



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

Issued by the Chief Inspector

Name of designated centre:	Lucan Lodge Nursing Home
Name of provider:	Passage Healthcare International (Ireland) Limited
Address of centre:	Ardeevin Drive, Lucan, Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	21 October 2020
Centre ID:	OSV-0000061
Fieldwork ID:	MON-0030698

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide dignity and respect to all residents at all times, whilst incorporating both personal and family centred care. It is situated in a residential area in Lucan. Twenty-four hour nursing care is provided to a maximum number of 74 residents accommodated over 3 floors. It provides nursing care to dependent residents over 18 years of age. The homecare model of care is practiced in the centre this allows residents to dictate the pace of their day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

68

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
Wednesday 21 October 2020	09:00hrs to 18:30hrs	Gearoid Harrahill	Lead
Wednesday 21 October 2020	09:00hrs to 18:30hrs	Michael Dunne	Support

What residents told us and what inspectors observed

Inspectors met briefly with a number of residents living in the centre and observed others going about their day independently or being assisted in accordance with their assessed needs. Residents were in good form and were chatting among themselves, relaxing alone with magazines or newspapers, strolling around the premises or going out for a smoke. Resident autonomy and independence was encouraged in the service and people were able to navigate around the building.

Residents who spoke with inspectors acknowledged that it was a difficult time for everybody but spoke highly of staff and their efforts to maintain as much normality as possible in daily life. Inspectors observed staff supporting residents and it was evident that the staff had a good knowledge of residents' personalities and interests when speaking with them. There was a relaxed and friendly atmosphere in the centre and residents were observed being assisted in a patient and respectful manner. Residents were appropriately supported at mealtimes to go at their own pace and were served in accordance with their choices.

Inspectors observed residents participating in social and recreational opportunities during the day. This included live-streamed concerts on a large television which people enjoyed. Some resident enjoyed the company of a Golden Labrador who spent time with the residents. Residents were supported to keep in contact with their loved ones via video conference software and by phone. Residents said they felt safe in the centre and that if they did have any concerns, they knew with whom they could speak to resolve the issue.

Capacity and capability

Inspectors found that a strong culture of individualised and person-centred care and support directed the work of the staff and management. The provider used guidance published by external sources to self-assess this designed centre and ensure that residents were supported in accordance with good standards and safe practices. While inspectors observed good examples of how residents' choice and feedback was being captured, there was some improvement in how this was officially being recorded and used to develop the service delivered.

The service had had an outbreak of COVID-19 which commenced in March 2020 and was declared clear in June. Two residents tested positive for COVID-19 and had regrettably passed away. During and since this outbreak, the provider kept the chief inspector apprised of the situation and outlined the strategies employed to mitigate the impact on the service and the residents. Management and staff in the designated centre had received support and guidance from the public health team

and community services through the time in outbreak, and continued to do so afterwards.

Records showed that there were arrangements in place to manage COVID-19 and ensure that there was continuity in management, provider oversight and staffing resource allocation in light of the requirements to implement social restrictions and identify a zone in which people would be isolated for the safety of themselves and others. Inspectors found and observed evidence of how the provider had adapted staff practices and social engagement to ensure that as much of people's routine as possible was continued.

A new person in charge had recently commenced in leading the local management of the service. They were suitably qualified and experienced for the role, and they had been well supported by both provider-level management and deputy managers to settle into the role and commence plans to act on areas identified for improvement. They were knowledgeable in their responsibilities under the regulations and it was evident during the day that they had gotten to know the residents and build up a trusting relationship.

Management was engaged with regular meetings and audits to ensure that the service was operating in a safe manner and that adverse events and accidents provided opportunities for learning and improvement. This was collated in the annual review of the safety and quality of the service. Some improvement was required to ensure that this report had been prepared in consultation with the residents and their families.

The provider had risk control measures against the increased need to attend to residents who were isolating or the absence of staff who may be isolating themselves. Arrangements were in place to use agency staff if necessary and there had been a recent recruitment of new staff. While these staff were being supported through appropriate recruitment and induction programmes, some improvement was required in ensuring that staff, both new and existing, did not fall out of practice with their required training, including fire safety and infection control.

