Health Information and Quality 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:	Greystones Nursing Home
Name of provider:	Greystones Nursing Home Limited
Address of centre:	Church Road, Greystones, Wicklow
Type of inspection:	Announced
Date of inspection:	21 October 2019
Centre ID:	OSV-0000045
Fieldwork ID:	MON-0023095

About the designated centre

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

The centre is based in a town and is close to shops, and local public transport networks. The designated centre provides care and accommodation to male and female residents over the age of 18. It provides a service to residents with a wide range of needs including palliative care, dementia care, acquired brain injury and physical disability. The provider offers long-term and short-term accommodation, respite and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54

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
Monday 21 October 2019	09:30hrs to 19:30hrs	Margo O'Neill	Lead
Monday 21 October 2019	09:30hrs to 19:30hrs	Liz Foley	Support

What residents told us and what inspectors observed

Throughout the inspection, inspectors met with residents and relatives to elicit their views and opinions of the service. Five pre-inspection questionnaires were completed by residents and relatives and returned.

Overall, residents said they were satisfied with the service. Most residents were happy with their rooms, although one resident expressed a preference to have a bigger room and another resident a preference for a room in a different part of the centre.

Relatives and residents reported that staff were 'lovely', 'friendly and supportive' and that they were 'very good to residents'. Some residents reported to inspectors however that they would like if there were more staff. Inspectors observed task-oriented care and poor interactions between some staff and residents. For example one resident was calling for assistance for seven minutes while staff informed this resident to wait while they cleared tables.

Most of the residents said they enjoyed the food and the choices available to them. However, one resident described the food as bland and generally 'not hot enough'. More care with preparation of breakfast trays was also highlighted as an area for improvement.

Residents who spoke with inspectors said they were satisfied with the laundry service but some were not satisfied that their clothes were ironed appropriately. One resident reported they would like their clothing back quicker and another had raised a concern about misplacement of clothes into other residents' wardrobes.

Many residents said they were satisfied with the activity programme and particularly enjoyed music, singing, bingo, exercises and sensory activities. Inspectors observed that some residents at times appeared restless and had little to occupy them apart from magazines or television. Residents took part in social or recreational activities outside of the centre when supported by their family and friends.

Residents reported to inspectors that they were aware of how to raise issues or complaints and residents said they felt safe and at home in the centre.

Capacity and capability

The inspection was an announced one day inspection to monitor ongoing compliance with the regulations and standards. Inspectors followed up on notifications received by the Chief Inspector of Social services since the last

inspection in the centre in May 2018. Two action plans from the last inspection to bring the centre into compliance with the regulations were completed by the provider. Inspectors' findings are discussed throughout the report.

The centre had a clearly defined management structure in place and was sufficiently resourced. Governance and management arrangements to oversee the quality and safety of the service required review to ensure effective identification of areas requiring improvement. For example; some audits completed and examined by the inspectors did not identify issues identified by the inspectors on the day of the inspection.

During the inspection, the person in charge demonstrated sufficient knowledge and leadership. Care and support for residents were delivered by an appropriate number and skill mix of staff at the time of the inspection. The engagement between the staff and residents required review as not all interactions observed by inspectors were positive or person centred. There was evidence of safe recruitment practices and assurance was given by the registered provider representative that Garda Síochána (police) vetting was in place for all staff.

The management team held regular meetings with staff to discuss issues arising and relevant areas of practice. Records were maintained of the training completed by staff members and there was a system in place to ensure staff had access to appropriate training.

The oversight arrangements for staff during meal times and for cleaning in the centre required review. Inspectors observed task orientated care during meal times and poor quality cleaning in areas. Records did not provide assurance that deep cleaning schedules were adhered to.

A number of the centre's schedule five policies required updating to include up-to-date best evidence practice and guidance.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the area of nursing older people. The person in charge worked full-time in the centre and was engaged in the governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to

meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to attend mandatory training which included fire safety, manual handling and safeguarding. There was a system in place to provide management with oversight of staff training.

