



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	14 January 2021
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0031681

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 14 January 2021	10:30hrs to 17:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Feedback from residents was generally positive. They were found to be chatty and informed about the centre, community events and the virus. They were looking forward to the upcoming vaccinations. Residents spoke about how isolating it was to have no visitors during the pandemic. They told the inspector that staff supported them throughout and they felt lucky not to have experienced the virus first hand. Residents said that they were sad that visits were not allowed at present but they were glad of the reprieve at Christmas when they had been allowed one visit per week. They spoke about the window visits, the video calls and the phone calls to relatives and friends. On the day of inspection, residents' phones were observed to be charging and visitors were seen to come to the window to see a small number of residents,

The activity coordinator was present at the time of inspection. This staff member was seen to organise activities such as small group and individual activities, which were currently held within the guidelines of the Health Protection Surveillance Centre (HPSC) on physical distancing. Activity sessions were also seen to be organised in the afternoon by a second staff member. This consisted of a singing session which generated great enthusiasm. Residents were seen to interact well with staff and with each other. They were heard laughing and joining in the quiz. Those residents who had higher needs were sat by the windows or accompanied on walks. They were seen to be warmly dressed in keeping with the seasonal weather. Physical distancing was seen to be maintained in the dining room and sitting rooms where residents were adequately spaced for their protection.

The inspector observed kind and patient staff interactions with residents during the day. Residents confirmed that the care was very good and that they were satisfied with their accommodation and meals. They told the inspector that the doctor was available when they wanted him and staff looked after their medicines. They expressed confidence in the newly expanded management team and they felt that their complaints were addressed. One resident said they felt safe in the centre due to their underlying confidence that they had a number of staff to confide in. They enjoyed the residents' meetings. Residents said that the meetings supported their choice and autonomy. Minutes of these were available. Feedback was provided on any concerns or issues raised prior to the next meeting.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection of Lystoll Lodge Nursing Home took place to evaluate the continued sustainability of the governance and management structure on the Capacity and Capability and Quality and Safety of Care in the designated centre.

The Chief Inspector had previously proposed to cancel the registration of Lystoll Lodge Nursing due to a protracted period of non-compliance. Over a period of time the new management team had overseen improved compliance with regulations which had led to the renewal of the registration. Clear lines of accountability and authority were set out and roles were well defined in the new team. Appropriate systems and processes had been put in place to underpin the safe delivery and oversight of the service. Residents said that they were happy with the new management structure and they said they felt safer and more supported to become involved in the centre.

Nonetheless on this inspection, while there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs, both of the senior managers were absent from the centre for a period of time. The person in charge and the provider had promoted two staff to the role of CNM to support the management contingency. One of these CNMs was on duty on the day of inspection. She was found to be knowledgeable and informed of residents' needs as well as leading the team on the COVID-19 preparedness plan. The inspector found however, that as the CNMs were also required to work as nurses during their shift, they had little time for management duties such as supervision, delegation, maintenance of records. This meant that there was a risk that the improved processes would not be maintained without daily availability of management staff and that the centre would remain subject to increased regulatory activity and possible escalation. Consequently, the inspector found that improvements were required in the area of supervision, training and infection control. These findings were of such serious concern that three urgent action plans and one immediate action plan were issued to the provider.

At the feedback meeting with the registered provider representative (RPR) and the person in charge following this inspection the incremental improvements were acknowledged by the inspector, such as improved audit processes and the obvious positive impact on residents' well being due to their confidence in the stability of the management staff. As outlined above the aforementioned areas of non compliance were highlighted to the management staff for attention and review. These were addressed in the following report under the respective regulations.