Regulation 14: Persons in charge

The person in charge had commenced in their role in recent months. They were suitably qualified for their role and had extended experience in this role with another designated centre for older people. They were familiar with their role and responsibilities under the regulations. The person in charge was supported in their new role by a team of senior managers at centre and provider level.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff with the appropriate knowledge and skills to meet the needs of the residents living in the centre. Staff numbers as described in the centres statement of purpose were consistent with numbers of staff seen on the day of the inspection.

Inspectors observed that residents who required support were attended to by staff in a timely manner. A number of residents were observed receiving support from staff with their mobility needs, for example a number of residents required supervision and support to attend lunch. Residents who attended a musical activity session were in receipt of staff support enabling them participate fully in the music session.

A review of rosters indicated that staff cover was arranged by the provider utilising the centres own resources and through the use of agency cover. The director of nursing and the assistant director of nursing were new to the centre having been recruited in the previous two months. A recent recruitment drive also saw the provider recruiting nurses, clinical nurse managers and health care assistants after a number of staff had departed the centre to support other agencies manage the COVID-19 pandemic. At the time of the inspection, the provider was recruiting for three household staff and an activity worker.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records given to inspectors required review by the provider on the day as they were not complete. An updated version was later provided and this indicated that there were significant gaps in staff attending mandatory training such as fire safety and moving and handling and safeguarding training. Inspectors also noted there were significant gaps in infection, prevention and control training where eight percent of staff had yet to complete this training.

The provider indicated on the day of the inspection that they had arranged for an agency to provide the required training for fire safety and moving and handling by the end of October 2020 with two additional training programmes arranged for November 2020. The provider also indicated that staff would be issued with reminders and required to complete online training with regard to infection prevention and control and safeguarding training.

There was a range of supplementary training that staff could access and this included dementia, wound management, diabetes, medication and pain management.

There was a system in place to support staff induction, supervision and appraisal. Records available also indicated that where staff did not meet the requirements of their role that they were given the necessary support and guidance where their performance was subject to regular assessment.

Judgment: Not compliant

Regulation 21: Records

A sample of staff files were reviewed to ascertain compliance with schedule two of the Health Act 2007 (Care And Welfare of Residents in Designated Centres for Older People) Regulations 2013. Records were presented in a manner that was easy to review. All records examined contained the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider has suitable governance and management arrangements in place to ensure sufficient oversight of the quality and safety of the service provided to residents. The provider had layers of deputising strategies to ensure that there was no major interruption of operation should the key managers be unable to attend work. There were sufficient resources available in the service, and inspectors discussed contingency arrangements in place in the event that there was a major staffing depletion or an interruption in supplies of sanitising equipment, personal protective equipment or stock of food and drink.

The provider continued to engage in a regular basis with Public Health to ensure that the most recent guidance and directives were communicated from a national level to practices by staff on the floor. The provider had used a report on the impact of COVID-19 on residential care facilities, published by the Health Information and Quality Authority earlier in the year, to self-assess the service on its preparedness and to identify areas of improvement on both the impact of the illness as well as the social risks for residents affected by social restrictions.

The provider had maintained their schedule of auditing to identify areas for improvement of the service quality. Inspectors reviewed an analysis of aspects such as falls, medication errors and clinical infection, including root cause and learning opportunities going forward.

The provider has published their annual review of the quality and safety of care delivered to residents living in the service in October 2020. In this report, they

identified the objectives and goals for the coming months, including recommencing the resident forum, developing new mealtime menus, and revising structures on inducting and training new members of staff. Improvement was required to ensure that the feedback and input from residents and their experiences contributed to the content of the annual review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts agreed between the resident and the service provider. Contracts outlined the terms and conditions of residency, including noting whether a resident was accommodated in a private or shared bedroom. Fees payable by the resident were clearly outlined, as well as a breakdown of services and facilities available which would incur additional charges.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures including those required under Schedule 5 of the regulations. Where it was necessary to do so, policies had been updated to reflect how processes and services had been altered by the COVID-19 pandemic and the associated restrictions, including effects on admissions procedures and access of visitors to the centre.

