



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	13 and 17 September 2018
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0024588

About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 22 dependent people over the age of 18. The premises is a single-storey detached house. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and two assisted showers.

The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting providing views of the surrounding countryside. Rochestown Nursing Home provides accommodation for both male and female residents. It provides long-term, short-term, convalescent and respite care. All levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre promotes the independence of residents and provides a variety of activities suitable to residents' needs.

The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Activity and care staff provide a wide range of social and recreational activities for residents. Residents' healthcare needs are met through good access to medical and allied health professionals.

The following information outlines some additional data on this centre.

Current registration end date:	25/06/2018
Number of residents on the date of inspection:	17

How we inspect

To prepare for this inspection the inspector or 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
13 September 2018	09:00hrs to 16:00hrs	Caroline Connelly	Lead
17 September 2018	10:40hrs to 18:45hrs	Caroline Connelly	Lead
13 September 2018	09:00hrs to 16:00hrs	Noel Sheehan	Support
17 September 2018	10:40hrs to 18:45hrs	Susan Cliffe	Support

Views of people who use the service

The inspectors spoke with the majority of the residents throughout the inspection. Residents said they felt safe and well cared for and knew the names of staff whom they considered to be approachable and helpful. They told the inspectors they were delighted to have the person in charge return to her post and felt they could discuss any issues with her.

Residents were very happy with the level and amount of activities provided and said there was always something going on in the centre. They described a varied activity programme and schedule run by the provider and staff and expressed a high degree of satisfaction with what they did during the day. Some residents told the inspectors that they frequently went out with family and friends and they also had easy access to the outdoor area.

The majority of residents reported satisfaction with the food and said choices were offered at mealtimes. A number said they enjoyed the social side of mealtimes and chatting with other residents. Residents spoke of their privacy being protected when seeing their general practitioner (GP) and choice about when they get up in the morning, retire at night and where to eat their meals. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Residents said that they knew who to approach if they had a complaint and felt it would be addressed. Residents also said they were consulted with on a daily basis and regular residents' meetings were facilitated. A resident chaired the meetings and maintained minutes of these meetings which were submitted to the person in charge and provider for follow-up.

Capacity and capability

Overall, there were a number of improvements in the governance and management of the centre since the previous inspection and a number of systems had been put in place to audit and monitor the care and service provided. However a number of these systems were only in the early stages of implementation and required time and further management to ensure their effectiveness. The management and record keeping of residents finances and the robust recruitment of staff continued to require significant improvement.

This centre has a history of significant regulatory non-compliance identified over the course of five inspections throughout 2017 and 2018. These inspections identified

issues of concern around the overall governance and management of the centre, recruitment practices and the management of residents finances.

Over that period of time there has been ongoing interaction between the Office of the Chief Inspector and the provider. Initially restrictive conditions were attached to the registration of the centre which required the provider to stop all admissions until such time that the Office of the Chief Inspector was satisfied that the system of governance and management had improved. However despite these conditions the provider failed to take the required action and the Chief Inspector issued a notice of proposal to refuse to renew the registration of the centre in June 2018.

On receipt of this notice the provider made representation to the Chief Inspector citing improvements which had been implemented. This inspection was undertaken to assess the effectiveness of these improvements in to determine if the it was appropriate to renew the registration of Rochestown Nursing Home. In the interim of this decision the current registration with a prohibition on admissions remains in place.

On this inspection the inspectors found that there was a more clearly defined management structure in place. The provider had commenced a training programme on supervisory management in September 2018 and had employed a governance manager to monitor and review the quality of the service provided.

The provider had also employed the services of external consultants to implement governance and management systems and a system of audit and quality improvement.

The person in charge works full time in a supernumerary capacity and any absence from the centre is covered by the governance manager. The person in charge had become involved with a group of other directors of nursing in nursing homes to receive support, education and share best practice initiatives and said she found this very beneficial. Although she planned to undertake management training she had not completed this at the time of the inspection and inspectors advised that this is a requirement of the legislation and needed immediate attention.

The inspectors met with the person in charge and governance manager who said they are supported in their roles and have autonomy in the running of the centre particularly in relation to clinical decisions and staffing issues. Governance meetings are taking place on a monthly basis and minutes of these were viewed. A regular programme of audits were taking place and some improvements to practices were seen as a result of same such as in medication management and in care planning.

The inspectors saw that a number of the actions required from the previous inspection had been completed.

- There had been significant investment in staff training and all staff had received up to date mandatory training.
- The person in charge had introduced a new induction and competencies programme and new staff now had comprehensive inductions completed and appraisals were nearly completed for all staff.

- A refresher induction was also being rolled out to other staff where they had refresher training and updates on specific aspects such as fire, health and safety, infection control etc and a completed form on their knowledge was put in their staff files.
- Regular staff meetings took place.

