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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St. Gobnait's Nursing Home Ltd T/A St. Gobnait's Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>St. Gobnait's Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Drewscourt, Ballyagran, Killmallock, Limerick</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>29 October 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005668</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0030034</td>
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About the designated centre

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

St. Gobnait’s in Ballyagran, Limerick provides 24 hour nursing care primarily for male and female residents over the age of 65 years. The maximum capacity is 20 residents and we provide respite care as well as long-term residential care. Residents ranging from low-level dependency to max-level dependency are catered for. We also cater for persons with intellectual, physical and sensory disabilities and those with varying levels of dementia who require nursing care. Admissions to St. Gobnait’s are arranged following a pre-admission needs assessment. Mass is held weekly on a Friday and a Eucharistic Minister attends the home on Sunday. Services and activities available to residents are: a hairdresser, chiropody, physiotherapy, speech and language therapy, arts and crafts, a sensory garden, etc. Residents are continually consulted with regarding the operation of the Home. We at St. Gobnait’s operate an open visiting policy with the exception of meal times to minimise disruption to our residents. Visitors are asked to sign our visitors book. We fully support families/friends who wish to take residents out on day trips and encourage this practice where feasible. For distant relatives we have a Skype facility. Residents care plans are person-centred and are reviewed on a 3 monthly basis. A holistic approach is taken in relation to the resident’s care. The accommodation consists of the following: ten single rooms and five twin rooms. There are three bath/shower rooms. St Gobnait’s Nursing Home organisational structure is very much person-centred with the resident being at the hub of the centre.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 20 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>Thursday 29 October 2020</td>
<td>10:15hrs to 16:45hrs</td>
<td>Mary O'Mahony</td>
<td>Lead</td>
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</tbody>
</table>
## What residents told us and what inspectors observed

Residents who resided in St Gobnait’s Nursing Home told the inspector that they were happy with activities, the staff and their personal accommodation. They were familiar with the inspector and the inspection process. Documentation such as concerns raised, relating to resident interactions with others, were reviewed which indicated that a range of issues were discussed and addressed promptly. Food was varied and nicely prepared. There was attentive medical care available and residents felt safe in the centre. Residents said that staff were supportive and they were thankful for the kind care they received.

Daily newspapers were available to residents. Activity staff were seen engaging residents in singing, quiz and general conversation. Throughout the COVID-19 pandemic the centre remained free of the virus. The person in charge praised the relatives, the residents and the staff for their adherence to the national guidelines from the health protection surveillance centre (HPSC) and the Health Services Executive (HSE). Residents were aware and educated about the virus and of the reason that visiting was restricted at this time. They missed their visitors and were glad when there had been a brief period when restrictions had been partially lifted. Music sessions had continued even though the musicians were not present in the room with them. They enjoyed bodhran playing, keyboard playing and singing, generated from among the talented group of residents. Video calls, mobile calls and 'Zoom' calls had been facilitated. Daily phone contact was made with relatives if any resident was sick or lonely at this time.

## Capacity and capability

This inspection of St Gobnait's Nursing Home was a risk-based inspection conducted over one day. The purpose of the inspection was to assess the centre’s preparedness for a potential outbreak and to inform the registration process. Due to COVID-19 risks the provider had been notified of the inspection 48 hours prior to the inspection. The provider had applied to register the centre anew as an office had been build on the grounds. This necessitated a change of footprint in the designated centre and a new registration process.

The centre was homely and resident-centred. Care was led by an effective management team which ensured that high quality care was delivered. There were clear lines of accountability and authority in place with an appropriately qualified person in charge. The person in charge was also the owner and she was supported by an effective team in delivering quality care. The centre had an extensive waiting list of prospective residents. Throughout the inspection the management team were found to be responsive to any issues identified by the
The centre engaged in continuous learning and improvement through regular training, auditing and benchmarking against the regulations and standards for the sector.

Copies of the standards and regulations were available to staff. Staff spoken with were familiar with the content of training sessions and the regulatory process. Records required by Schedule 2, 3 and 4 of the regulations were maintained and easily retrievable for inspection purposes. A sample of residents’ care plans and nursing records was seen. Maintenance records were available. Issues in relation to fire safety and infection control and risk management were addressed under the Quality and Safety dimension of this report.

