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:	Prague House
Name of provider:	Prague House Care Company Limited By Guarantee
Address of centre:	Chapel Street, Freshford, Kilkenny
Type of inspection:	Announced
Date of inspection:	05 June 2019
Centre ID:	OSV-0005447
Fieldwork ID:	MON-0022871

About the designated centre

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

Prague House is located on Chapel Street, Freshford, Co. Kilkenny. The centre is a two-storey building that is registered to accommodate 22 people. The management of Prague House is overseen by a Board of five Directors. The centre caters for men and women from the age of 60 years. The statement of purpose states that the centre does not provide 24-hour nursing care and provides low-medium dependency care 24 hours a day. One nurse was employed by Prague House to work a total of five hours per week. A day care service is provided in the centre one day a week on Wednesdays and this activity is supported by volunteers. The statement of purpose states that care is delivered in a homely, comfortable and hygienic environment. The centre manager is employed to work on a full-time basis. Residents do not require 24hour nursing care and care is provided by a team of trained healthcare professionals with one nurse employed for five hours per week. According to the centre's statement of purpose, all applicants for admission must be mobile and mentally competent at the time of admission. Each resident is provided with single bedroom accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16

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
05 June 2019	10:10hrs to 17:50hrs	Liz Foley	Lead
06 June 2019	10:00hrs to 15:00hrs	Liz Foley	Lead

Views of people who use the service

A number of residents were consulted with during the inspection and gave very positive feedback about living in this centre. Residents chose to live in the centre and many did so as it provided them with security and companionship. Residents were supported to live independently and were self determined. Some residents retained the use of vehicles and would visit their homes' as they wished, and some regularly walked to local shops in the village of Freshford. Residents particularly liked living in a village which provided many amenities but more importantly to them, a sense of belonging. Visitors were always welcome in the centre and hospitality was always available and offered. Residents enjoyed the activities provided but would like them more often and would like a greater variety of activities. Residents were very complimentary of all staff who they described as ''wonderful, lovely and great''. Residents were consulted with about their care and about the organisation of the centre and knew how to make a complaint if warranted.

Seven resident satisfaction questionnaires were returned during the inspection and were representative of what residents told the inspector.

Capacity and capability

Overall a good service was provided to residents and the ethos of care was person-centred. Improvements were found in systems to monitor the quality and safety of the service which included a comprehensive suite of clinical and environmental audits. These audits were used to improve care and services and informed the regular management meetings. All of the actions form the previous inspection had been completed however some were not adequately sustained, these are discussed under the relevant regulation.

Improvements in the oversight of medication management were also required to ensure that there was up to date and adequate information on best practice available to all staff involved in dispensing and managing medications. Poor practices were found around the high risk activity of transcribing medication kardex's. Information was not directly transcribed from the original medication prescription, the practice was not supported by a policy nor was it subject to audit. Improvements were required to ensure the information on the kardex was adequate to guide staff in safely administering medications, for example, maximum daily dose of 'as required' medications.

Residents and staff confirmed that many changes had been made and further plans were in place for more improvements. Residents feedback was actively sought and

there was a culture of openness and inclusion. There was a clearly defined management structure and staff were supported and competent to perform their respective roles. Staff turnover was low with many staff working in the centre for a number of years. Improvements were required to ensure mandatory training was completed by all staff, particularly lone workers. Some lone workers had not completed essential fire drills and safeguarding training therefore the person in charge could not provide assurances that staff would effectively manage in the event of safeguarding situations or emergencies.

There was very good record keeping practices in the centre with all schedule 2, 3 and 4 records readily available. A sample of staff files were seen to be compliant with the regulations and the the registered provider assured the inspector that Garda vetting disclosures were in place for all staff and volunteers. Improvements were required to ensure all staff references were validated and documented. Volunteers attended the centre to enhance the quality of life of residents and support social and religious events, however their roles and responsibilities were not always set out in writing and required review. Policies were up to date with evidence of ongoing review.

The statement of purpose outlined the aims, objectives and ethos of the centre, and detailed the facilities and services that were provided for residents. The inspector found that it accurately described the service that was provided in the centre and met the requirements of the regulations. A copy was available in the reception area of the centre. Each resident had a contract for care in place which was written in plain English and clearly outlined the services provided including the fees and charges in respect of care and services. The provider was not a pension agent for any resident and did not manage any monies for residents.