Judgment: Compliant

Quality and safety

Inspectors reviewed a sample of care and support plans for both general support needs and specified clinical and social risks. The plans were found to be clear and tailored to the residents' assessed needs, and written in a dignified manner, particularly around sensitive topics such as behavioural support, end-of-life arrangements and mental health support. These care plans were reviewed on a regular basis or as required, with clear written input from the relevant clinicians who revised plans remotely or in person. Some minor clarifications were required on some plans of care, particularly where there was the potential for residents to be supported by unfamiliar staff. The general practitioner attended three days a week

and residents had access to a range of healthcare professionals in person or remotely, including psychiatry, physiotherapy, chiropody and dietetic professionals. The management discussed with inspectors how they were sourcing suitable and accessible options for other services during the pandemic, most notably dentistry.

Lunchtime was observed and inspectors found this to be a pleasant and comfortable experience for people dining alone or with assistance from staff. Residents were supported to eat and drink at their own speed in an unhurried and patient manner, and residents were offered choices of meals, drinks and snacks through the day. The inspectors reviewed a sample of support plans for residents who were at risk of losing weight or who had specific dietary requirements, and found them to be clear and detailed on required supplements and food types, as well as on personal preferences of residents for their favourite food and sizes of portions.

Care and support staff were observed practicing good hand hygiene and personal protective equipment (PPE) usage to keep themselves and others safe. Staff members were diligent in self-monitoring for symptoms, undergoing regular temperature monitoring and swab testing for COVID-19. Checks were conducted for all external parties, including the inspectors, to reduce the risk of the virus entering the building. Some improvement was required in how residents were supported to distance from one another and reduce the risk of spread through communal areas. Visiting arrangements in person had been suspended in accordance with national instruction, and the provider discussed plans to re-introduce window visits in a safe manner. The residents were also facilitated to keep in contact with their loved ones by technological and video means.

The premises were clean and well maintained with a sufficient supply of personal protective equipment and hand hygiene stations. The building design was straightforward and facilitated safe and independent navigation by residents. Bedrooms were of an appropriate size, with multi-occupancy bedrooms containing separated storage and screening features to enable residents to maintain their privacy. There were sufficient bathroom and shower facilities for the number and accessibility needs of the residents in the centre, however some improvement was required to ensure that toiletries were not at risk of being shared or mixed between users.

The building was suitably equipped to detect, contain and extinguish flame and smoke in the event of fire. Inspectors tested a number of doors to ensure proper sealing, and fire extinguishers and exit signs were clearly visible and unobstructed. Inspectors reviewed evidence indicating that equipment, the emergency lighting and alarm system was serviced and certified on a regular basis.

There were significant gaps in mandatory training for fire safety among both new and pre-existing staff members. Inspectors also reviewed records from fire drills, and found that they did not provide assurance that larger compartments could be safely and effectively evacuated in a timely fashion, including at night when staffing resources are at their lowest. Examples of these drill exercises reviewed included tabletop discussions and times taken to assist single residents, with no reflection of how the provider would be assured that high risk areas could be

evacuated efficiently to a place of safety.

Inspectors reviewed records pertaining to a safeguarding investigation which the provider had completed. This investigation was carried out in line with the centres policy and was carried out in a thorough manner. The investigation also focused on identifying key areas of learning to improve the centres performance in maintaining an abuse-free environment.

While the resident forum had suspended due to the pandemic, it had been replaced with satisfaction surveys to capture feedback on the service. The provider had plans to reintroduce the forum alongside additional surveys in the coming months. However, inspectors found limited evidence that information captured from surveys was being used to analyse the lived experience for residents as part of the formal service review.