Supervision of staff at meal times required review. Inspectors observed task-oriented care and poor interactions between some staff and residents. For example; a resident when asking for assistance was informed to wait by staff until they had cleared tables. A further observation made by the inspectors during a drinks-round; a staff member was observed entering a residents room, handing a cup of tea to a resident without any verbal interaction with that resident. Staff engagement with residents required improvement to ensure care was consistently person-centred in nature and not task-orientated.

Supervision of staff required improvement in the area of cleaning and infection control practices also. Inspectors observed some areas in the centre were visibly dirty. Staff, delegated with responsibility to oversee that the premises was properly cleaned, were unaware that these areas were dirty when this was brought to their attention. This was discussed with the person in charge and the registered provider representative during feedback.

Judgment: Not compliant

Regulation 21: Records

A sample of staff files were reviewed and found to have all documents in relation to staff available and maintained in accordance with schedule 2 of the regulations. Recent Fire drill records and the daily nursing notes included necessary information.

A restraint register was maintained in the centre. The register was limited as it did not contain details regarding environmental restrictions such as locked entrances and exits in the centre or some physical restraints such as lap belts or restrictions on residents' choice.

Judgment: Substantially compliant

Regulation 22: Insurance

Evidence was available that insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure with clear lines of accountability in place and staff working in the centre were aware of their responsibilities and role. The centre was adequately resourced in order to provide the service outlined in the centre's statement of purpose. The registered provider representative was present in the centre two days per week and attends regular management meetings with the person in charge and local management team to ensure oversight of the service.

Management systems were in place to review the quality and safety of the service and there was a schedule of audits. Some audits were found to be ineffective at identifying areas for improvement. For example the medication audit and infection prevention and control audits reviewed had not highlighted issues identified by the inspectors during the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required some minor amendments to meet the requirements of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. The person in charge submitted all notifications as described by the regulations to the Chief Inspector within the timescales specified.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure to inform the management of complaints in the centre. The policy had last been reviewed in 2015, this required review as outlined under Regulation 4, Written Policies and Procedures. There was a complaints log maintained; this met the requirements of the regulations. Residents and relatives who spoke with inspectors reported they knew how to raise concerns with staff and that issues were promptly addressed when they did.

Judgment: Compliant

Regulation 4: Written policies and procedures

The designated centre had in place the written operational policies required by Schedule 5 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Systems in place to ensure that policies are reviewed in accordance with the requirements of regulations required review; the inspectors noted that 11 of the policies had not been reviewed at intervals not exceeding three years. Two of the Schedule 5 policies were out of date at the time of the inspection.

Judgment: Substantially compliant

Quality and safety

Residents had good access to medical and allied health care services. There were appropriate resources and systems in place to ensure that the service could meet the nursing and social needs of the residents. The provider had invested resources to improve fire safety in the centre. However, further improvements were required to ensure that residents were protected from the risk of fire and ensure that adequate systems were in place for the safe and effective evacuation of residents.

Residents' health and social care needs were being met by a team of staff, the majority of whom knew the residents well and were respectful of their choices and routines. The supervision of staff required strengthening to ensure staff interacted appropriately to deliver person-centred care.

Residents’ records showed there were processes for assessing residents prior to admission to ensure their needs could be met in the centre, and then for completing a comprehensive assessment on admission. Care plans reviewed were mostly

person-centred however gaps in some residents' care plans were identified. There were facilities and resources to support a programme of activities relevant to the residents.

Maintenance arrangements in the centre required review. Inspectors noted a number of areas in need of maintenance in the centre such as fire doors, chipped or scuffed paint on walls and fittings and some items of furniture in residents bedrooms that required repair.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other allied health services was available on referral; these services included speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Physiotherapy was available within the centre. Residents were supported to attend outpatient appointments and to partake in national screening programmes.

The centre's safeguarding policy required review to reflect current best evidence guidance. Regular training in safeguarding of vulnerable adults was available for staff.

Risk management, infection prevention and control measures and fire safety precautions in the centre required improvement. The centre's risk register did not include all identifiable risks in the centre nor was there controls in place to mitigate a number of potential risks to residents such as the open access to stairs. The oversight of infection prevention and control procedures was weak. There were some areas of the centre that were unclean and hand hygiene facilities were inadequately maintained.