Incidents were appropriately responded to with evidence of investigation and learning from these events. Residents and staff were aware of the centre's complaints procedure. An annual report was available which set out the performance of the centre and included plans for future developments and was available to residents.

Registration Regulation 4: Application for registration or renewal of registration

Information required for the application to re-register this centre was submitted complete and in a timely manner to the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge satisfies the requirements of regulation 14 and works full time

in the centre. During the inspection she demonstrated good knowledge of the regulations, the standards and her statutory responsibilities and displayed a commitment to providing a person-centered, high quality service.

There was evidence that the person in charge was engaged with continuous professional development. There were arrangements in place for the assistant manager to deputize for the person in charge in her absence.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the needs of the residents as assessed in accordance with Regulation 5 and having regard to the size and layout of the centre.

This is a low dependency centre and residents were assessed as not requiring full time nursing care. Nursing expertise was provided on an as required basis and a registered nurse attended the centre weekly.

Judgment: Compliant

Regulation 16: Training and staff development

The centre provided a range of training to ensure staff were competent to perform their respective roles. Mandatory training included fire safety, manual handling, safeguarding, medication management and infection control. Improvements were required to ensure all staff were up to date with mandatory training, for example, one staff member had not received fire safety training and three staff were not updated in fire safety since 2017. Four staff were not up to date with safeguarding training.

All staff were up to date with manual and or patient handling and a number of staff had also completed cardio-pulmonary recussitation and were familiar with the use of the on-site defibrillator. Staff were appropriately supervised in the centre.

Judgment: Substantially compliant

Regulation 21: Records

All records set out in Schedules 2, 3 and 4 were available on inspection. All staff had

a valid Garda vetting disclosure on file, including volunteers.

Improvements were required to ensure that staff references were validated.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre had a valid contract of insurance which included public and employers indemnity.

Judgment: Compliant

Regulation 23: Governance and management

Care and services were provided to meet the needs of all residents as outlined in the centre's statement of purpose. There was a clearly defined management structure. The registered provider Prague House Care, a company by guarantee, is managed by a voluntary board of trustees and the nominated provider representative was available to meet with the inspector. The person in charge worked full time in the centre and was supported by an assistant manager. Monthly senior management meetings were held with standing agendas and action plans developed. Improvements were found in the oversight of the service with both the provider representative and person in charge fully aware of the centres' improvement and development plans. Weekly quality improvement meetings supported the management team in monitoring the quality and safety of the service. A suite of monthly audits were completed and planned for the coming year; actions developed from these audits informed the centres' improvement plans and oversight of safety. An annual review of the quality and safety of the service was available to residents and was prepared in consultation with the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The centre had agreed in writing with each resident the terms on which that resident shall resident in the centre. This agreement was written in plain English and clearly outlined the fees and additional charges applied.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was up to date and clearly outlined the information set out in schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers attended the centre and enhanced the quality of life of the residents. All volunteers were Garda vetted however improvements were required to ensure that roles and responsibilities were set out in writing.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents as set out in paragraphs 7 (1) (a) to (n) of schedule 4 were notified to the Chief Inspector in a timely manner. Notifications submitted were found to match the centre's records.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the centre. The complaints policy contained all of information as set out in regulation 34. Arrangements were in place for the investigation and recording of complaints and the satisfaction of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were in place as per Schedule 5. These were updated and made available to all staff. Staff were aware of and familiar with the centre's policies.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care and felt safe in the service. Care observed was person-centred and staff were very knowledgeable of individuals' needs and social histories'. Improvements were found in care plans, however they lacked detail to consistently guide staff to provide care and required review to ensure they were not duplicated. There was no documentary evidence that care plans were reviewed with residents. For the most part residents were supported to proactively manage their well-being and healthcare. There was access to GP, psychiatry of old age, pharmacy and allied health services as required. However opportunities were missed to effectively monitor some residents who should have had routine blood tests to monitor their response to certain medications. Improvements were also required to ensure post-falls procedures included monitoring of a resident's neurological status to detect any deterioration that may have been the cause of or effect of the fall. The inspector observed discreet and respectful person-centred interactions between staff and residents throughout the inspection.

Residents whose needs changed and increased over time were supported to move to a more appropriate centre. Residents were aware of this prior to admission. One resident had recently transferred to another centre locally and some of their former companions had arranged to visit them over the coming days. Staff were available to take residents to visits and appointments and had access to a vehicle within the service.

