



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

Issued by the Chief Inspector

Name of designated centre:	Griffen Valley Nursing Home
Name of provider:	Griffen Valley Nursing Home Limited
Address of centre:	Esker Road, Esker, Lucan, Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2021
Centre ID:	OSV-0000046
Fieldwork ID:	MON-0033062

About the designated centre

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

The designated centre was a purpose built facility situated in Lucan, County Dublin. The centre is registered to care for up to 26 residents, both male and female over the age of 18. It offers general nursing care to residents with health and social care needs at all dependency levels. The building is a single storey premises with accommodation provided in 20 single rooms and three twin rooms. Nine of the single rooms and all of the multi-occupancy rooms have their own en-suite facility. There are a variety of communal areas that residents could use depending on their choice and preferences including two sitting rooms, a dining room and a conservatory. In addition, there are also two enclosed courtyard areas that allows residents to access outdoor space safely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 June 2021	08:30hrs to 16:45hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff who knew them well. The feedback from the residents was that they were happy and content. The staff were observed to deliver care and support to the residents which was kind and respectful and in line with their needs, however the care planning arrangements in place required improvement as they did not consistently reflect residents' current condition. Although the provider had made great efforts to maintain a safe environment and keep the residents free from COVID-19, the inspector found that improvements were also needed in the areas of governance and management, staff supervision, premises and infection control, which were interdependent.

A number of residents were living with dementia and therefore conversations with some residents were limited. Those residents who were unable to converse were observed to be very content. The residents who communicated with inspector expressed satisfaction regarding life in the centre and spoke positively about the staff. One resident told the inspector that they couldn't be in a better place and described the staff as the kindest and the most generous in everything they did for them. They said they were very thankful that they were helped all the time. Another resident told the inspector that they were happy with their bedroom accommodation and that they had everything they needed there. They said they felt safe in the centre and told the inspector that the call bell was always answered whenever they needed to get assistance from staff. Residents told the inspector they had choice in how they spent their days.

The inspector also spoke with four visitors who all spoke very positively about the care and support received by their loved ones. 'Everything is excellent', 'great care' and 'we couldn't be happier with the care and staff' were among the positive comments made to the inspector.

There was a pleasant atmosphere present throughout the day in the centre. The inspector saw that the approach to care and support was resident-focused, however a review of residents' care records showed that not all care plans had been updated on a regular basis to ensure they were current and effectively guided the care provided. However the inspector found that this was more of a recording issue and that residents received appropriate care in line with their needs, as the staff knew them well and there was good continuity of care.

There was sufficient staff on duty to ensure the residents' needs could be met. Communal areas were supervised at all times and staff regularly checked residents who remained in their own rooms. Call bells were available throughout the centre and were observed to be promptly answered on the day of the inspection.

Activities were provided to the residents seven days a week. The daily schedule of

activities was displayed in a prominent place and included small group and one to one activity. The inspector observed staff engage with the residents in a very positive manner during the inspection and friendly conversations were heard throughout the day. Residents were observed enjoying reading, chatting to each other and staff and there was a lively game of bingo on the afternoon of the inspection. Residents could move around freely and the inspector observed a number of residents walking around the centre independently or with the help of staff.

The inspector completed a walkabout of the centre together with the person in charge. Overall, the premises was laid out to meet the needs of the residents and to encourage and aid independence. The centre was bright, airy and welcoming with colourful pictures and artworks adorning the corridor walls. The building was warm and well-ventilated throughout. Grab rails were in place along all the corridors to assist residents with mobility. Generally, the centre was tastefully decorated but the décor required upgrading and a number of maintenance issues were in need of attention. There were two communal sitting rooms in the centre. The main lounge was the main communal space in use on the day of inspection and was laid out to facilitate social distancing. It was decorated in a homely style with a variety of soft furnishings, a lovely fire place, interesting artwork on the walls and shelves containing books and ornaments. Although there was adequate seating available for the residents in this room, a number of items of furniture were observed to be in need of repair.

The second communal area, the Lavender room, was used as a visitor's room on the day of the inspection. This room was cluttered with numerous items of furniture, some of which were in need of refurbishment or required to be replaced. A small oratory located off the Lavender room was being used for storing items including an altar, tabernacle and hairdressing equipment. While the door was unlocked, access to the Oratory was obstructed by chairs placed in front of the door. There was a conservatory located beside the Lavender room which served as a coffee area, a hairdressing room for the residents and a visiting area. The multipurpose use of this space together with the layout and use of the Lavender room on the day of the inspection, impacted on the communal and private spaces available to the residents.