A staff training matrix was maintained with included details of training which was relevant to the COVID-19 pandemic. Policies on staff recruitment and training supported robust induction, including a supervised probationary period. The person in charge assured the inspector that Garda Síochána (GV) vetting clearance was in place for all staff. A sample of staff files was seen to be in compliance with Schedule 2 of the relevant regulations.

Staff were encouraged to engage in continuous professional development. Detailed handover reports and supervision of staff ensured that all members of staff were aware of any change to residents’ medical or psychological welfare.

<table>
<thead>
<tr>
<th>Registration Regulation 4: Application for registration or renewal of registration</th>
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<tr>
<td>All the required documents were submitted.</td>
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<td>Judgment: Compliant</td>
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<thead>
<tr>
<th>Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people</th>
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<td>All the necessary fees were paid as required by the regulations.</td>
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<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 14: Persons in charge</th>
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<td>The person in charge was also the registered provider representative (RPR) and owner of the centre. She worked in the centre every day and was very familiar with residents' needs as well as their family arrangements. She was found to be knowledgeable of the regulations and standards and was responsive to the</td>
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</table>
regulator. She had developed a comprehensive contingency and preparedness plan for preventing and dealing with a COVID-19 outbreak.

Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 15: Staffing</th>
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<tr>
<td>Staffing levels were adequate to maintain safe care for residents. The staff roster was reviewed. This indicated that there was a nurse on duty in the centre on a 24-hour basis.</td>
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Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 16: Training and staff development</th>
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<tr>
<td>Staff appraisals were carried out on an annual basis. Where improvements were required this was addressed and staff were supported with performance improvement plans if necessary. Staff files were well maintained and all staff had the required Garda (police) Vetting clearance in place. Personal identification numbers (PINs) were in place for all nurses which had been provided by An Bord Altranais agus Cnaimhseachais na hÉireann. Staff training certificates were maintained in the individual files as well as being recorded on a training matrix. Staff attended appropriate training courses for their various roles to support them to deliver care of a high standard. COVID-19 specific training had been undertaken in hand hygiene protocol, cleaning regimes and donning and doffing personal protective equipment (PPE). Supervision of these practices was implemented through monitoring procedures by nursing staff and appraisals of performance.</td>
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Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 21: Records</th>
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<tr>
<td>The records required under Schedules 2, 3 and 4 of the regulations were maintained and available on request. These included medical visits, pharmacy records and records of falls and notifications.</td>
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Judgment: Compliant
Regulation 23: Governance and management

The centre had a clearly defined management structure that identified the lines of authority and accountability and detailed the responsibilities for each area of care provision.

During the COVID-19 pandemic the management team had made every effort to ensure that the service provided was consistent, controlled and effectively monitored. Staff were supported by the GPs, the community health care services, infection control specialists and public health colleagues to remain COVID-19 free. Staff, residents and visitors had followed the policies and protocols set out by the HSE and the HPSC. These guidelines were seen to have informed the centre's policies such as the infection control policy. Resources were made available for a plentiful supply of PPE and hand sanitising gel.

The required COVID-19 infection control guidelines were implemented in relation to the management of residents returning from hospital and the visiting protocol.

The centre's audit and supervision processes incorporated the oversight of infection prevention to ensure that staff were following the recommended guidance. On the day of inspection, the inspector observed that staff were adhering to infection prevention and control guidance in relation to, hand washing and by wearing appropriate PPE.

The regulatory annual review of the quality and safety of care had been completed for 2019. This review was made available to the inspector. A number of actions from this review were seen to have been addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose set out the aims and ethos of the centre. It also set out how the care needs of residents were to be met as well as the provision of daily activities. The statement contained a commitment to respect residents' rights and autonomy.

Judgment: Compliant

Regulation 31: Notification of incidents

All the incidents and events which were specified under the regulations were notified
to the Chief Inspector. These included serious falls requiring hospitalisation and any sudden deaths.

Judgment: Compliant

**Regulation 34: Complaints procedure**

Complaints were minor and infrequent. Each one was dealt with appropriately and the satisfaction of the complainant was recorded.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

The policies and procedures for the centre had been updated within the three yearly time frame required by the regulations. These set out the guidelines and protocols to guide staff practices on all areas such as, care, staff induction and medicine management. Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection control, visiting and cleaning protocols.

Judgment: Compliant

**Quality and safety**

Overall, the quality and safety of care provided to residents was seen to be of a good standard which supported residents to maintain a comfortable and safe quality of life.

