



**Health  
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Authority**

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:	Oaklands Nursing Home
Name of provider:	Bolden (Nursing) Limited
Address of centre:	Derry, Listowel, Kerry
Type of inspection:	Announced
Date of inspection:	25 February 2020
Centre ID:	OSV-0000260
Fieldwork ID:	MON-0023127

## About the designated centre

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

Oakland's Nursing Home is a single-storey building that was purpose-built and opened in 1991. The premises had been substantially renovated and extended since it was first built and now provides accommodation for up to 50 residents in a mixture of 28 single and 11 twin en-suite bedrooms. Communal accommodation consists of two spacious lounges and a large dining room. There are two enclosed gardens for residents use which can be easily accessed from the centre. The centre is located in a rural location approximately four miles outside of the town of Listowel. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	38
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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
Tuesday 25 February 2020	08:30hrs to 17:00hrs	Ella Ferriter	Lead
Wednesday 26 February 2020	08:30hrs to 14:50hrs	Ella Ferriter	Lead
Wednesday 26 February 2020	10:00hrs to 14:50hrs	Noel Sheehan	Support

## What residents told us and what inspectors observed

The inspectors met and spoke with the majority of the residents present on the days of the inspection and also met a number of visitors. Feedback was also received from nine questionnaires issued to the centre, by the Office of the Chief Inspector for distribution to residents and relatives for completion. Residents were extremely positive about staff, describing them as great support, kind, helpful, caring and friendly.

All of the residents spoken with reported satisfaction with the food, and said choices were offered at meal times, and staff always ensured they had enough. Most residents dined in the main dining room, where staff were observed engaging well with them and assisting in a dignified manner when required. Residents spoke of their privacy being protected, and of having choice about when they get up in the morning, retire at night and where to eat their meals. Residents were observed having their breakfast between 08:30 and 10:30 on the day of inspection.

Residents were particularly complimentary about the activities and the activity coordinators. Inspectors observed residents interacting well and being stimulated by social activities over the two days of inspection. Some residents informed the inspectors that they would like more days out of the centre, and one resident requested activities for visually impaired and hearing impaired residents.

## Capacity and capability

This was a two-day announced inspection, which was undertaken in response to an application to renew the registration of the centre by the Registered Provider of Oakland's Nursing Home, Bolden (Nursing) Limited. Overall, a good standard of care was provided to residents, and the inspectors found that the person in charge and staff were committed to providing a quality service for residents. The team were proactive in response to issues as they arose, and improvements required from the previous inspection had generally been addressed and rectified. Some further improvements, however, were required in the area of governance and management and the development of a clearly defined management structure, in line with the centres statement of purpose. The previous person in charge had recently resigned, thus resulting in the Registered Provider Representative (RPR) stepping into the role of the person in charge while awaiting recruitment. There was an absence of a formal handover period and the additional challenge of a vacancy in the post of Clinical Nurse Manager to contend with. To reduce risk, the person in charge had put in place additional support two days per week, of an external agency to assist with staffing, auditing and the development of a competency framework for all staff working in the centre. On the days following inspection, the inspectors were

informed that a new person in charge who was suitably qualified had been appointed, and was due to commence the position in the coming weeks.

The person in charge had previously been working in the centre for five months as the General Manager. She is a Registered Nurse and it was evident that she had good clinical knowledge, was aware of individual residents and their needs, and was involved in the day to day management of the centre. She clearly understood her statutory responsibilities associated with the role of the person in charge. The requirements of the regulations are that the person in charge have at least three years experience in nursing the older adult. A review of the employment history of the person in charge, however, indicated that this requirement was not met.

The inspectors observed good communication between staff and residents and staff were seen to be caring and responsive to residents needs. A review of staff rosters and from observations of inspectors, it was evidenced that there were sufficient numbers and skill mix of staff to meet the clinical needs of the 38 residents living in Oakland's Nursing Home. The centre had appropriate policies on recruitment, training and vetting of new employees. Staff received a two week induction prior to commencing their role. Staff confirmed that there was a good level of ongoing training in the centre. Records viewed by the inspectors confirmed that staff had completed mandatory training in areas such as protection of vulnerable adults and knowledge of responsive behaviour, manual handling and fire safety. Staff also attended training in areas such as dementia, nutrition & dysphasia, restraint & restrictive practice and residents rights. Staff were encouraged to develop their competencies and enroll in courses.

Good systems of information governance were in place, and the records required by the regulations were generally maintained effectively. The inspectors reviewed a sample of staff files which included registration details for nursing staff, and it was evident that all staff were vetted appropriate to their role. However, the inspectors noted improvements were required in recruitment practices, particularly in relation to obtaining references for new employees from previous employers. Residents' records were reviewed by the inspectors who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre, were all maintained and made available to the inspectors.