The dining room was a bright, spacious area with furniture arranged to promote social distancing. The menu for the day was on display and included information about any allergens contained in the food. The chef informed the inspector that residents were provided with choices at each meal and throughout the day. The dining room was also used by staff for their rest periods and a staff member informed the inspector that staff only accessed this room when it was not in use by any resident.

Residents had access to two enclosed courtyards which contained many items of interest including a lovely water feature, planters, flower beds and colourful seating. These outdoor spaces provided safe areas for the residents to sit and enjoy their surroundings in fresh air and sunshine.

Many of the resident bedrooms were personalised to create a comfortable, homely

environment and contained personal items such as photographs and ornaments. Although a number of these rooms had sufficient space for residents to live comfortably including adequate space to store personal belongings, a number of rooms and en-suites were observed to be cluttered with furniture, equipment and residents' toiletries.

Overall, the centre was clean and tidy but there were a number of areas observed by the inspector that required attention. This is discussed further under Regulation 27.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. One of the residents told the inspector they were aware of the need for hand hygiene and social distancing to keep themselves safe. Staff were observed helping residents with hand hygiene throughout the inspection.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones including video calls. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre, *COVID-19 Guidance on visits to Long Term Residential Care Facilities*).

Overall, the inspector found that this was a good centre with a caring team of staff delivering safe and appropriate care and support to residents.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

The inspector found that overall the residents were supported and facilitated to have a good quality of life. There was a clearly defined management structure in place with identified lines of authority and accountability. However, some improvements were required in the governance and management arrangements to ensure effective oversight of service was in place to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and assure safe delivery of care.

The centre had experienced one minor COVID-19 outbreak in March 2021 with two staff members affected. There had been no residents affected by the virus at the

time of the inspection. The management and staff were proud and relieved that, in the main, residents and staff had remained safe during the COVID-19 pandemic.

Griffeen Valley Nursing Home was operated by Griffeen Valley Nursing Home Ltd. The person in charge facilitated the inspection. They were supported in this role by an assistant director of nursing and a full complement of staff including nursing and care staff, activity staff, housekeeping, maintenance and catering staff. There were deputising arrangements in place for when the person in charge was absent. The person in charge was also provided with excellent support in her role by the registered provider representative who was actively involved in the running of the centre on a day to day basis.

Records of management and staff meetings in the centre demonstrated that a range of issues were discussed in detail. These included health and safety issues, risk management, audit results, human resources, training issues, accidents and complaints. COVID-19 and the Infection prevention and control strategy for the centre were also discussed.

A range of audits were carried out by the person in charge which reviewed practices in end-of-life care, infection prevention and control including hand hygiene and the use of personal protective equipment (PPE), the management of falls and medication management. Clinical data was collected weekly which reviewed areas such restrictive practices, falls, infections, pressure- related skin issues and weight loss. However, improved oversight and a more proactive approach to risk management was required as further detailed under Regulation 23.

There was an annual review prepared for 2020 which was available to residents and staff. This document reviewed the quality and safety of the service provided to the residents in the centre. The results from audits that were carried out in the centre were used to identify improvements required in areas such as infection control and medication management. There was evidence that consultation with residents and their families was used to inform this report.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff had the required skills, competencies and experience to fulfil their roles.

However, the inspection found that the supervision of staff required to be improved, in order to ensure that cleaning practices or the reviews of residents' care planning arrangements were in line with local policies and procedures, and best practice. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection.

A sample of four staff personnel files were reviewed by the inspector and were found to have all the information required under Schedule 2 of the regulations.

Staff had access to education and training appropriate to their role. This included

COVID-19 training infection prevention and control (IPC).

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. There was a low level of complaints and there were no open complaints on the day of the inspection.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. All staff were up-to-date with mandatory training. This included Infection Prevention and Control, COVID-19, Manual Handling, Safeguarding and Fire Safety Training. The infection prevention and control training included hand hygiene, appropriate use of personal protective equipment (PPE), standard precautions and breaking the chain of infection to prevent transmission of COVID-19. There was up-to-date national guidance available to all staff.

While there was some evidence of staff supervision arrangements in place, the inspector was not assured they were effective. Improved oversight of staff practices was required to ensure consistent adherence to local policies and processes. For example two bedrooms which had been signed off as deep cleaned, were observed to be not clean to the required standards on the day.