Regulation 11: Visits

There were arrangements in place for residents to receive visitors in line with Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

On the day of the inspection there were visiting restrictions in place however the provider had arrangements where visits to support residents who were at end of life stage or visits for compassionate grounds were still able to occur. The provider was continuing to facilitate window visits in line with COVID-19 Guidance on visitations to Long Term Residential Care Facilities.

In addition the provider assisted residents to communicate with their families and loved ones through the use of social media and through phone contact. Inspectors noted that there was three tablets to aid communication available for resident use. Inspectors also observed centre staff, support a resident to use this technology to communicate with their family.

Records viewed on inspection showed that all visits to the centre were arranged with family members in advance of their visits with records indicating that the centre had capacity to provide 20 visits per day. Other records indicated that the provider kept relatives apprised with information regarding the requirement to wear personal protective equipment (PPE) during visits, changes to visiting arrangements and key information with regard to staff changes.

Judgment: Compliant

Regulation 17: Premises

The building was clean, well-maintained and nicely featured with pleasant decoration and comfortable furnishings. The building was equipped with safe floor coverings and handrails to assist safe navigation, and was free of steps and trip hazards in residential areas. Passenger lifts were available for transport between storeys. There was a suitable number of shared accessible bathrooms for the number and mobility needs of the people living in the service. Residents had access to safe and suitable external garden areas. The premises including laundry and kitchen services which were suitable for the size and occupancy of the service. Bedrooms were spacious and nicely decorated with sufficient storage space for clothes and belongings. Shared bedrooms included screening to support privacy. Assistance calls bells were available and screens identifying locations calling for assistance were clearly visible to staff.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents spoken with during the inspection provided positive feedback regarding the quality of meals provided. Inspectors observed a lunch time meal service and noted that residents were offered a choice of meal with menus located on each table. Residents indicated that if they did not like the choices available staff would provide them with an alternative meal suitable to their taste.

Residents were observed to be supported by staff during the lunchtime service with all residents seen to be in receipt of appropriate support. The meals provided were well presented and visually appealing. There were also arrangements in place for residents who required a special or medical diet. Some residents preferred to have their meals in their rooms and this was also catered for.

There were nutrition and hydration care plans in place for residents who required support in this area. Care records reviewed indicated that care plans were underpinned and guided by relevant nursing assessments. Records seen also confirmed that residents' fluid intake was subject to daily monitoring while residents weights were recorded at agreed intervals. There was evidence seen that there was professional input from dietitians and speech and language therapists which was reflected in daily care notes and resident care plans.

Judgment: Compliant

Regulation 26: Risk management

The provider maintained a risk register in which they had identified environmental

and operational hazards in the designated centre and analysed the level of associated risk. Measures were explained in detail of what precautions were being taken or planned for to mitigate the impact of these risks. The risk register had been updated to reflect the COVID-19 pandemic. In addition to measures outlined to control the transmission or spread of the illness, secondary impacts were also analysed including staff depletion, absence of managers, interruption of supplies or delays in testing. The register also accounted for risks for residents including anxiety, depression or loneliness due to social isolation and reduced access to their friends and family.

The provider had contingency arrangements to respond to risks associated with an outbreak occurring in the centre. A section of the building containing five bedroom and an accessible bathroom was allocated to isolate residents who test positive, in which they would be supported by a designated team of staff. Measures were also discussed with inspectors regarding plans if this number is exceeded.

Judgment: Compliant

Regulation 27: Infection control

Overall staff were observed by residents following good practices on wearing appropriate PPE and practicing good hand hygiene. All staff participated in serial testing for COVID-19 every two weeks and were diligent in self-monitoring and reporting for potential symptoms. Nurses and healthcare assistants onsite were trained to conduct routine test, and the provider had a clear record of test results and regular temperature checks of the staff team.

Bedrooms and bathrooms were cleaned daily, and there was a rota of rooms due to receive a thorough deep cleaning each day so that all rooms received one regularly and when the room was vacant. The centre was generally clean and well-maintained. However, improvement was required in the use of shared bathrooms to ensure that residents' toiletries were not left behind after use. Inspectors found two bathrooms containing labelled and unlabelled bottles of shampoo, shower gel, and prescription medicated creams belonging to residents, which created a potential cross-contamination risk or risk that toiletries would not be separated per person.