Residents, staff and visitors spoken with said that they could bring issues to the person in charge if needed, and this was observed in practice. There was a system in place to record complaints electronically. However, there were no complaints on record. It was evidenced from discussion with the person in charge and from review of documentation that although complaints were being addressed on a daily basis they were recognised as concerns and therefore not being recorded.

Comprehensive management systems and oversight by the person in charge provided assurance that the service is consistently and effectively monitored. The nursing team were collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. There were systems

in place to manage critical incidents and risk in the centre. Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All incidents had been notified to the Chief Inspector as per requirements of the legislation.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge is a registered nurse. From discussions with the person in charge and from observations it was evident that she had significant clinical knowledge and management experience while also having an in depth knowledge of individual residents and their needs. She was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities. A review of the employment history of the person in charge, however, indicated that she did not have the legally required three years experience in nursing the older adult.

Judgment: Substantially compliant

#### Regulation 15: Staffing

A review of staffing rosters showed there were a minimum of two nurses on duty during the day and night. There was a regular pattern of rostered care staff, household, catering and laundry staff on duty on a daily basis. Staffing levels during the inspection appeared adequate to meet the needs of the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

There was a comprehensive programme of training, and staff were facilitated to attend training relevant to their role. All staff had completed mandatory training. There was evidence of a good system of induction, with a comprehensive induction

checklist completed signed by the new staff member and countersigned by management. The person in charge had just initiated a competency framework for nurses to develop their clinical knowledge and skills.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was well maintained and contained all the requirements of legislation.

Judgment: Compliant

### Regulation 21: Records

Records were well organised, stored securely and easily retrievable. A review of a sample of personnel records indicated that most of the requirements of Schedule 2 of the regulations were in place. All staff had Garda vetting in place prior to commencing employment in the centre. There were comprehensive employment histories with satisfactory explanations for any gap in employment. Of the four files reviewed, however, one did not have adequate reference checks prior to commencing employment.

Judgment: Substantially compliant

### Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place to protect residents' property and in relation to injury to residents and staff.

Judgment: Compliant

### Regulation 23: Governance and management

There was currently not a clearly defined management structure, that was in line with the centres statement of purpose. This was due to the resignation of the previous person in charge and failure to recruit a CNM since November 2019. There were not clear lines of authority and accountability. A person had been identified to



assume the role of the person in charge in the days following this inspection and was due to commence the position in the coming weeks. However, on this inspection findings indicated there was a need for succession planning to ensure that there was a smooth transition should the person in charge be absent for an extended period. There was also no annual review carried out of the quality and safety of care delivered to residents for 2019.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Each resident had a written contract of care that included all of the information specified in the regulations, including possible additional fees to be charged. The centre had specific contracts, depending on reason for admission such as Nursing Home Support Scheme (Fair Deal), private, transitional care and respite.

Judgment: Compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers to the service at the time of inspection. Nonetheless, the person in charge articulated the regulatory requirements should there be volunteers in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents and relatives spoken with relayed that they could raise issues with the person in charge and staff without reservation. There was a complaints policy and management system in place. However, there were no complaints on record. From discussion with the person in charge, it was evident that complaints were being dealt with on a daily basis, however, they were viewed as concerns and not being recorded in the complaints log. The inspectors advised that the legislation did not differentiate between concerns and complaints and going forward the person in charge said she would log all as complaints.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice.

Judgment: Compliant

## Quality and safety

Inspectors found that residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day, which they said they looked forward to. Residents were observed getting up at different times during the day, and a breakfast club was available to residents every morning. Visitors were welcomed by staff, and there was an open visiting policy. The inspectors found that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents and relatives gave very positive feedback regarding many aspects of life and care in the centre.

The inspector saw that residents' healthcare needs were met through timely access to general practitioner (GP) services. An out of hours service was also available. There was evidence of regular medical reviews and referrals to other specialist services, as required. There were processes in place to ensure the safe admission, transfer and discharge of residents to and from the centre. There was evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals. There was good access to allied health services. A physiotherapist visited the centre for approximately two hours each week, to carry out individual assessments and also to lead on group exercises. There was access to other services such as speech and language therapy, dietetics and occupational therapy on a referral basis. There were system in place to ensure that residents that qualified for various national screening programmes were facilitated to attend for screening.