Judgment: Substantially compliant

Regulation 21: Records

All staff files reviewed contained the information as per the regulatory requirement

including vetting by An Garda Siochana.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place to monitor and evaluate the quality and safety of the service. The audit system included action plans and identified individuals responsible for any required improvement actions and follow up. However, the inspector found that the oversight of a number of key areas was not robust and as a result the audits had not identified a number of issues found during this inspection. In addition, although there was a risk register in place the inspector identified a number of risks which were not included in the centre's register. For example:

- Cleaning products not stored safely in a number of areas including the main lounge and the conservatory.
- Unlocked drawers and cupboards which contained hazardous items such as scissors and hairdressing chemicals.
- A microwave which did not have any evidence that portable appliance testing had been carried out.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place in line with regulatory requirements. The inspector noted that the policy document and the complaints procedure on display in the centre on the day of the inspection contained two different individuals named as complaint officer. This was rectified on the day.

Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly; the complaints log also included whether the complainant was satisfied with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall the inspector found the care and support provided to the residents of this centre to be of a good standard, however improvements in residents' care planning arrangements were required to ensure care was provided in line with assessed needs. There was a person-centred approach to care and the residents' wellbeing and independence were promoted. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies required to care for residents with a variety of needs and abilities.

Overall, residents' rights and choices were respected, however opportunities for improvement were identified in respect of consistently upholding residents' rights to privacy, as exemplified under Regulation 8.

The inspector reviewed a sample of resident files and found evidence that residents had an assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Following admission, a range of validated assessment tools were used to assess falls risk, skin integrity, nutritional status and level of dependency. Care plans were informed and developed by these assessments and were initiated within 48 hours of admission to the centre in line with regulatory requirements. However, the care plans were not regularly reviewed afterwards or updated when resident's condition changed in order to ensure they remained relevant and continued to appropriately guide staff in respect of residents' care needs. Additional details are provided under regulation 5.

Residents were provided with good access to relevant healthcare professionals in response to any assessed need.

The provider promoted a restraint-free environment in the centre in line with local and national policy. There was an up to date restraint register which was reviewed monthly to ensure appropriate usage.

Residents had the opportunity to meet together and discuss management issues in the centre. Minutes of recent meetings showed that relevant topics were discussed including COVID-19 and the resulting restrictions, exercise provision, activities, and

staffing and also asked the residents if they felt safe in the centre. The residents also had the opportunity to discuss the loss of fellow residents with each other and staff members when any death occurred. Issues raised by the residents were reviewed and addressed by the management of the centre. A resident/relative satisfaction survey was undertaken in May 2021 which also provided an opportunity to comment on how the service dealt with the COVID-19 pandemic to date.

Infection Prevention and Control measures were in place. However, improvements were required in the oversight of the cleaning processes as some equipment was observed to be unclean on the day, as further detailed under regulation 27. Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day in line with HPSC guidance. Social distancing was evident on the day of the inspection in resident and staff areas.

The laundry service for the centre had been outsourced to an external company. There was a service area in the facility where laundry trolleys were stored. Although this area was small in size, the inspector observed staff maintain clear segregation of clean and dirty laundry. Generally, the area was clean and well-organised, however, there were some items inappropriately stored on top of the clean trolley, for example cleaning products and hairdressing equipment. These were removed immediately by the person in charge.

Although store rooms were available which housed a variety of equipment and supplies, there were inadequate storage facilities available on the day of the inspection.

The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection and Surveillance Centre, *Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*.

Regulation 11: Visits

Visits were facilitated in line with the current guidance (Health Protection and Surveillance Centre, *COVID-19 Guidance on visits to Long Term Residential Care Facilities*). The inspector observed visitors in the centre on the day of the inspection and appropriate precautions had been taken to maintain safety.

Judgment: Compliant

Regulation 17: Premises

Overall the design and layout of the centre was suitable for the number and needs of the residents accommodated there. However, a number of areas required review to ensure regulatory compliance and support appropriate infection prevention and control practices.

- Parts of the centre were not well-maintained. For example some doors were observed to be scuffed, paintwork chipped and floor coverings in two bedrooms were in need of repair.
- Some items of equipment and furniture were found to be in a state of disrepair and not fit for purpose.
- There was no hand wash basin or janitorial sink in the housekeeping room.
- Although there was storage facilities available in the centre, on the day of the inspection better organisation of equipment was required to ensure the residents could move freely around the building. For example;
 - A number of ensuite facilities were used to store wheelchairs.
 - Items of equipment were stored in vacant bedrooms and communal spaces.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy was available for review and it met the regulatory requirements. The inspector reviewed incident records and found that incidents such as falls were reported and investigated and action plans to prevent re-occurrence where possible.