Some improvement was required in how residents were supported to social distance from one another. Inspectors observed that for the majority of the day, residents in living rooms and dining room were gathered close together with little separation between seating. This increased the risk of transmission and close contact between residents who may become ill.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The building was suitably equipped to detect, contain and extinguish flame and smoke in the event of fire. Inspectors tested a number of doors to ensure proper sealing, and fire extinguishers and exit signs were clearly visible and unobstructed. Inspectors reviewed evidence indicating that equipment, the emergency lighting and alarm system was serviced and certified on a regular basis.

There were significant gaps in mandatory training for fire safety among both new and pre-existing staff members. Inspectors also reviewed records from fire drills and found them to not provide assurance that larger compartments could be safely and effectively evacuated in a timely fashion.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspector reviewed a sample of care plans for residents in the designated centre and found them to be concise and written in a respectful and person-centred manner. Overall, care plans provided clear instruction on how best to support each person's clinical, physical, communication and personal assistance needs.

Independence of the resident was encouraged in the plans, clearly stating with what the resident did or did not require assistance for activities such as dressing, personal hygiene and grooming. Dietary preferences, allergies and food modifications were outlined. Residents requiring pharmaceutical interventions as part of their positive behavioural support or depression risk plan had instruction to proceed after non-pharmaceutical measures were ineffective and with consent from the residents in line with their assessed needs. However, some improvement was required to ensure that where residents were prescribed multiple pharmaceutical options, that instructions were clear and consistent on determining the most effective option.

Inspectors identified that while social coordinators were composing assessments of residents' preferred recreational and social engagements, they had not been consistently translated and incorporated into personal plans for those supports.

Judgment: Substantially compliant

Regulation 6: Health care

The provider employed two fulltime physiotherapists to support the assessed needs

of a large number of residents in the designated centre. Residents had access to dietician, chiropodist and speech and language therapists services both on a regular basis and as required. The general practitioner visited three days a week and inspectors found evidence of where they had continued to refer residents to services such as psychiatry of old age and gerontology where required. Evidence was reviewed in care and support plans which indicated where clinicians had reviewed and prescribed changes either in person or remotely.

Advanced care directives were in place for residents which clearly specified instructions regarding resuscitation and transfer should people become acutely unwell while receiving end-of-life care. The management discussed with the inspectors when the seasonal influenza vaccine would be rolled out for staff and how residents would be supported to also avail of same if they wished.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. Although a number of staff had yet to do their safeguarding training those staff spoken with were clear on how they would respond if they observed an abusive interaction or if one was reported to them. Staff were aware of the centre's safeguarding policy which set out the roles and responsibilities and steps to take in the event of a concern being raised.

Inspectors reviewed records pertaining to a safeguarding investigation which the provider had completed. This investigation was carried out in line with the centres policy and was carried out in a thorough manner. The investigation also focused on identifying key areas of learning to improve the centres performance in maintaining an abuse-free environment.

The centre had robust systems in place to manage petty cash arrangements for residents with double signatures in place which insured financial records were subject to review and reconciliation. The centre did not act as pension agents for residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with inspectors indicated high levels of satisfaction regarding services provided at the centre. Inspectors observed numerous activity sessions including a music session which was connected to the National Concert Hall

via live-streaming software and a group exercise programme organised by the centre's physiotherapist. Both events were well attended by residents who were encouraged to engage and participate by the staff team. A review of resident care records indicated that one to one activity interventions by the staff team were not recorded and therefore difficult to review and amend as required.

Inspectors observed person-centred interactions between staff and residents, where residents with communication needs were given time and space to communicate their needs and views. It was clear that staff were aware of resident needs and were able to facilitate good levels of communication as a result. Residents spoken with during the inspection mentioned they had confidence in the staff team and felt that if they had a concern or worry that they could inform any member of the team.