In summary:

Urgent actions plans were issued for the following three areas of non-compliance:

- infection control processes: Regulation 27
- staff training and records of same: Regulation 16
- governance and management: Regulation 23

Additionally, on the day of inspection an immediate action plan was issued on the inadequate preparation of a room for a new admission, coming in from another centre. This resident was required to isolate for a specified period. However, the inspector found that appropriate checks and cleaning had not been carried out until these issues were highlighted by the inspector

Other issues to be addressed included:

- maintaining a correct roster (repeat finding)
- maintaining a complete training matrix (repeat finding)
- maintaining staff files as specified in Schedule 2 of the regulations (repeat finding)

The registered provider representative was required to submit:

- a timely, comprehensive and achievable compliance plan based on the findings of this inspection.
- evidence that matters in the urgent action plans were addressed by 21 January 2021

In conclusion, the findings of this inspection were that the centre remained on a pathway to regulatory compliance. However, continuous improvement, supervision and oversight was required on the part of the provider of Lystoll Lodge Nursing Home to ensure full regulatory compliance with Standards and Regulations for the sector, which set out the requirements for the management of a designated centre and for protecting the rights, care and welfare of residents.

Regulation 14: Persons in charge

The person in charge was experienced in management. She had developed a detailed audit system for which action plans had been developed and completed. The person in charge was responsible for the quality and supervision of care and audits of practice. She was supported by the registered provider representative (RPR), two clinical nurse manager (CNMs) and a knowledgeable health-care team.

Judgment: Compliant

Regulation 15: Staffing

A number of measures had been put in place to ensure continuity of care to residents in the event of a significant shortfall of staff. Currently, there were a small number of staff on isolation. Additional staff had been recruited so the centre had some contingency capacity. An agency company was on standby and stated they would have staff available in the event of an outbreak of COVID-19 in the centre.

The HSE crisis management team had also been contacted and would assist, if all other avenues failed.

A record of staff members' temperatures were documented at the start and during each shift. Staff members were aware of the signs of symptoms and Covid-19 and the requirement to report these symptoms to senior management.

Staff were divided into two teams and each team worked on opposite shifts. For operational purposes the centre was divided into two sections, upstairs and downstairs to support contact tracing in the event of a positive case. There was no crossover of nursing, dining, caring or cleaning staff or equipment between the two parts of the centre according to the CNM in charge. Due to this cohorting caring, catering and cleaning hours had been increased. The inspector spoke with the nurse and the household member of staff upstairs who confirmed that they were assigned duties in the upstairs section only. There were two nurses on duty, with a number of health care assistants, during the night time.

Handover between shifts was done between the senior nurse on each shift. Report at the beginning of each shift took place in the dining room to allow for physical distancing.

There was access to occupational health and psychological support was also available for staff.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training and training in relation to infection control required during the pandemic had been delivered to a number of staff. Records indicated that most of the staff had attended training on the use of PPE (personal protective equipment), donning and doffing PPE, hand-washing techniques and recognising the typical and atypical symptoms of COVID 19.

However, as records were not clear and not all staff had received the relevant training even though it had commenced in March, an urgent action plan was issued in relation to the delivery of training and the maintenance of these records in an easily retrievable manner as follows:

The provider was required to organise and deliver training on infection control in this COVID-19 era to include:

- Appropriate use of PPE, availability of PPE within residents' bedrooms, the donning and doffing of protective aprons and gloves.
- Training in cleaning practices for COVID-19 prevention and in preparation for admission and following discharge of a resident.

The clinical nurse manager stated that external training in the mandatory areas, such as the prevention of abuse was impacted on by the pandemic and this was being supplemented by on-line training at present.

Judgment: Not compliant

Regulation 23: Governance and management

Residents had remained free of the virus through the previous waves of the pandemic. A small number of staff were in isolation at the time of inspection and these staff followed the health protection and surveillance centre guidelines (HPSC).

On the day of inspection, the inspector observed that most staff were adhering infection control guidelines: a number of serious breaches were seen however, which linked back to the inadequate training and lack of supervision.