Over the course of all of the recent inspections inspectors have identified gaps in the safe recruitment of staff. On this inspection there were noted improvements in staff files in that all staff now had Garda Síochána (police) vetting on file, there were no gaps identified on CVs and training records were in place. However, although all staff members had two written references on file as required, some of these references had not been verified.

On the previous inspections, inspectors were concerned about the number of nurses working in the centre that had full time posts elsewhere and the implications for the sustainability of the staffing arrangements. Since the last inspection one nurse had been newly recruited but the remaining nursing staff were part-time. The provider and person in charge also told the inspectors they had two new nurses recruited who were due to join the service in the next number of months on a full time basis which would eliminate the need for the reliance on part time staff.

Another consequence of the staffing arrangements was that there could be a different nurse on duty each day of the week, which did not facilitate continuity of care for the residents. The governance manager and person in charge had put some systems in place to ensure effective communication with these staff and supervision of practices to ensure continuity of care. The management team would attend the centre unannounced at nights, weekends and evenings. The person in charge went through minutes of staff meetings with staff who were unable to attend the meetings and medication management competency assessments were carried out with nursing staff at these times.

Concerns remain as regards the lack of a robust system in the management of residents finances. Since the previous inspection individual bank accounts had been opened for all residents for whom the centre were acting as a pension agent. Residents pensions were now being paid into this account. The accounts, as set up, did not protect the resident. Invoices were in place for payment of fees and extras to the fees as outlined in the contract of care however the system of invoicing was not consistent. Receipts were not maintained on residents files for extra services such as hairdressing, newspapers, chiropody etc. It was not clear that services provided and charged to an individual resident was for that individual resident only, for example billing for a daily newspaper. The inspectors required an independent audit of the residents finances and that advocacy services were engaged to support residents in this process. A more robust and transparent system is required and accounts should be audited on a regular basis.

Improvements in complaints management were seen, with the complaints log now including details of the complaint, action taken and learning and improvements made on foot of the complaint. Each complaint was signed off and dated by the person in charge. Complaints made also formed part of weekly key performance

indicator (KPI) data. The complainant's satisfaction with the outcome of the complaint was recorded, as required by legislation.

Inspectors saw that the centre had some systems and processes, based on national standards, in place to manage and implement a programme of quality and safety. Data was gathered on a weekly basis in areas such as pain, pressure sores, physical restraint, psychotropic medication, falls, indwelling catheters, significant weight loss, complaints, unexplained absences, significant events, vaccinations and immobile residents. Improvements had occurred in the auditing of the service since the commencement of the external consultant and this had led to some improvements in practices. An annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards for 2017. This review was made available to the residents, and a number of recommendations and actions from this review were actioned and informed a programme for improvement. Incidents and quarterly notifications had been submitted to HIQA as required.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience of nursing older persons and has the required experience in a managerial capacity. She had returned to the centre as person in charge in March 2018 and is working full time in a supernumerary capacity. Although she has planned to undertake post registration managerial training she had not completed that to date.

Judgment: Substantially compliant

Regulation 15: Staffing

Due to the reduction in resident numbers and the low dependency needs of the residents, staff reported that staffing levels allowed them to provide care to the current residents. Residents reported satisfaction with staffing levels.

However, the staffing model relied on a significant number of part time nurses who worked full time elsewhere raising concern about the sustainability of the staffing model.

In addition this staffing model resulted in the possibility of a different nurse on duty each day of the week which did not provide continuity of care to residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Improvements were seen in the overall induction of new staff and in the supervision of staff by the person in charge and the governance manager who attended the centre at weekends, evenings and night time unannounced to meet the part time staff and complete audits.

Mandatory training was in place for all staff and a comprehensive training matrix and staff confirmed they had received this training.

Judgment: Compliant

Regulation 21: Records

A number of improvements were seen in the management of staff files since the previous inspection. All files viewed contained a vetting disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2016 care and welfare regulations and the person in charge confirmed vetting was in place for all staff. There were no unidentified gaps in CV's and staff training records were included in the files. There was also evidence of induction programmes for new staff and appraisals for the majority of staff.

Notwithstanding these improvements the provider remained non-compliant with this regulation because references on file for some staff were generic in nature, had been submitted by the staff member and had not been verified by the provider. This does not provide assurance to the validity of these references and does not demonstrate robust recruitment practices.

