to residents' needs.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was very clean and smelled fresh.

Residents still shared a small number of hoist movement slings which created a risk in relation to preventing the spread of infection. This was significant in view of a number of infections in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills had commenced on a regular basis. These were documented and staff were knowledge able of their duties. The fire warden was identified each day. The smoking room had been refurbished and the fire extinguisher had been relocated near the entrance to the room. All beds had been fitted with ski-sheets for use in the event of an evacuation being necessary. Residents had individual personal evacuation plans (PEEPS) in place which were easily assessable to staff.

A fire safety assessment had been undertaken following findings on the last inspection. This had identified a large number of issues which had yet to be addressed. The provider was requested to submit a time line for the required works to the office of the Chief Inspector.

Inadequate staffing levels increased the risk to residents in the event of a fire. A significant number of areas in fire safety were red rated and a time line for these works was required to be submitted to the office of the Chief Inspector.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management was not safe. Inspectors were concerned that nursing staff were not all abiding by An Bord Altranais Guidelines when administering medication. An urgent action plan was issued to the provider to investigate identified serious discrepancies in the medicine administration records and to provide assurance to the Chief Inspector that the regulations in relation to medicine management were being adhered to. Not all medicines were returned to pharmacy when out of date or no longer in use, this included insulin.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were updated and were detailed.

Judgment: Compliant

Regulation 6: Health care

There was weekly access to medical and allied health care. The general practitioner visited the centre on three occasions during the inspection.

Documentation was seen which indicated that not all relatives were happy with the health care available to sick relatives: two of which were later taken to hospital.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The quality of this training had improved as it was grounded in clinical experience and delivered by a knowledgeable trainer.

Judgment: Compliant

Regulation 8: Protection

Separate bank accounts had yet to be set up for three residents for whom the centre acted as a pension agent.

An allegation of abuse had not been investigated. A safeguarding plan had not been put in place. An immediate action plan was issued in relation to the requirement to investigate the incident which had occurred over three weeks previously.

Judgment: Not compliant

Regulation 9: Residents' rights

Not all residents had access to suitable activities during the days of inspection. There was only one staff member in charge of activity provision and when that staff member was not on duty there was no designated replacement. This provision was also affected by staff shortages: for example, the person who was leading a singing session would also be required to attend to residents' care when requested by colleagues or residents or alternatively attend to management duties. The personal belongings of a resident were seen to be removed from the centre in large black bags, even though there were canvas bags available for that purpose.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0025710

Date of inspection: 04/02/2019

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	Not Compliant

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.

A full complement of staff is rostered for duty on our weekly rota however due to staff sickness we were left with staff shortage on several occasions. In response to this, we introduced back to work interviews, which has led to improvements in absenteeism

We are actively engaging with recruitment companies to recruit nurses for the centre. A registered nurse commenced employment on the week ending the 15th March 2019. We have recruited two additional nurses who will commence employment in June 2019.

We have also recruited additional Health care assistants

We also have carried out interviews to fill the position of person in charge and have identified a person for the position. We are currently collecting the relevant documentation in order to make an official appointment. We plan to have the person in charge appointed by the 8th April to enable handover from the current person in charge.

We are also actively recruiting a clinical nurse manager who will work full time in the centre and plan to have the position filled by the 12th April 2019.
In the meantime, the person in charge and provider continue to monitor the staffing complement and skill mix on a daily basis to meet the needs of residents.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Training and staff development:
We will ensure that all new staff will complete an induction programme and that records of these will be completed.
The person in charge has carried out competency assessments in medication. We will introduce a system of formal clinical supervision for newly qualified staff by the week ending the 19th April 2019 and in the meantime, rostering of registered nurses will be arranged so as to ensure that newly qualified nurses are not left unsupervised when administering medications.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
References are now in place for all staff.

In future, new staff will not commence employment until all required documentation, including references are in place.

Regulation 23: Governance and management	Not Compliant

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.

A governance and management framework and compliance plan were previously submitted to the inspectorate in December 2018. In order to fully implement these, as outlined under regulation 15, we have carried out interviews to fill the position of person in charge and plan to have a person in charge appointed by the 8th April to enable handover from the current person in charge.

We are also actively recruiting a clinical nurse manager who will work full time in the

centre and plan to have the position filled by the 12th April 2019.
In the meantime, the person in charge and provider continue to monitor the staffing complement and skill mix on a daily basis to meet the needs of residents.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
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.

The person in charge has been designated as the complaints officer for the centre and is currently receiving guidance and mentoring from an external consultant with responding to and managing complaints.
In future all complaints will be responded to and managed in accordance with the complaints' policy.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Written policies and procedures:
An investigation into medication errors has been completed and submitted to the inspectorate and recommendations from the investigation are currently being implemented.
Audit of medication administration continues on both a daily and weekly basis to monitor medication administration practices.
All instructions regarding medication management practices are communicated by the person in charge.

In future, all allegations of abuse will be responded to in accordance with the centre's elder abuse policy.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Painting and decorating has been completed in the corridors and some of the bedrooms and is ongoing so that repairs and painting required will be completed by the end of April.

We have commenced the process of replacing windows throughout the building as part of our continuous maintenance and upkeep of the centre.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
A risk assessment of risks associated with staff shortages will be completed to include risks fire safety risks, safe care, medicine management and response to residents' needs.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Infection control:

Individual assessment for hoist slings have been carried out by a physiotherapist and hoist slings have been ordered for these residents.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
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.

We have addressed several issues identified in our fire risk assessment. Contractors are currently on site to ensure that actions identified by our fire risk assessment are addressed and work completed by the 31st march 2019.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Medicines and pharmaceutical services:

An investigation into medication errors has been completed and submitted to the inspectorate and recommendations from the investigation are currently being implemented.

Audit of medication administration continues on both a daily and weekly basis to monitor medication administration practices.
All instructions regarding medication management practices are communicated by the person in charge.
Weekly checks of all areas where medicines are stored will be carried out to ensure that all medicines are in date and that medicines that are no longer in use or have expired are segregated and disposed of in accordance with statutory legislation.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Health care

Complaints related to healthcare are currently being investigated and action plans will be generated to address the findings of these complaints.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: Protection:

Separate bank accounts have been set up for those residents for whom the centre acts as a pension agent.
All allegations of abuse will be responded to and managed in accordance with the centre's policy on elder abuse.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents' rights:

A designated staff member will be assigned to co-ordinate activities for residents when the activities coordinator is not on duty.

It is the centre's policy to provide canvas bags to family for the property of deceased or discharged residents.

Section 2:

Regulations to be complied with

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

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

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.	Not Compliant	Orange	19/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	19/04/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	19/04/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a	Substantially Compliant		30/04/2019

	particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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.	Substantially Compliant		20/03/2019
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.	Not Compliant	Orange	19/04/2019
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	Red	19/04/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5	Substantially Compliant		31/03/2019

	includes hazard identification and assessment of risks throughout the designated centre.			
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.	Substantially Compliant	Yellow	31/03/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/03/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2019
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	Not Compliant	Red	12/03/2019

	regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Not Compliant	Orange	12/03/2019
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	18/03/2019
Regulation 34(1)(f)	The registered provider shall provide an accessible and	Not Compliant	Orange	18/03/2019

	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.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Not Compliant	Orange	18/03/2019
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters 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	Substantially Compliant		18/03/2019

	and distinct from a resident's individual care plan.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant		12/03/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/03/2019
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Red	05/02/2019
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	31/03/2019
Regulation 9(2)(b)	The registered provider shall provide for residents	Substantially Compliant	Yellow	30/04/2019

	opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Substantially Compliant		20/03/2019