Residents' health care needs were promoted through regular medical review using a range of recognised clinical assessment tools. These assessments included, cognition, skin integrity, risk of malnutrition and falls. Residents' care plans were developed with residents or their representatives. Care plans were reviewed on a four-monthly basis to reflect residents’ changing needs. Further details on care planning are discussed under Regulation 5 in this report.

Activity staff were available over the seven days and a good range of activity sessions were planned each day. These were listed daily on the information board in the hall and sitting room. Residents particularly liked the bingo sessions, art and craft, music and quizzes. Surveys were conducted throughout the COVID-19 pandemic and resident were consulted daily by the person in charge. Staff were
supportive in assisting residents to contact relatives particularly to allay any anxiety about the pandemic. Mass was accessible by video-link to the local church and residents had adapted well to the new arrangements.

Risk management was supported by an up-to-date risk register, contingency plans and associated infection control processes. Issues requiring attention were highlighted under the relevant regulations in this report.

In summary: residents' well being and safety were protected by regular and effective health and safety management as well an ethos which respected residents' rights:

- regular fire drills
- minimum use of bed-rails
- good medical and pharmacy support
- access to mandatory training and appropriate training on infection control for the COVID-19 era
- availability of external advocacy
- access to activities and family contact within the guidelines
- choice in the daily structure such as mealtimes and bedtimes
- personalised bedrooms, a large communal room, a visitors/quiet room and a spacious dining room
- independent access to extensive well laid out gardens.

Nonetheless, these were some issues to be addressed under the quality and safety of care namely:

- Premises under Regulation 17
- Medicines under Regulation 29
- Infection control under Regulation 27 in this report.

**Regulation 11: Visits**

New protocols were set up for visiting and these were found to be in line with the current national guidelines. This involved visits on compassionate grounds only at present, due to the new COVID-19 lockdown period. Visitors were allowed visual visits through the window which was consoling to a number of residents.

**Judgment:** Compliant

**Regulation 17: Premises**

The centre consisted of a single-storey building which had been extended over a number of years to accommodate 20 residents. It was a comfortable, warm and
homely place to live. Residents' accommodation consisted of 10 single bedrooms and five shared bedrooms set out over three corridors.

Communal rooms were furnished with comfortable armchairs and the dining room was nicely set up with social distance measures in place. The visitors' room was spacious and it was decorated with antique furniture. A selection of books, CDs, DVDs and and board games were on display in this room and available for residents' use. The smokers room was furnished with a fan extractor and a safety apron for residents. Bedrooms were decorated in a personalised manner.

The centre had been painted this year both inside and out. Extensive and well laid out gardens were seen to be in constant use. There was a large grotto available within the grounds where a suitable seating area was located. This was in great demand for quiet reflection in the spring and summer months.

Nevertheless, areas of the woodwork scuffed from various chairs and one ceiling area required painting. Additionally, in one corridor the edges of the flooring required attention in order to secure a seamless join to the wall. This was necessary to ensure that efficient and thorough cleaning could be carried out. This was discussed in more detail, as well as new sluice room requirements, under Regulation 27: Infection control. The person in charge explained that repairs were impacted on by the Covid-19 restrictions and also by the risks of having external contractors within the centre. These upgrades were being addressed on a gradual basis.

Furthermore, one double room did not meet the criteria for floor space for each individual in a double room, as set out in Statutory Instrument S.I. 293 of the Regulations, required to be in place by 1 January 2022.

A condition was placed on the designated centre's registration requiring the provider to meet the regulatory criteria for that specific room no later than 1 January 2022. The person in charge gave an undertaking that this work would commence as soon as planning permission was attained.

Judgment: Substantially compliant

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

Transfer documentation was seen for those residents who had required hospital care. The document seen was detailed and included the status of the resident's COVID-19 status and their skin condition prior to admission. Discharge documentation from any hospital was also on file.

Judgment: Compliant
Regulation 26: Risk management

The risk register had been established and was updated when necessary. The management of health and safety formed part of the audit and trending process.

- The health and safety statement and an emergency plan were in place for major events such as fire, storm or flood.
- A comprehensive COVID-19 contingency plan had been developed by the management team which included infection control processes, cleaning protocols and individual COVID-19 risk assessments for residents.
- Actions which were identified on audit had been completed.
- A maintenance book was used to identify any hazard and these issues were addressed diligently.
- Daily, weekly and monthly fire safety checks were carried out and recorded.
- The fire safety system was well maintained.
- Fire exit signs were all in working order and fire exits were easily identified.