The registered provider had not made adequate provisions for the containment of fire as bedroom doors did not have automatic door closers in place; this risk had not been identified and no controls were in place to mitigate the risk of fire spreading in the event of a fire. Medication management procedures, such as the practice of transcribing from prescriptions required review to ensure residents' protection and safety.

Regulation 12: Personal possessions

Residents had adequate storage in their bedrooms for their clothing and personal possessions. Not all bedrooms had a lockable space but the management of the centre did have a system to hold residents' valuables securely. Balances checked were correct. The provider acted as pension agent for a six residents, these arrangements were in line with the guidelines set out by the Department of Employment Affairs and Social Protection.

The system in place for identifying and returning items of clothing to residents required review. A resident had raised a concern about misplacement of clothes into other residents' wardrobes, while another resident reported they would like

their clothing back quicker. Furthermore the inspectors were informed of a recent initiative organised in order to return a significant amount of unidentifiable items of clothing to their rightful owners; this involved hanging residents' unlabelled items in the visitors' room for a number of days to allow relatives and residents to retrieve their garments.

Judgment: Not compliant

Regulation 17: Premises

The layout and design of the premises met residents' needs. The centre was warm and comfortable and efforts had been made to decorate the centre to make it homely. Handrails where in place throughout the centre to facilitate residents independence when mobilising around the centre. Inspectors noted a number of small sitting areas at some corridor intersections where residents could sit and rest as required.

The centre was a two storey building and was organised into two wings made up of an original building at the front of the premises and a newer extension located at the rear of the building. Residents' bedrooms were located on both the ground and first floors of these wings. The centre can accommodate a total of 64 residents in 32 single rooms and 16 twin bedrooms. Thirty six of the bedrooms had full en-suite facilities. A sufficient number of shared bathing and toilet facilities were located in close proximity for residents in bedrooms without en-suite facilities. Inspectors noted that a number of toilets had only one hand rail and some en suites had no call bell facility.

Bedrooms were an adequate size and many had been decorated and personalised to residents' taste. Overall the residents who spoke to inspectors reported their satisfaction with their living arrangements.

Each wing contained a dining room and sitting area. There was an activity room in the original part of the building where the activity coordinators carried out the centre's activity programme. This room was bright and decorated with interesting art work and items of memorabilia for residents to look at and explore. There was a visitors' room located in the new extension on the first floor. Residents could receive their visitors in private here. There was a smoking room in the centre for residents who choose to smoke. In the two sitting rooms some residents were observed sitting and watching television.

The centre is situated on the fringe of Greystones, this affords nice views of the town and nearby marina for residents. There was a small enclosed external garden that residents have access to and also larger external grounds with some sitting areas for residents and their visitors to use.

Maintenance arrangements in the centre required review. Inspectors noted the

following:

- a number of bedrooms and corridors had scuffed paint work on the walls that required painting,
- some pieces of furniture in residents' bedrooms required repair.
- a number of fire doors did not close fully.
- moving and handling equipment such as hoists had chipped paint and obvious signs of rust on the legs

Judgment: Substantially compliant

Regulation 26: Risk management

There were policies and procedures to inform staff regarding health and safety. The management team in the centre maintained a risk register for the identification, rating and control of risks. This required further review as the register did not contain details of some risks that inspectors identified during the inspection. For example:

- The risk posed to residents from open access to the two main stairs in the centre.
- While some residents could come and go from the centre as they wished, the impact of a locked main door from the building on the remaining residents who were assessed as safe to do so but were unable to, had not been considered as a risk.

Judgment: Not compliant

Regulation 27: Infection control

Inspectors observed practices that were not in line with national standards and guidance for the prevention and control of healthcare associated infections. Oversight in this area required improvement as evidenced by the following:

- The sluice room in the original wing of the centre was found generally unclean: the sink was visibly dirty, used gloves were observed on the draining area of the sink, dust was visible on the worktop areas.
- Residents' unlabelled wash basins were stored on the ground of a shared bathroom.
- Deep cleaning schedules were in place but there was no records to provide assurances that these were adhered to.
- Personnel designated with responsibility over cleanliness in the centre were

unable to outline the procedures for decontaminating shared equipment between use, for example, commodes.
- Some staff were observed wearing items such as inappropriate jewellery like rings and bracelets, nail extensions and wearing long hair down.
- One bathroom was observed to have an empty soap dispenser, cobwebs and spiders in one corner, areas of paint that was peeling and scuffed, a pedal bin that did not fully open and a cleaning schedule that had many gaps and had not been completed for the three days prior to the announced inspection.
- Some items of equipment were observed as having signs of rust, for example a bed lever in one resident's bedroom and some Items of furniture were observed to be damaged for example a chair in one residents room had a rip in the upholstery. This makes cleaning more difficult and less effective.