In addition records of the centres charges to residents and residents financial records were not maintained in a consistent and robust manner

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors were satisfied that there was a more clearly defined management structure in place identifying lines of authority, accountability and responsibilities for certain areas of service provision. However inspectors were not satisfied that the current governance arrangements were sufficiently robust to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Issues identified

with staff recruitment and management of residents finances provided evidence of a lack of robust systems and poor governance around these processes.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Improvements were seen in the contracts of care and the contract clearly outlined the services provided, the costs for the services and any costs for additional services required and provided. The contracts also stated the room to be occupied and were seen to be compliant with legislative requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The updated statement of purpose was seen by the inspector and was found to meet the legislative requirements

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors looked into incidents that had occurred in the centre since the previous inspection and were satisfied that they were all notified in accordance with the requirements of legislation. Accidents and incidents were recorded, there was evidence of appropriate action being taken and were followed up as required.

Judgment: Compliant

Regulation 32: Notification of absence

There had been no absence of the person in charge since she returned to her role in March 2018 and the provider demonstrated awareness of the requirement to notify the authority if there was to be any absence over 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

There was evidence that complaints were recorded, investigated and appropriate actions were taken. The complainant's satisfaction with the outcome of the complaint was recorded. The procedure to follow in making a complaint was appropriately displayed and available to all.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The inspectors saw that there were adequate arrangements in place for periods when the person in charge is absent from the centre the governance manager takes on the role of the person in charge.

Judgment: Compliant

Quality and safety

The provider had actioned a number of non-compliance's identified on the last inspection, which had resulted in ongoing improvements in quality and safety for the residents however as identified under capacity and capability the safeguarding of residents finances required significant improvement.

There was evidence of good consultation with residents. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated. A resident chaired the meetings, assisted by the administrator who maintained minutes of these meetings. Minutes were submitted to the person in charge and provider for follow-up, for example, residents suggested changes to the menu and activity schedule, and these had been facilitated.

A busy activities schedule was planned for residents. During the inspection, inspectors saw residents enjoying a variety of different activities. Residents described the variety of activities available including imagination gym, pub quizzes, exercise groups, karaoke, games, Sonas and other group activities were organised throughout the week. Residents were kept informed of local and national events through the availability of newspapers, radio and television. Religious needs were facilitated and weekly mass was celebrated in the centre. Residents who spoke with

inspectors were very happy with the level of activities provided and said there was always plenty of entertainment going on.

There was a good level of visitor activity throughout the inspection with visitors saying they felt welcome to visit. Inspectors met and spoke with a number of visitors who indicated that they had open access to visit their relatives. There were a number of areas throughout the centre where residents could receive visitors in private if they wished. Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents can vote in the centre if they wish while some residents prefer to go to their own constituency to vote.

Inspectors found that the premises, fittings and equipment were generally of a reasonable standard, clean and well-maintained. The centre was homely and accessible. It provided adequate physical space to meet each resident's assessed needs. There were easily accessible and well-kept gardens and grounds, with plenty of seating available for residents' and relatives' use.

There were some measures in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and this training also formed part of the staff induction programme. Staff spoken with demonstrated their knowledge of protecting the residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date policy in place regarding adult protection and the person in charge was aware of her legal obligations to report issues. However as previously outlined under governance significant improvements were required to safeguard residents finances.

There was a centre-specific restraint policy dated November 2017 which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. Inspectors saw that no bedrails or other physical restraints had been used in the centre for a number of years.

There were written operational policies for the ordering, prescribing, storing and administration of medicines to residents. Inspectors reviewed a number of medication prescription charts which included the required information. Audits of medication management were ongoing and had resulted in some changes to practice and particularly in the more robust storage of prescription creams required as identified on the last inspection. Medication management competency assessments were undertaken on all nursing staff to ensure best practice in medication administration.

Inspectors saw that residents' healthcare needs were met through timely access to the centre's general practitioners (GPs). There was evidence of very regular medical reviews and referrals to other specialists as required. A chiropody service is provided to residents on a regular basis in the centre. However oversight of the requirement for chiropody required review. Physiotherapy services were provided as required. Dietitian and speech and language services were accessed via a nutritional company. The inspectors saw evidence of referrals and reviews in residents' notes. Inspectors also observed that residents had easy access to other community care based services such as dentists and opticians. Overall, residents and relatives

expressed satisfaction with the service provided.

There were very good links with psychiatric services and community services for residents who required these services, and assessments and treatment reviews were seen in residents' notes. Psychiatry of old age specialist nurses visited residents who required review on a regular basis, and behavioural and medication plans were assessed and monitored for residents who exhibited behavioural and psychological symptoms of dementia. There was evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals. Wound care was provided in line with special instructions of the tissue viability nurse, and the assessment and care plan was completed and updated in accordance with these recommendations.

Inspectors viewed the care plans of a number of residents. Residents had a comprehensive nursing assessment completed on admission, involving a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure-related skin injury among others. Pain charts in use reflected appropriate pain management procedures. Residents had a care plan developed within 48 hours of their admission based on their assessed needs. Care plans that detailed the interventions necessary by staff to meet residents' assessed healthcare needs are essential to direct care, particularly in light of the number of different part-time nurses working in the centre. Overall, care plans were comprehensive and person centred and improvements were seen in this since the last inspection.