The inspector found that the fire extinguishers had not been serviced in March when last due. This was attributed to the COVID-19 pandemic. A letter to this effect was available from the qualified person. The provider was requested to get this completed at the next available opportunity to eliminate any risk posed.

Judgment: Substantially compliant

Regulation 27: Infection control

The person in charge said that contact from the community health care services and public health was very supportive at the height of the COVID-19 pandemic. The centre had remained COVID-19 free during the first wave of infection and to date. In light of the risks posed by the virus, staff training had also been augmented in the relevant infection control procedures. Policies on infection control had been amended since the COVID-19 pandemic crisis and were found to be in line with the current guidelines.

Good practice was found:

- Up to date HSE and HPSC guidelines were accessible to staff.
- Staff were seen to be wearing masks and diligently hand washing on the day of inspection.
- The 2018 National Standards for Infection prevention and control in community services were accessed when preparing the COVID-19 contingency plan.
- Colour-coded cloths were in use for cleaning.
- Recommended cleaning agents were in use.
- Residents were isolated on admission from home or a hospital for a period of
two weeks, as set out in the national guidelines.

Nevertheless, the inspector found that there a number of infection control matters which required attention in order to ensure that the infection control processes outlined in the Standards and in the centre's COVID-19 contingency plan were fully adhered to:

For example:

- The staff toilet area and the smoker's room were not sufficiently clean.
- Dedicated cleaning hours were not assigned at the weekends.
- Gaps were found where the flooring was not sealed to the wall in one corridor, as discussed under Regulation 17: Premises.
- Not all checklists or processes were easily accessible such as; the process for cleaning commodes, weekend cleaning records, who was responsible for same and a checklist when this was completed.
- The new bedpan washer, which was outstanding since the last inspection, had yet to be installed as required under Schedule 6, Part 3 (e) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2013 (as amended).
- The person in charge was asked to seek advice from an infection control specialist in relation to these matters and to get an evaluation of the infection control processes in the centre in light of the ongoing risks from COVID-19.

The person in charge undertook to seek this expert advice, to increase dedicated cleaning hours at the weekends and to proceed with plans to order and install the bedpan washer.

Documentation was seen which indicated that communication with the infection control nurse had been instigated and that quotes for a bedpan washer had been procured.

A visit and report from the infection control visit was awaited in mid-November, as well as a date for commencement and completion of the sluice upgrade, which was yet to be decided.

The person-in charge explained about the impact of the COVID-19 lockdown on the delay in outstanding works as external contractors had not been allowed in the centre since March to support the COVID-19 free environment.

**Judgment:** Not compliant

**Regulation 29: Medicines and pharmaceutical services**

Medicines were generally well managed and subject to audit.

The local pharmacy was attentive to the centre. Controlled drugs were managed in
according with an Bord Altranais guidelines for nurses.

Allergies were recorded and general practitioners (GP's) had prescribed when a resident's medicine was to be crushed.

Nonetheless:

- the opening dates were not written on all eye drops. This was required as eye drops were generally due to be replaced within one month or other defined time, once opened.
- additionally, the transcribing policy was not followed on all medication administration records (MARS), which required that two nurses sign when transcribing a medicine, prior to a doctor's signature.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

- A number of care plans reviewed were seen to be person-centred, updated and based on a holistic model of care.
- They were prepared within 48 hours of admission and residents were included in their development.
- A new template based on a best-evidence nursing model had been introduced. This was clear and easily read, which would suit residents who wished to view their personal plan.
- Residents' end-of-life care wishes were recorded.
- Life story information was available to support staff in understanding and relating to residents.

Judgment: Compliant

Regulation 6: Health care

Staff said that medical personnel and allied health care professionals were attentive to residents and responded to their health care needs.

- Health care professionals such as the physiotherapist and the occupational therapist were available by referral or on a private basis.
- The pharmacist was very supportive, providing training to staff and carrying out meaningful audit and follow-up on any actions.
- The dietitian and the speech and language therapist (SALT) were made available to residents through a nutrition company supplying nutritional supplements, as prescribed by the GP.
Evidence was seen that the centre communicated with a tissue viability nurse (TVN), a nurse who was trained in wound care, in order to ensure that best-evidence wound care practice was used for a pressure sore which required regular dressings. This greatly enhanced the resident's welfare and improved healing times for wounds, according to the person in charge. This professional input was seen to inform the relevant care plan.