An urgent action plan was issued to the provider as follows:

In relation to the requirements of Regulation 23, Governance and Management, the provider was asked to provide assurance to the Chief Inspector that the following issues would be urgently addressed:

- That the COVID-19 Management Plan would be updated in compliance with published guidance and that this is implemented in practice.
- That the cohorting of residents is reviewed on an ongoing basis to ensure that it is in compliance with relevant guidance and takes account of evolving circumstances bearing in mind residents' wishes.
- That staff will be appropriately supervised in the management of residents in isolation and the preparation and cleaning of rooms prior to admission.
- That there are adequate governance and management arrangements in place for the management and oversight of the centre on a daily basis.
- That the manager on duty is afforded time for management and supervisory duties.
- That maintenance of a comprehensive management system forms part of the contingency planning for COVID-19

In conclusion, notwithstanding the good practice described in this report, the inspector found that there were a number of issues outstanding which required management attention to maintain and promote improved practice.

Judgment: Not compliant

Regulation 31: Notification of incidents

The nurse in charge was aware of the revised notification procedures for cases of suspected or confirmed COVID-19 in staff or residents and was also aware of the notification requirements to other parties such as public health and the Health Services Executive (HSE).

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies had been updated to provide guidance to staff members in matters associated with COVID-19. These policies included the infection control policy, cleaning policy, visitors policy, safeguarding, end of life care and the risk register. A COVID-19 specific policy had been developed by the management staff. This included guidance on recognising symptoms, staff responsibilities and what to do in the event of an outbreak. This was not fully adopted or implemented by all staff. Supervision, revision and training was required in its role out.

Judgment: Substantially compliant

Quality and safety

Resident's well being and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in the area of care plan records and infection control processes.

An urgent action plan was issued under Regulation 27: Infection Control, the details of which are described under the relevant regulation below.

The health of residents was supported by ongoing medical review and nursing assessment using a range of recognised tools. These assessments included skin integrity, malnutrition, falls, and mobility. The inspector reviewed a sample of residents' plans of care. They were generally inclusive of the voice and wishes of residents and were based on information and knowledge about their current medical condition. During the inspection the inspector found evidence that plans were implemented and reviewed on a four-monthly basis, reflecting residents' changing needs. Nevertheless a number of care files were found to contain historical records which were no longer relevant to residents' current care needs. This was addressed under Regulation 5: Care planning.

Appropriate activities were available to meet residents' preferences and choice which took on added importance during the COVID-19 restrictions. Residents' meetings and surveys were held which provided opportunities for residents to express their opinion and request changes. Minutes of these were seen to be maintained

and actions were completed.

A number of systems had been developed to support residents' rights and their safety:

For example:

- audit and review of bed-rail use or other restraints: there were eight bed-rails in use at the time of inspection
- audit of the use of psychotropic drugs: documentation recorded when a PRN (give if required) medicine was used explaining the rational for its use
- external advocacy arrangements were availed of which provided external assurance and support for good quality care and ensured people were safe.
- meaningful activities based on life stories,
- practice on a day-to-day basis was good and residents had benefited from quality improvements based on their comments in the opening section of the report and based on observations during the inspection.

Nevertheless, the inspector found the there were a number of issues to be addressed in Quality and Safety, to bring the centre into compliance, particularly in the processes in place for the prevention of infection and the contingency for the pandemic.

Regulation 10: Communication difficulties

The registered provider representative, the person in charge and the clinical nurse managers actively participated in the operation of the centre and were said to be readily accessible to residents. The changes in staff practice and why they were necessary were explained to residents and the nurse manager said that many of the residents would have good understanding.

Staff frequently discussed various aspects of COVID-19 with residents to allay their concerns. Residents' wishes in relation to their health and care had been established.

Residents were facilitated with video calls, personal mobile phones and also through electronic tablets available in the centre.

In addition, residents had access to the daily paper, conversation with local staff, radio and books.