Improvements were maintained in risk management and emergency planning. During the previous inspection, there were no contingencies in place for the loss of power which affected all aspects of the running of the centre and the safety of residents and staff. On this inspection, the centre now had contracts and agreements with two generator suppliers to maintain essential services in the centre in the case of a loss of power. The emergency plan had been updated and contained information to guide staff in all emergency situations. Fire training was provided to all staff. Fire drills were taking place on a regular basis with further drills scheduled. Detailed records of actions taken were recorded.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area and in their rooms or in the designated visitors' room. The inspectors saw and met visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 17: Premises

The premises was seen to be clean and well maintained with adequate communal and private accommodation. The premises was homely in appearance with safe outdoor space and rural views.

Judgment: Compliant

Regulation 18: Food and nutrition

There was evidence of regular involvement of the dietician and speech and lanuague therapist in residents care as required and updated nutritional care plans were seen. Mealtimes were seen to be social occasions with the majority of the residents attending the dining room for all meals and staff were in attendance there.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive plan in place to respond to major incidents and serious disruption to essential services. This plan contained agreement and details of the suppliers of a generator in the case of disruption of power.

There was clear cautionary signage in place for gas cylinders stored behind a wire cage in the enclosed patio area and daily checks were completed by maintenance personnel.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Improvements were seen in the storage and management of nebuliser masks. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and

good hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were seen in aspects of fire prevention. There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular detailed fire drills were undertaken at different times of the day.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. All medications that required administering in an altered format such as crushing were individually prescribed as same. Improvements were seen in the storage of creams and medications since the last inspection and new protocols were put in place and audited accordingly.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The management team had implemented a key worker system where responsibility for individual assessment and care planning is allocated to specific nursing staff . The inspectors saw that assessment and care plans for residents were comprehensive and very person centered. Assessments were reviewed and updated on a quarterly basis and sooner as required.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the dietician, speech and language, chiropody and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence of supports and comprehensive plans in place to respond to residents' responsive behaviours in a consistent and person-centred manner. Since the previous inspection all staff had received responsive behaviour training.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and all staff had received up-to-date safeguarding training. However, residents' finances continued to require significant improvement to safeguard residents. Concerns remain as regards the lack of a robust system in the management of residents finances.

- Although individual bank accounts had been opened for all residents for whom the centre were acting as a pension agent. The accounts, as currently set up, did not protect the resident.
- Invoices were in place for payment of fees and extras to the fees as outlined in the contract of care however the system of invoicing was not consistent.
- Receipts were not maintained on residents files for extra services such as hairdressing, newspapers, chiropody etc.
- It was not clear that services provided and charged to an individual resident was for that individual resident only, for example billing for a daily newspaper.
- The inspectors required that advocacy services were engaged to support residents.
- A more robust and transparent system of financial records is required and residents accounts should be audited on a regular basis.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities was available with further additional items planned.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	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	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0024588

Date of inspection: 13/09/2018 and 17/09/2018

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Person In Charge has commenced QQI level 6 Supervisory Management Course along with the Provider. Both of us are implementing our supervisory management learning skills in the Governance & Management of our nursing home.</p> <p>This is helping in improving our standards in the areas of staff selection and recruitment process , data protection skills, planning & conducting of staff training, and also in measuring employee performance management in a scheduled manner.</p> <p>The management techniques acquired are helping to enhance our skill set and in turn we can apply these to nursing home settings while looking to foster a good working environment for all employees in the nursing home.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: New full-time nurse employed and commenced their duty in October 2018. Two new full-time nurses employed in the last 12 months in order to provide further continuity of care to residents.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All references have been reviewed and new ones which have been received have been verified on receipt by the Person In Charge.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Outstanding reference due from college has been received and verified by the Person In Charge. All residents have individual bank account. Nursing home is no longer acting as pension agent and documentation is enclosed regarding same.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Individual bank accounts set up for residents that nursing home previously was an agent for. Pension is paid directly from pension office to bank account and an invoice is given to bank monthly by Provider for payment. Bank keeps a copy of invoice for each resident in their respective file. Individual receipts are now given to residents for chiropody, hairdressing, newspapers, etc monthly as per contract of care. Any resident that wishes to have a newspaper etc has signed for same. Nursing Home are using external advocate to support residents. Invoices are now all done electronically and fees are charged as per the contract of care.</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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Substantially Compliant	Yellow	20/11/2018
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	05/10/2018
Regulation 21(1)	The registered	Not Compliant	Orange	25/09/2018

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant		25/09/2018
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.	Not Compliant	Orange	26/09/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	26/09/2018