Resident rooms were observed to be of sufficient size to allow residents store their personal belongings allowing easy access. Resident were able to personalise their bedrooms according to their taste.

Residents had easy access to an enclosed garden where a section was reserved for residents who wished to smoke. The provider indicated that committee meetings had been paused due to COVID-19 and that residents views had been canvassed on a one to one basis since the start of the pandemic. A reinstatement of resident committee meetings was due to commence in November 2020. Inspectors noted that the provider had completed its annual review for 2019/2020, however although residents views were canvassed by means of a satisfaction survey these findings were not reflected in this review.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lucan Lodge Nursing Home OSV-0000061

Inspection ID: MON-0030698

Date of inspection: 21/10/2020

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>The gaps in training are acknowledged.</p> <ul style="list-style-type: none">• 8 sessions of fire training took place between 29/10/2020 and 27/11/2020 3 sessions of manual handling training took place between 29/10/2020 and 27/11/2020 with more sessions arranged for January.• The PIC is a BLS instructor and this is scheduled for the beginning of January 2021 for staff nurses.• We have partnered with Nutricia (therapeutic and clinical nutrition company) on the premise that they will do onsite training on wound care, weight loss and nutrition and provide a 3 day management course for a staff member. This will further enhance training and upskilling opportunities for staff. We are awaiting dates of said training but this will be in Q1 of 2021• New staff starting are required to have HSEland 'breaking the chain of infection' completed prior to starting in Lucan Lodge. This is in addition to setting them up on our 'Evolve' training site for further training.• Covid specific training has been commenced by PIC and will continue until all staff have attended• Safeguarding training is on our evolve training and 89% staff have completed same as at 02 December 2020. The further 11% of staff have been summoned to complete same by 18 December 2020. We are also exploring training one of our management team in the 'train the trainer' course so we can provide face to face safeguarding training onsite.	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Senior nursing team had a management meeting on 01/12/2020 and devised a new governance template. On the first Tuesday of each month the senior nursing team will meet to review clinical governance issues and lessons learnt (Template attached) • These meetings will review staff training for the previous month and residents views and needs following resident meetings as well as clinical issues. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • An infection control lead has been identified (ADON). The ADON is responsible for checking the bathrooms on morning and afternoon rounds to ensure issues such as toiletries being left in shared bathrooms and to ensure this does not occur. • This is in addition to staff nurses/CNMs on each floor reminding staff at handovers about infection control policies and also checking bathrooms and rooms themselves post morning care. • The senior nursing team continue to police social distancing and discreet markers are in place on floors in sitting and dining areas to guide staff and residents to a safe social distance. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • As per section 1 relating to training, we have completed 8 sessions of fire training since inspection. • We held a fire drill on 04/12/2020 with the assistance of Joymac Training Group on level one documenting areas for improvement and learning. • We will continue to hold mini fire drills weekly until all staff have taken part. • We are in the process of developing ERT training where there will be one member of staff for each level identified in handover who is the ERT responder for that day. We are 	

updating our ERT box following the guidance of Joymac Training Company.(Awaiting delivery of same)

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Care planning and documentation is being reviewed by senior management monthly as part of clinical governance.
- Monthly meetings will take place between PIC and social coordinators and areas identified for improvement will be relayed to ensure assessments of preferred social assessments are consistently translated and incorporated into personal plan for these supports.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- A resident committee meeting was held on the 20 November to discuss activities for Christmas, Christmas menus, an update on visiting and possible procedures around residents visiting families for Christmas.
- Resident views are being incorporated into the annual review.
- Each resident has a personalised 'Rights Care-plan' outlining their rights and information has been given to residents regarding advocacy agencies. This information is also displayed at reception for families.

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	Orange	31/01/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	01/12/2020
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.	Substantially Compliant	Yellow	30/11/2020
Regulation 28(1)(d)	The registered provider shall	Substantially Compliant	Yellow	31/01/2021

	make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/01/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	01/12/2020

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/12/2020
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	Yellow	31/12/2020