Resident accommodation was all single rooms and some had individualised their rooms with furnishings, pictures, ornaments and belongings from home. Communal areas were comfortably furnished and decorated and there was access to a variety of communal spaces inside and outside for residents as they preferred. Some areas of the centre needed minor repairs and a bedroom upstairs was being renovated at the time of the inspection. Further improvements were required to ensure that catering staff had access to separate toilet and changing facilities and that residents were not walking through the sluice room to access the garden.

Residents were very complimentary about the choice and quality of food provided in the centre. Residents nutritional needs were being met and mealtimes were an enjoyable occasion for residents with ample assistance and supervision provided by staff. There was access to drinks and snacks outside of the regular meal times.

Residents were safeguarded in the centre with many residents citing the need for security as a reason for moving to this service. There was an up to date safeguarding policy and staff were familiar with the procedures for reporting allegations and suspected abuse. There was an open culture of reporting and feedback within the service.

Activity provision in the centre had improved since the last inspection, however these improvements were not sustained. Residents enjoyed the activities provided but would like them more often and would like more variety. The registered provider representative was open to developing more activities in line with the residents wishes. There were no restrictive practices observed in the centre, residents were observed freely coming and going during the inspection. Residents were supported to be as independent and self determined as possible and were encouraged to participate in shaping the services they received.

Risk management was generally proactive in this service with procedures and policies in place to assess and manage risks identified. Improvements made following the previous inspection were not sustained in relation to free access to the kitchen and sluice areas. Risks had not been identified around containment of fire, safe evacuation at night and medication transcription practices. There were suitable arrangements in place for the management of serious incidents in the centre.

Regulation 17: Premises

The centre was originally a school and had been adapted over time to accommodate residents. Some areas of the centre needed painting and minor repairs, for example, the ceiling in the small sitting room and broken tiles on the splash-back in a staff toilet. Some renovations were currently underway with a vacant bedroom upstairs being reconfigured to provide more space. Improvements were required to ensure that a sluice room was no longer used as a thoroughfare to access the garden. The catering staff did not have access to a separate toilet and changing area; this was discussed with the provider representative during the inspection who outlined plans to reconfigure the use of some rooms in the centre to comply with this requirement.

Building services were mostly maintained in a regular manner however the emergency telephone in the passenger lift had not worked since July 2018. Oil and gas installations in the kitchen had not been recently serviced, this is discussed under regulation 28 Fire precautions. The provider representative confirmed that electrical installations throughout the building were currently being surveyed to ensure they were safe and compliant with relevant safety standards.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were effective systems in place for safe food management and there were adequate supplies of fresh food and drinks. Staff had access to personal protective equipment and catering staff were observed wearing these. Menu's were varied and there was information on food allergens available to residents. Residents with special dietary requirements were catered for in the centre for example, residents with gluten allergies.

The variety, quality and quantities of food were subject to much praise by all residents. Meal times observed were relaxed and unhurried with staff available to assist if required. The dietary needs of all residents were met and staff were familiar with modified consistency foods and drinks, however there were no residents currently in the centre with these needs. Residents' nutritional status was routinely monitored and there was access to specialist dietician and speech therapy services if required.

Judgment: Compliant

Regulation 26: Risk management

The centre had a proactive approach to risk management and had a centre specific risk management policy in place which was compliant with the requirements set out in schedule 5. Improvements had been made following the previous inspection however not all of them were sustained, specifically free access to the sluice room and the kitchen. Residents and staff were observed entering the kitchen without personal protective equipment and this increased the risk of contamination of food. Unidentified risks associated with containment of fire are discussed under regulation 28 Fire precautions.

Residents had individual risk assessments completed, for example, for smoking and falls; control measures were in place and monitored where a risk was identified. Arrangements were in place for the identification, recording, investigation and learning from serious incidents. There was an emergency plan in place, of which staff were familiar with.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not have adequate arrangements in place to contain the spread of fire, the oratory door and bedroom doors did not have automatic closing devices and some were found to be open or ajar. In an emergency situation automatic closing devices on doors can delay the spread of fire and allow time to evacuate the centre. This was discussed with the provider representative during the inspection, who undertook to replace these devices and an immediate action plan was issued following the inspection. However information submitted by the registered provider following the action plan was contradictory and failed to assure the Chief Inspector that the centre would be compliant with fire containment.