There was evidence of regular nursing assessments using validated tools, for issues such as falls risk assessment, dependency levels, moving and handling, nutritional assessment and risk of pressure ulcer formation. For most residents care plans were developed based on these assessments and these were predominantly personalised. However, some improvements were required to ensure that all resident had a care plan within 48 hrs of admission, end of life preferences of residents were addressed in care plans, and that care plans were person-centred. Staff members spoken with demonstrated a good knowledge of residents and their physical, social and psychological needs. There was a reported low incidence of wound development, and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. There was no residents with pressure ulcers at the time of inspection. Medicine management practices were reviewed and policies were in place to support practice. There was a system in place to ensure that all medicines were reviewed on a regular basis by a general practitioner (GP) and practices within the centre were audited monthly.

The provider had systems in place to manage risks, and to ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly. An emergency plan was in place, with an appropriate response for all emergency situations. There were good policies and procedures in relation to infection control practices. Improvements in storage of equipment was noted since the last inspection. All staff working in the centre had received training in infection control. There were records regarding the preventive maintenance of fire safety equipment. The fire alarm and emergency lighting were serviced quarterly. All staff had attended up-to-date training in fire safety. Fire drills were held frequently and detailed records were maintained of the time it took to simulate evacuation and also of any learning from the drill. Staff members spoken with were knowledgeable of what to do in the event of a fire.

Measures were in place to protect residents from being harmed or suffering abuse. Staff demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. There were robust systems in place to safeguard

residents' money. Improvements were noted since the previous inspection on the management of residents personal finances.

Residents nutritional needs were met to a good standard. Catering staff were familiar with each residents wishes and needs and prepared food accordingly. Residents had a menu to choose from and fresh home baking was available daily. Staff demonstrated good communication strategies for people with complex communication needs. The activities programme for the centre was provided by two activities co-ordinators seven days per week. The activities programme was very full and varied and included baking, games, quizzes, music sessions,sonas, bingo, reminiscence, movies, bowling and arts & crafts. There was also a weekly exercise programme facilitated by a physiotherapist. The programme of activities was resident-led and people chose whether to attend a particular activity. The programme was displayed widely and daily activities were highlighted on the activity boards in the various sitting rooms. One-to-one sessions were facilitated with residents in their bedrooms in accordance with their preferences, for example hand massage and reminiscence.

### Regulation 11: Visits

There was an open visiting policy in the centre and relatives could access the centre using their fingerprint. Visitors were seen coming and going over the two days of inspection. They spoke positively about the staff, reporting they were kind and caring. Staff knew visitors by name and made them welcome. There were adequate facilities for residents to meet with visitors in private away from their bedrooms.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised double wardrobes and bedside locker with lockable storage. Many bedrooms were seen to be personalised.

Judgment: Compliant

### Regulation 13: End of life

The inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. Family and friends were supported to remain with residents as they approached end of life. There was access good to

palliative care services. End of life care plans were found to outline residents wishes incorporating the religious, social and spiritual needs of each resident.

Judgment: Compliant

### Regulation 17: Premises

The centre is a single story building which was clean and well maintained. The layout and design of the premises met residents individual and collective needs and was in keeping with the statement of purpose.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience. Residents were very complimentary regarding their food and menu choices. Residents had good access to speech and language and dietician services. Comprehensive care plans were in place to support people with their nutrition needs and weights were completed in line with best practice. Intake and output records were maintained when necessary to support nutritional and fluid intake. Residents requiring assistance with their meals were assisted by staff in a discreet and dignified manner.

Judgment: Compliant

### Regulation 20: Information for residents

Residents had access to a residents guide which contained all the information required under Regulation 20.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that all relevant information about the resident was provided to the acute services and allied health professionals to enable continuity of care for residents. Residents who were transferred to hospital from the centre had

appropriate information about their health, medications and their specific communication needs included with a transfer letter.

Judgment: Compliant

### Regulation 26: Risk management

There were measures in place for the management of risk. There was a risk management policy and associated risk register with clinical and corporate risks. Risks were reviewed by the person in charge and measures were put in place to mitigate risks identified. There was a designated smoking room. Residents that smoked had a risk assessment conducted to ascertain the level of supervision required and to determine the level of access to cigarettes and lighters.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control, and good hand hygiene. Staff had undertaken training in infection control and infection control audits were conducted. Improvements required following the last inspection, in relation to storage of equipment had been implemented.