Maintenance records for equipment including the bedpan washer were up to date.

The provider had completed a risk assessment for Legionella which included random testing of the water system.

Judgment: Compliant

Regulation 27: Infection control

Overall the general environment including the communal areas and residents' bedrooms appeared largely clean and tidy, but further improvements were required. The inspector found many examples and areas of good practice in infection prevention and control. Hand hygiene facilities were provided throughout the centre. Alcohol based hand gel was readily available in all areas. Staff who spoke with the inspector were knowledgeable about the cleaning processes required in the centre. However, the inspection found that improvements were required with the following;

- Residents' equipment hygiene needs; for example while staff reported that equipment (such as wheelchairs, shower chairs, hoists, commodes) were cleaned after each use, the inspector found several unclean items in a shower area.
- The environmental hygiene needed to be further enhanced as high dust was visible on a number of surfaces (window sills in residents' bedrooms, behind the grab rails along the corridors, door frames and storage cupboards); two bedrooms signed off as deep cleaned had not been clean to the required standard; The reservoir of the water cooler appeared unclean.
- Excess clutter and inappropriate storage of personal items in some areas were obstructing appropriate cleaning
- A review of the cleaning trolley was required to ensure it supported safe storage and safe cleaning practices
- A review of the fixtures and furnishings throughout the centre to ensure they were fit for purpose and supported appropriate cleaning and disinfection practices.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Personal evacuation plans were in place for each resident and updated on a regular basis. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Firefighting equipment was available and serviced as required. Fire safety management checking procedures were in place. A record of a fire drill completed following the inspection which simulated a night time scenario was submitted to the inspector and included a detailed evaluation report of the procedure.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of records available, the inspector found that a small number of care plans had not been formally reviewed or updated every four months as required by the regulations. As a result, some care plans were not up-to-date and did not reflect the residents' current needs. Although the inspector observed that residents received the required nursing care as per assessed needs, improved oversight of care planning arrangements was required as the following was identified;

- One care plan did not contain up-to-date information regarding the nutritional needs of a resident who was assessed as at a high risk of malnutrition.
- One care plan did not contain information to guide staff to adequately support a resident with responsive behaviours.
- One care plan did not contain up to date information regarding a resident's mobility needs which has changed significantly over a number of months.
- One care plan contained inaccurate information regarding the nursing care needs of the resident.
- One care plan did not contain sufficient information regarding behaviour management strategies required to ensure the resident was supported appropriately.

There was recorded evidence of consultation with residents or their representative in relation to care plans in some records however this was not consistent throughout all the records reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had a comprehensive policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviours (how people with dementia or other conditions may communicate or express physical discomfort).

There were a number of residents who requested the use of bedrails. Resident records contained evidence of appropriate risk assessments being carried out prior to use. Alternative options that were considered were documented. A record of all bed rails in use was maintained and risk assessments were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

Regulation 8: Protection

Inspector found that the provider had taken all reasonable measures to protect residents from abuse. There was an updated policy on the prevention, detection and response to allegations of abuse in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with the inspector said they felt safe in the centre.

Residents had access to an independent advocacy service.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the staff made efforts to ensure the residents' rights were upheld in the designated centre. While the provision of care was largely person-centred some improvements were required in respect of ensuring that each resident's privacy and dignity was consistently upheld. For example

- On the day of the inspection the multipurpose use of the conservatory did not promote the privacy and dignity of any resident who wished to sit and have a coffee or enjoy having their hair done in private.
- In the dining room, not all the tables were set with a full set of cutlery. The

inspector was informed that a number of residents were dependent on staff to assist them with their meals and as a result they did not require a full set of cutlery. Similarly there were no cups available at the water cooler located in the dining room to support independent access to water. Such practice were not in keeping with person centred-care.

- In two of the twin rooms, the layout arrangements were not suitable to fully support residents' privacy needs.