Emergency lighting was not regularly serviced on a quarterly basis. Building services which impact on fire safety such as oil, gas and electrical installations had not been serviced or inspected for a long period of time; gas and oil installations had not been serviced since 2016 and there was no record in relation to the competency of the electrical installations throughout the building. This was also discussed with the provider representative who undertook to address the servicing and informed the inspector that an assessment of the electrical installations had commenced and the report would be furnished to the Chief Inspector when completed.

Fire drills were regularly practiced in the centre with both residents and staff participating. The centre had not considered practicing a drill simulating night time staffing levels and could not assure the inspector that all residents would be safely evacuated in the event of an emergency when staffing levels were at their lowest. The registered provider and person in charge undertook to complete these drills with all night staff within a two week time frame.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medications were administered by trained health care assistants (HCA's). The policy on medication management was generic and required review, as it did not provide enough information to guide the HCA in this role. Unsafe practices were found in the transcribing of prescription kardex's by non- nursing staff. The HCA did not use the original prescription but the directions issued by the pharmacist to create a prescription kardex, which they used to administer medications to residents. The risks associated with this practice had not been identified by the person in charge. There was no policy to guide staff and support this practice. The practice of transcribing was not subject to audit and therefore this high risk activity was not effectively monitored to ensure safety and quality improvement. The risk of medication errors was therefore increased and likely to go unnoticed.

Medication prescription kardex's did not contain the reason for administering the medication or the maximum daily dose of 'as required' medications. Documentation to support medication reviews was inadequate and required improvement to ensure any actions or changes to a resident's medications was clearly recorded to reduce the risk of error and provide a chronological record of medication history.

Controlled drugs balances were checked every 72 hours and not at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall care plans had been improved with comprehensive health, social and ongoing risk assessments in place for each resident. Detailed information on residents ongoing health and social care was found in the narrative notes section. Some care plans were duplicated and inconsistent while others lacked sufficient information to guide the person-centered care observed. Improvements were also required to ensure that four monthly care plan reviews included discussion with the resident about their care.

Judgment: Substantially compliant

Regulation 6: Health care

This was a low dependency centre where residents were self determined, and encouraged and supported to actively manage their health and social care needs. The centre had developed a hospital passport for all residents in the event that they required hospitalisation. National screening programmes were available to all residents with their preferences to participate discussed and recorded. Residents were supported to access services in the community and to attend hospital appointments if required. Vaccinations were offered in the centre to all residents and staff. Psychiatry of old age services were readily available to residents in the centre. GP services were available in the centre however some residents preferred to attend the doctors surgery.

Medications were administered by trained staff in the centre however some healthcare monitoring was not being done in relation to routine bloods for those residents on medications that required regular monitoring.

Improvements were required in the management of falls; residents who fell and had suspected head injuries were not routinely monitored for neurological

deterioration and were at risk of poorer outcomes in the event of an actual head injury.

Judgment: Substantially compliant

Regulation 8: Protection

The centre had an up to date policy on safeguarding which included referral to the national safeguarding team for allegations of abuse. Four staff had not received safeguarding training including one lone worker, this is discussed under regulation 16 Training and staff development. Staff were knowledgeable of the signs of abuse and familiar with the centre's policy and procedure for open reporting. Staff told the inspector there were no impediments to reporting suspected abuse within the organisation.

One allegation of abuse that had been notified to the Chief Inspector by the centre was followed up on this inspection and found to have been well managed and included evidence of learning from the allegation.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in the centre and the ethos of care was person-centred. Residents were supported and facilitated to be independent and to maintain contacts with the local community. Some residents retained the use of their own vehicles and regularly visited their homes, while others used the local amenities for example, shops, parks and church. Accommodation consisted of single rooms and privacy was respected with staff observed knocking on doors before entering. There was access to daily papers, television and radio. Volunteers visited the centre and enhanced the quality of life of residents through activities, religious and social events.

Residents attended regular meetings and contributed to the organisation of the service. Some residents enjoyed the responsibility of domestic chores and were encouraged to pursue personal interests and hobbies. There was access to independent advocacy through the national advocacy service.