Judgment: Compliant

Regulation 11: Visits

Visits to the designated centre had been reduced to compassionate visiting only in line with national guidance. There was a clear protocol to be followed where compassionate visiting was carried out.

Residents were being supported to maintain family links through telephone, video calling and letters.

Judgment: Compliant

Regulation 26: Risk management

The risk register had been maintained and updated in line with the additional risks associated with the COVID-19 pandemic.

This included visitors' protocol, cleaning and smokers.

Judgment: Compliant

Regulation 27: Infection control

Staff were seen to follow hand-washing guidelines during the inspection. A number of new hand washing sinks had been installed in the hallways which staff said they found very useful. They said that they now had an opportunity to wash their hands before entering residents' bedrooms and when moving to new tasks. The majority of staff changed into their work uniform following arrival at work and donned a mask before entering the centre. Their uniforms were laundered on site so that all staff had a change of uniform each day. A risk assessment was completed of staffing arrangements, incorporating the risk associated with staff sharing accommodation with staff from other health-care settings. Alternative accommodation was available if required.

Nevertheless, the uniform and mask wearing policy was seen to be breached on the day of inspection.

The inspector found that there were some maintenance requiring attention from management for example, woodwork was scuffed in places, ceiling tiles required replacement in one toilet area and there were water stains noted on other ceiling tiles. In addition, there were rusty sections on a commode and at the end of a radiator. This impeded effective cleaning which took on even more significance at this time of COVID-19.

An urgent action plan was issued to the provider who was required to assure the

Chief Inspector that the following matters would be addressed:

- Training on infection control as per the findings under Regulation 16: staff Training and development
- Observance of the required physical distancing rules.
- Supervision of staff changing their clothes on arrival in the centre and donning a mask prior to entering the centre.
- Assurance was required that staff were appropriately supervised in all of the above areas to maintain and support best practice as advised under HPSC guidelines.
- The provider was advised to request an infection and prevention (IPC) inspection and evidence that the recommendations will be followed: matters such as the appropriate communal thermometer, the method in place for sanitising shoes and the cleaning of urinals were highlighted for attention.
- Risk assess and take appropriate action in relation to the location of the smokers' room with was currently only accessible to the five residents who smoke by entering the cohorted area (that is rooms 5 to 8 incl).

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

It was evident from a sample of care plans reviewed that an individualised approach had been taken to assessing each residents needs. The inspector was informed that a formal assessment tool and care plan was available if there was a suspected or confirmed outbreak of COVID-19. Examples of the risk assessment for COVID-19 were seen.

Staff had discussed and recorded residents' wishes in the event that they became unwell due to COVID-19. These records were seen in the sample of care plans reviewed. Staff were familiar with the symptoms of COVID-19 and were aware of the need to report any variation from residents' normal baseline.

However, in a sample of the care plans reviewed the inspector found that there were excess pages of information stored within the document. This meant that the care plans were not easy to read and it was difficult for the inspector to find the most current information about the resident. This was important in the event that a new staff member was assigned to care for the resident which was a strong possibility in view of the prevalence of the virus.

Judgment: Substantially compliant

Regulation 6: Health care

All residents had access to a general practitioner (G.P). The contact details of residents' G.P's and the doctor on call were readily available. While GPs were not currently visiting the centre on a routine basis, the nurse manager said that if a visit was required they would attend. Support was also available from the community health care team, if required.

Residents' temperatures were being taken twice daily to monitor for symptoms of COVID-19. Two staff members had received training in taking COVID-19 swabs. Staff members were aware of the atypical presentation of COVID-19 and the procedures to be enacted if a resident displayed signs of illness or deterioration. For example, a drop in oxygen levels or a feeling of nausea.

A clinical excellence team consisting of the local geriatrician, the area HSE managers, public health, occupational health, community placement coordinator, infection control expert and nurse managers, were available for advice on the pandemic. Members of the team had been very helpful in the preparation of the contingency plan, according to staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider continued to monitor the use of restraint to ensure that it was only done in line with national policy.