The inspector found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice and there were regular activities including music, bingo and exercise.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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 Griffeen Valley Nursing Home OSV-0000046

Inspection ID: MON-0033062

Date of inspection: 10/06/2021

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A daily audit will be developed and used by the Provider/ PIC/ADON to ensure that consistent adherence to processes are being followed in order for standards to be met.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The risks mentioned will be entered in the risk register which is formally reviewed every 3 months at risk management meetings. There will be a designated cupboard in the lavender room that will house the hairdressers equipment and hazardous arts & crafts and crafts items. This cupboard will be kept locked. All equipment and appliances are tested by the applicable equipment service company, twice yearly. An audit of all electrical appliances is currently being carried out and testing will be arranged.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

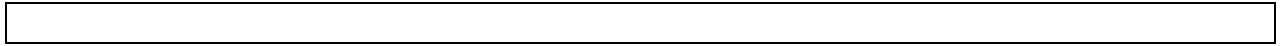
It has been difficult to arrange any renovations over the previous year/months. Although being classed as "essential services" large builders were not interested in carrying out works and small builders were not trading. Also, in order to re-floor bedrooms there needs to be other rooms vacant so as to remove all furniture from bedroom. Any vacant rooms were set aside for isolations purposes and could not be allocated in case of an outbreak. The 2 bedrooms will be refloored weekending 24.07.2021. A review of all furniture was carried out. All overbed tables had been replaced in May 2021. A full range of new seating has been purchased with other seating being recovered with high grade wipeable materials. Any furniture or equipment that did not meet standard, was removed. We agree that finding areas for storage can be challenging, and more organization is required with regard to equipment. There should be no reason that wheelchairs were stored in ensuites. A recent fire drill highlighted the importance of wheelchairs being kept close to the user. Therefore, they should have been discreetly placed in the lounge or at the end of the bed, depending on where the user was at the time. Staff have been reminded of this. We agree that there was equipment in the vacant bedrooms and communal areas. Having gone through so many changes in relation to visiting protocols and having tried to provide as many indoor areas as possible for residents to have visits, there has been a consistent and constant movement of furniture and equipment. Other equipment such as screens had been purchased but were no longer in use but were stored in case they were needed again. This will be reviewed and we return to a more organized layout in the coming weeks. Scuffed doors and chipped paintwork can happen with movement of hoists, chair scales, wheelchairs and trollies. This is normally tended to at regular intervals but was clearly overlooked over the passed while. This will be addressed ASAP. In relation to the housekeeping room, we have found a solution which involves having a sink made to order. Again, we are reliant on builders being available but we envisage to have this complete by the end of the next quarter at the latest.

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

A new cleaners trolley was purchased and is in use. As mentioned, a review of equipment and furniture has taken place with some items removed, some due to be recovered and new furniture purchased. Staff have been reminded of the importance of the correct cleaning and sanitizing of resident's equipment after use. This will also be added to the daily audit carried out by the Provider/PIC/ADON. Cleaning schedules have been reviewed and as mentioned, will be audited on a daily basis to ensure all areas are cleaned correctly and are free from dust. The reservoir of the water cooler is cleaned periodically through the day. At the time of the inspection, it was reported that somebody had spilt blackcurrant in the reservoir which was cleaned when brought to our attention.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plan meetings were always held with residents and representatives on a 4 monthly basis. GP, Pharmacy and PIC would also review at this point. Admittedly, this routine has suffered over the previous year/months. Items noted in the report have been addressed and care plan meetings with residents and representatives will be arranged for July / August. We agree that our Care Plans are difficult to navigate as we have been required to add different forms/documents/assessments and the information is getting lost in the vast amount of paperwork. We have buddied up with another Centre that have favorable Care Plans. They have very kindly offered to show us a blank sample in order for us to streamline the information. We envisage to have a new care plan format in place for all residents by the end of this year.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The sunroom/conservatory/hairdresser room is currently being used for scheduled indoor visits. These visits are not scheduled in this room when the hairdresser attends on Tuesdays. If anyone wishes to have their hair done on a different day, the room is prebooked for individual use. Residents can also use this room for reflection when not being used for visiting. While we agree that this is not ideal, we have had to adapt and readapt over the past year and with very short notice. Being a small unit, with limited resources, finding visiting pods was challenging. However, this room will return to its original use when the "normalization of visiting to LTRCF" is introduced on 19.7.21. Staff have been reminded of the importance of promoting independence and the provision of person centred care. Full sets of cutlery are placed for each resident. Cups were replenished at the water cooler also. New storage for toiletries in twin rooms will be installed in order for residents to be able to segregate their personal belongings. Residents that share twin rooms are assessed to have similar needs, abilities and awareness. Residents in twin rooms referred to prefer the presence of another individual in the room. Privacy curtains are used to maintain dignity when required. Other arrangements can be made should the situation change for either individual that shares.</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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2021
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	31/12/2021
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	31/08/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	31/08/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	31/12/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	19/07/2021
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	31/08/2021