Judgment: Compliant

### Regulation 28: Fire precautions

Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive. Fire safety training was up to date for all staff. Staff demonstrated an awareness of what to do in the case of fire and signage on what to do in the case of fire, identifying compartments, was available throughout in the centre. Fire drills took place on a regular basis during the day and the evening and with reduced staffing levels. The smoking room was well equipped with a fire blanket, extinguisher, metal ashtrays and a smoking apron to mitigate risk. Documentation provided to the inspectors showed that the fire alarm system was categorised as an L2/L3 system, which did not meet the required L1 standard in line with current guidelines for nursing homes. The inspectors were informed that upgrade to an L1 system was scheduled to be installed in the coming weeks.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The centre had a robust system of medication management in place. Nursing staff were aware of the policies and procedures relating to the ordering, safe administration, storage and disposal of medicines. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Controlled drugs were maintained in accordance with professional guidelines. Medication policies and procedures had been updated following the previous inspection and more robust systems had been put in place, which were monitored monthly.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The centre had a computerised system for resident assessment and care planning. Inspectors noted that improvements were required to ensure that a person-centred approach to care is reflected in all care plans and that all residents have a care plan within 48 hours of admission to the centre. The sample of care plans reviewed also showed that in some cases end of life wishes and preferences of residents were not elicited or recorded in line with the requirements set out in the regulations. The person in charge acknowledged during the inspection that this was a targeted area for improvement.

Judgment: Not compliant

### Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met. There was evidence of regular access to medical staff with regular medical reviews. There was access to specialist care and allied health care professionals such as psychiatry of old age, dentist, chiropody, optical, speech and language services (SALT), physiotherapy and occupational therapy.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

From discussion with staff and from observations of the inspectors there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. It was clear that staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. Where residents had known responsive behaviours, they were well supported and had positive behavioural care plans in place. There were currently no residents receiving psychotropic medications in the centre. A restraint register was in place to monitor and manage the use of restrictive practice within the centre.

Judgment: Compliant

## Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Staff had up-to-date training, and those spoken with had a good knowledge and expressed no hesitation in reporting anything untoward. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. There were robust systems in place to protect residents finances and improvements had continued since the previous inspection. The centre was currently not a pension agent for any residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were observed to be respected and facilitated in the centre. Staff were observed to ask the resident's consent when attending to their needs. Residents were observed to exercise choice throughout the day of inspection. There was access to activities seven days per week and review of the schedule demonstrated a varied and interesting programme. The daily and weekly activity schedule was displayed in the centre. Residents confirmed that there was a wide range of interesting activities taking place. The inspector observed residents enjoying a variety of activities including an exercise class, reading, quiz's and pancake making as it was Shove Tuesday. Advocacy services were available as required. Residents had all been given the opportunity to vote during the recent national elections. All residents had a social and recreational care plan in place. Residents meetings were scheduled two monthly.



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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	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	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Oaklands Nursing Home OSV-0000260

Inspection ID: MON-0023127

Date of inspection: 26/02/2020

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Person In charge interviewed on 26th February 2020. Successful candidate appointed to take up post on 18th May 2020.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All references for new staff will be sought from the two most relevant recent employers. An adequate reference check has been obtained for the employee reviewed since inspection.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Person in charge has been appointed to commence on the 18th of May 2020. Two senior staff nurses have been appointed and commenced employment since inspection. Once the PIC takes up the position and is established in her role the recruitment process for a CNM will commence.</p>	

As part of the succession planning this process will be facilitated by the PIC and general manager. The criteria for this CNM will ensure the CNM appointed will be qualified to cover the absence of the PIC for any extended period. The annual review of the quality and safety of care for 2019 has been updated since the inspection and reflects the new appointments to the management and clinical team.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A complaints log had been developed to capture any concerns or issues raised by residents, families and staff. A complaints form had been amended in line with the Complaints Policy to ensure all complaints are documented and closed out on resolved.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Work commenced to upgrade fire alarm system on the 9th March 2020 as scheduled with a purposed time frame of 5 weeks. This work has since been suspended due to COVID 19 restrictions. This work will recommence immediately after restrictions have been lifted.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Care planning was a Quality Improvement Plan (QIP) identified by the person in charge prior to inspection. Training had been provided to all staff involved in relation to care planning since January 2020.

All residents are allocated to key worker (a named nurse and health care assistant) with responsibility for the initial development of the individualized care plan within 48 hours of admission in line with regulation. Care plans are reviewed as resident needs change and a complete overview of all care plans is completed every 4 months in line with regulation.

All care plans are currently under review as part of the QIP for 2020. This process will be led and directed by the PIC.  
Further end of life training has been identified as a training need for staff and this will be facilitated for all staff in 2020.

## 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 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Yellow	18/05/2020
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	Yellow	03/04/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Not Compliant	Orange	31/03/2020



	accordance with the statement of purpose.			
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	18/05/2020
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 the Act.	Not Compliant	Yellow	31/03/2020
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Yellow	31/03/2020
Regulation 23(f)	The registered provider shall ensure that a copy	Not Compliant	Yellow	01/03/2020

	of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable firefighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	09/03/2020
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.	Not Compliant	Yellow	25/02/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters	Not Compliant	Yellow	25/02/2020

	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 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.	Not Compliant	Yellow	25/02/2020
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.	Not Compliant	Yellow	25/02/2020