There were a number of residents residing in the centre who had been diagnosed with dementia.

In a sample of care plans reviewed by the inspector comprehensive care plans were in place for the management of the behaviour and psychological symptoms of dementia (BPSD).

Judgment: Compliant

Regulation 8: Protection

The provider had taken reasonable measures to protect residents from all forms of abuse.

Where incidents of alleged abusive interactions had occurred they were addressed and disciplinary procedures were invoked where necessary. The management team were clear that there was a zero tolerance to any form of alleged abuse in the

centre.

This had resulted in a decrease in notifications to the Chief Inspector of alleged abusive interactions which indicated that residents were safer in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that while observing physical distancing measures, residents had opportunities to participate in activities and recreation. Family contact was maintained through telephone, video calling and postcards. It was evident that residents had been consulted about the public health measures in place. Minutes of residents' meetings indicated that staff members were acting on the requests of residents, including improvements on menu planning and activities.

Residents had been surveyed and in response to the survey additional items were added to the programme of activities. It was also noted that WiFi was not at the desired speed so fibre broadband was being sourced. Mass was available by video link to the local church.

The inspector saw that a new shower had been installed following findings on previous inspections, however, this was not used for residents' morning showers. This was particularly relevant in light of infection control and also providing added privacy and choice to residents as showers were limited in the centre.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0031681

Date of inspection: 14/01/2021

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training schedule completed for 2021. IPC training, including Donning and Doffing of PPE conducted on 02.02.2021,04.02.2021 and 09.02.2021. Training matrix updated and forwarded to the regulator</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>Provider has confirmed that in the absence of the PIC/RPR, CNMs will be supernumerary in order to facilitate effective governance and oversight of the home. An external consultancy company has been identified and agreed to provide management cover should management staff within the home be absent due to a COVID 19 outbreak.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies</p>	

and procedures:
 Training schedule completed for 2021.
 IPC training, including Donning and Doffing of PPE conducted on 02.02.2021,04.02.2021 and 09.02.2021.
 Policies will be discussed at team meetings to reinforce guidelines among the staff teams.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 Maintenance work completed, stained tiles and woodwork replaced and repaired. Additional commodes purchased to replace those identified. Staff retrained in IPC on 02.02.2021,04.02.2021,09.02.2021. Infection prevention and control shift coordinator identified for each shift day and night, this staff will conduct an infection prevention and control audit and will oversee infection prevention and control compliance. Admission checklist created and completed by health care assistants and housekeeping staff which is audited by the senior staff nurse on duty prior to the admission of a new resident. Infection Prevention and Control Audit conducted by HSE ADON Infection Prevention and Control and members of the HSE COVID19 Community Response Team on 22.01.2021, action plan completed and forwarded to the regulator. External consultancy company contacted by the provider and additional audit completed by them on 28.01.2021, training in IPC given to staff based on the findings of these audits. Maintenance work scheduled for smoking room which will allow monitoring of access to ensure equal access for all residents

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Archiving of resident's files discussed at nurses meeting on 12.01.2021, archiving of all care plans will be completed by 28.02.2021

Regulation 9: Residents' rights	Substantially Compliant
<p data-bbox="172 208 1428 392">Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents forum is scheduled for 17.02.2021, use of new shower facility will be discussed. Use of new shower room discussed with Health Care Teams on 12.01.2021 and 06.02.2021 respectively. Notice re use of room also recorded in staff communication book.</p>	

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.	Not Compliant	Red	21/01/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	21/01/2021
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	Red	21/01/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Red	21/01/2021

	provided is safe, appropriate, consistent and effectively monitored.			
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	Red	21/01/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	09/02/2021
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.	Substantially Compliant	Yellow	28/02/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	17/02/2021

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	17/02/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant		17/02/2021
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant		17/02/2021