The person in charge told the inspector that skin integrity and wound care were subjected to audit. A sample of these audits and wound care plans were seen.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Some residents with dementia experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Resident had access to psychiatric review and staff were seen to interact in a person-centred way with residents.

There was evidence in residents' care plans that those who presented with responsive behaviours were supported in a person-centred way using effective de-escalation techniques. Training had been provided to staff on dementia care and the person in charge assured the inspector that this training was ongoing for all staff.

Judgment: Compliant

**Regulation 8: Protection**

Training records confirmed that staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Regular training was provided on this aspect of care. Organisational policies were in place to guide staff on the prevention, detection, reporting and investigating allegations of abuse. Staff were knowledgeable of the actions required to safeguard residents and particular attention was paid to residents' rights and safeguarding while visitors were restricted due to the COVID-19 risks.

Finances were carefully managed. The centre acted as pension agent for four residents. The records of these financial transactions were maintained in a clear and accessible manner.

Judgment: Compliant
Regulation 9: Residents' rights

During the inspection the inspector observed positive and kind interactions between staff and residents. Relatives’ and residents’ survey results revealed that they were satisfied with the staff, the care, food and their accommodation.

The person in charge described very kind community and relatives interactions with the centre during the COVID-19 pandemic.

Residents were consulted with on a daily basis by the person in charge and staff in relation to the COVID-19 arrangements, any related anxieties about visitor restrictions, food choices and bedtime routines. The psychological impact of the pandemic on staff and resident was recognised and support was offered.

A comprehensive programme of appropriate activities had continued during the time of lockdown. The activity schedule was informed by residents' interests and abilities. During the inspection residents were observed enjoying TV and music videos, conversation, walks, singing, bingo and puzzles. Residents were facilitated to access garden areas and the smoking area whenever they requested this. Colourful art pieces and photographs indicated that celebratory events were enjoyed with staff, family and other residents.

Arrangements were in place to facilitate residents' religious and civil rights. Residents voted in all elections and weekly mass was available during the current lockdown by video link. Contact details for a national independent advocacy service were displayed and available to residents or their families, if required. The complaints process was clearly outlined in a document on the notice board in the entrance hallway.

Residents had access to daily newspapers and radio. Televisions and radios were seen in residents' bedrooms and residents were seen reading the daily paper. Staff knew residents well, they were aware of their backgrounds and their roles in the community prior to admission. This meant that residents felt safe and at home in the centre, they felt valued and felt that their experiences in the centre mattered to staff.

Judgment: Compliant
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
<td>Compliant</td>
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<td>Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people</td>
<td>Compliant</td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
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<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises: As soon as it is safe to do so, hopefully early to mid 2021, we will extend room 4 to ensure compliance with S.I.293 of 2016.

<table>
<thead>
<tr>
<th>Regulation 26: Risk management</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 26: Risk management: As per my previous feedback, our fire safety expert, issued us with a letter stating that “Due to current restrictions, I recommend we put off servicing of the fire fighting equipment until after December 2nd” I have made contact with him since this date and he has agreed to call on January 8th to service our equipment provided that it is safe to do so.

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 27: Infection control:
I have spoken with our cleaning staff re ensuring a more thorough cleaning in the Smoke Room and staff toilet.
We now have increased our cleaning hours to include weekends.
We have sealed the floor area where a gap was evident. We are aware that some cosmetic work needs to be carried out, and will be done so, when it is safe to allow tradesmen enter the building.
Checklists are available for all cleaning schedules.
A new bedpan washer has been purchased and is in storage until it is safe to carry out the necessary works to install it. This we hope to do early 2021. The installation of the bedpan washer was suggested by our inspector on our last inspection on Feb 26th 2020.
We went into lockdown on March 6th.
An infection Control Nurse carried out a site visit and issued us with her findings. This report was forwarded to our inspector. The Registered Provider has assured the Office of the Chief Inspector that installation of the bedpan washer will be complete by 1 March 2021

<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
I have spoken with all our nursing staff again about the importance of labelling any creams, drops etc with an opening date. I will monitor same more closely going forward.
Two nurses now sign for all medicines that are transcribed.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/04/2021</td>
</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>08/01/2021</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>17/11/2020</td>
</tr>
<tr>
<td>Regulation 29(5)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/10/2020</td>
</tr>
</tbody>
</table>