Judgment: Not compliant

Regulation 28: Fire precautions

The findings of this inspection were that the registered provider did not have adequate arrangements in place to protect the residents from the risk of fire

Records of simulated fire drills carried out in the centre with night staffing levels showed that it took over six minutes to evacuate seven residents. This was four less than the number of residents that could be accommodated in the centre's largest fire compartment which had capacity for eleven residents. As a result Inspectors were not assured that all residents could be safely evacuated in the event of an emergency when staffing levels were at their lowest. This was discussed with the registered provider representative during the feedback meeting. Further fire drill reports submitted following the inspection did not provide any additional assurance regarding the safe and timely evacuation of residents when staffing levels were at the lowest.

There was no effective system in place to check the performance of compartment doors and three sets of compartment doors did not close effectively. Inspectors issued an immediate action plan to ensure all compartment doors in the centre were checked and were effectively working; this was completed during the inspection.

Automatic closing devices can delay the spread of fire. When a provider makes an informed decision to omit this safeguard, they must conduct a risk assessment with a plan in place detailing the mitigating risks they have taken. There was no evidence available to inspectors, that this risk assessment has been conducted. Furthermore, Inspectors found most bedroom doors were open or ajar throughout the centre. Moreover the fire procedures throughout the centre did not direct staff to close doors in the event of an emergency fire. Inspectors were not assured that in the event of a fire, flames and noxious fumes could be contained that staff would

have sufficient time to carry out a safe evacuation of residents needing assistance.

The accumulated of the above three findings on this inspection indicated poor oversight of fire safety in the centre and contributed to this finding of non-compliance.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices in the centre were not in line with best practice guidance or with local policy. The following issues were identified that could impact on resident safety and protection:

- Max daily dose or indication for use of 'as required' medicine was not stated on prescription sheet which the nurses used when administering medications.
- Best practice was not adhered to when nurses transcribed medication orders from the original prescription onto a computer system or in line with the centre's local policy. The transcribed kardex records were not checked or signed by two nurses in line with the centre's policy or according to best practice. Furthermore the practice of transcribing was not subject to audit.
- The Medication policy was reviewed in January 2019 however this policy referenced out of date guidance and did not guide nurses on safe medicines management. For example, the policy referenced the five rights of medication management and not the current ten rights of medication management.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Assessments of residents' needs were completed pre-admission and post admission. This information was used to inform person-centred care plans and direct staff when providing care. Inspectors noted gaps in some care plans as follows:

- no risk assessment completed for one resident who smoked,
- insufficient detail regarding why the decision to withhold and restrict cigarettes from a resident was in place,
- dates of discontinuation of bedrail use was not recorded,
- fluid balance records were generally incomplete and lacked clear parameters to guide staff regarding residents' adequate fluid intake requirements.

Judgment: Substantially compliant

Regulation 6: Health care

There was timely access to appropriate medical services and health and social care professionals as required for residents living in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. A small number of residents had episodes of responsive behaviours and residents were supported by staff. This support was mainly person-centred, however, inspectors observed an incident, in the dining room with other residents present, where three members of staff stood by when two residents were shouting at each other but did not intervene to deescalate the situation.

The centre had a high use of restrictive practices with 41% of residents using bed rails. This required further improvement. There was a restraint register maintained however, this required review as outlined under Regulation 21, Records.

The use of PRN antipsychotic medicine (medicines only taken as the need arises) required review to ensure that PRN medicine was administered as a last resort, when responding to and managing episodes of responsive behaviours. There was insufficient detail in records to evidence that episodes of responsive behaviour had been analysed to identify antecedent to the behaviour. Furthermore there was no description of alternative non-pharmacological methods of de-escalation trialled before administering the PRN antipsychotic medicine. This finding did not ensure that PRN medicine was administered as a last resort as outlined in the national policy guideline.