Some improvements had been made in the provision and variety of activities provided for residents but these were not sustained. Long periods of inactivity were observed by the inspector. Residents told the inspector they would like more activities as they enjoyed the music, exercises and other activities currently offered. Further review of activity provision was required to ensure

there were opportunities for all residents to participate in occupational and recreational activities in accordance with their interests and capacities.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Prague House OSV-0005447

Inspection ID: MON-0022871

Date of inspection: 06/06/2019

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. Fire Safety training was updated for staff on the 26th June 2019. All staff are up to date with Fire Safety training. 2. Safeguarding Vulnerable Adults Training was completed on the 18th June 2019 3. All staff are now up to date with all training.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff references have been validated. This was completed by the 21st June 2019	
Regulation 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: Roles and responsibilities have been set out for volunteers. The document has been signed by the volunteer and is now on file. This was completed on the 1st July 2019	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The ceiling in the small sitting room will be repaired by 30th August 2019
2. The broken tiles on the splash-back in the staff toilet will be repaired by the 30th August 2019
3. The sluice machine has been removed from the sluice room, all buckets and mops have been removed, this room is no longer used as a sluice room it is used as a hallway to access the garden. This was completed on the 22nd July 2019
4. A separate toilet and changing area will be available for catering staff by the end of the year. This requires some renovation and changes to existing areas. It is proposed that the hairdressing room which is located beside the kitchen will be relocated to room 33. The hairdressing room will then be renovated to include a changing area and toilet for catering staff.
5. A new phone line is being installed in the lift room on Monday 12th August 2019. The call bell in lift is working should it be needed.
6. Oil and gas installations had been serviced in May 2019, evidence of servicing has been submitted to HIQA.
7. Electrical installations throughout the building are being updated, all circuit boards are being replaced and updated. Regular checks will continue to be carried out on all electrical installations. See attached re circuit boards.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
the kitchen, staff have been advised not to enter the kitchen without personal protective equipment. This is being closely monitored.
1. Key pads were put on the sluice room and kitchen doors last year. The sluice room is no longer being used as a sluice room as outlined previously. It is being used as a hallway to access the garden.
2. Staff entering the kitchen, staff have been advised not to enter the kitchen without personal protective equipment. This is being closely monitored.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. The electrician has been contacted in relation to the Fire precautions as follows:
Quote require as soon as possible for the design, supply, installation, commissioning, and certification of new automatic electric door closers that have to be linked into the fire alarm system so that all doors will close automatically in the event of a fire occurrence anywhere in the home. Also required is a manual override switch on each actuator.
These will be required on all 22 bedroom doors as well as following doors
Room
89: Oratory
38: Hair dressing room

2. Emergency lighting was serviced on the 9th May 2019 and will be serviced on a quarterly basis
3. The simulated night time fire drill has been completed and will be repeated regularly
4. Oil and gas installations had been serviced in May 2019, evidence of servicing has been submitted to HIQA.
5. Electrical installations throughout the building are being updated, all circuit boards are being replaced and updated. Regular checks will continue to be carried out on all electrical installations.

This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.'

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
1. The pharmacist now writes up the Medication management books, indications have been added and max dose in 24hours has been added.
2. Controlled drugs are checked at every change of shift which is three times in 24 hours. This was completed on the 1st July 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:
Care plan reviews have commenced and are being discussed with each resident. This will

be completed by 30th August 2019.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
1. Routine bloods have commenced and will be completed twice yearly for every resident, this includes those residents who are on drugs that require monitoring.
2. Management of falls: staff have received training and information on the Glasgow Coma Scale in relation to the management of head injuries

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Activities have been reviewed, afternoon activities are available for those who wish to take part for e.g., Monday Club, Wednesday bingo, word searches, card games, draughts, walks, and skittles. Evening activities for e.g., movie night, card games, draughts.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	26/06/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/08/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	21/06/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management	Substantially Compliant	Yellow	21/06/2019

	policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	05/06/2019
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/11/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/11/2019
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.	Substantially Compliant	Yellow	30/11/2019
Regulation	The registered	Substantially	Yellow	17/06/2019

28(1)(e)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/11/2019
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication related interventions in respect of a resident, such record shall be kept in a safe and accessible place in	Substantially Compliant	Yellow	01/07/2019

	the designated centre concerned.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	01/07/2019
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Not Compliant	Yellow	01/07/2019
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	30/08/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	30/08/2019

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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	31/10/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	24/06/2019