Judgment: Not compliant

Regulation 8: Protection

The centre's safeguarding policy required review. The policy did not reference up-to-date guidance and lacked parameters regarding time frames to adequately direct

staff when managing allegations, suspicions or confirmed incidents of abuse.

Staff were facilitated to attend annual refresher safeguarding training. Residents reported to inspectors that they felt safe in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found that the registered provider had provided residents with facilities for occupation and to participate in activities of interest and in accordance with residents' individual abilities. There was a varied timetable of activities for residents in the centre over seven days each week. Residents exercised their right to choice with regard to their care, organisation of the service, their daily schedule and activities of daily living. Regular resident forums were held and there was evidence of meaningful discussion and actions to address issues raised.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially 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 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greystones Nursing Home OSV-0000045

Inspection ID: MON-0023095

Date of inspection: 21/10/2019

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All required mandatory training is completed for all staff annually on a calendar basis. Those staff not trained in 2019 to the date of the inspection were identified and training arranged for 23/10/2019. A full range of training is constantly provided to all staff members as required under the regulation 16 Cleaning schedules have been reviewed and will be checked.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The two entrances to the nursing home are key coded and all residents who are not at risk have the codes available to them. This is detailed in their care plans. The file of documented restraint in use does contain details on the use of the lapbelt by the one resident currently using it. Each residents care plan details their preferences and this information is only detailed in the file of documents if it is defined as a restraint.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: We have a full and detailed audit program that runs constantly on a monthly basis over a two year cycle. We have reviewed this audit program and are happy that it achieves its goals. A more detailed review of the audit program will take place in 2020 and will be completed by 28/02/2020.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The minor amendments have been corrected and a final review will be completed by – 13/12/2019	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies will be reviewed – 01/02/2020	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Additional lockable storage space for all residents will be provided by 6/12/2019. Our Laundry system provides an excellent service for the resident mon the whole, however we will communicate with residents families to ensure that all new items brought to the nursing home are clearly marked – 31/12/2019	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Additional call bells have been provided. There is a constant program of refurbishment and the items noted by the HIQA inspectors will all be attended to by 31/1/2020.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The inspector has reviewed the provider's compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.

We are fully compliant with Regulation 26; Risk Management.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The cleaning program for the entire building has been reviewed and improved which will ensure that areas are not missed in future by the domestic team. Additional training has been arranged for the domestic team to improve their performance and appreciation of our policies and procedures – 24/01/2020.

Regulation 28: Fire precautions	Not Compliant

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

The inspector has reviewed the provider's compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.

We Are fully compliant with Regulation 28; Fire Precaution. This has been assessed by a competent person and the result in turn assessed by the directors of the company as being reasonable, practicable and appropriate for the protection of life in the event of a fire emergency.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The medication policy has been reviewed and the staff nurses updated. All practices are now compliant – 16/12/2019	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Our individual care plans have been reviewed and amended to be compliant – 22/11/2019	
Regulation 7: Managing behaviour that is challenging	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Continued use of the "ABC Chart" with greater emphasis on staff to ensure that all fields are filled during the course of their evaluation of the Resident. The alternative methods used with Residents will continue to be listed in their care plans. 1/11/2019 Further staff training will continue in 2020 to ensure full understanding of the policy and procedures – 31/03/2020	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The policy on safeguarding had been updated prior to the inspection and does detail timeframes essential to ensure correct and timely response. As discussed in Regulation 16 – all staff will have completed all mandatory training in 2019.	

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(b)	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 his or her linen and clothes are laundered regularly and returned to that resident.	Not Compliant	Orange	31/12/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/12/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	24/01/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the	Substantially Compliant	Yellow	31/01/2020

	residents of a 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	Yellow	06/12/2019
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.	Substantially Compliant	Yellow	28/02/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the	Not Compliant	Orange	

	measures and actions in place to control the risks identified.			
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	24/01/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of	Not Compliant	Orange	16/12/2019

	the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/12/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/02/2020
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	22/11/2019

Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	01/11/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	01/11/2019
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/12/2019