



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

## Issued by the Chief Inspector

Name of designated centre:	Glebe House Nursing Home
Name of provider:	Cowper Care Centre DAC
Address of centre:	Kiltiernan Care Centre, Glebe Road, Kiltiernan, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	16 June 2021
Centre ID:	OSV-0000039
Fieldwork ID:	MON-0033261

## About the designated centre

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

The centre is on the outskirts of Dublin and is close to local amenities such as bus routes, local shops and close proximity to the M50. It is a purpose built single storey building that opened for business in 1994. There is a mixture of single (79%) and double en-suite bedrooms provided over three units. A fourth unit has been recently reconfigured to provide accommodation to cater for an additional six residents in single en-suite bedrooms. There is a hub in the middle of the centre with a seating area and dining space, and this is well used by the residents and their visitors. There are also other communal areas on each of the units. One unit has been designed to provide accommodation for residents with dementia, it has a communal sitting room, a dining room and a quiet sitting room, and the unit corridor provides space for residents to walk safely with objects of interest placed at intervals. There is access to the gardens and internal courtyards from each unit. The service provides general nursing and dementia care as long term care, respite or convalescence for residents with maximum, high, medium, and low needs. They are registered to offer 48 beds to male and female residents primarily over the age of 65. An application to increase occupancy to 54 residents has been made.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	52
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 16 June 2021	09:00hrs to 17:00hrs	Deirdre O'Hara	Lead
Thursday 17 June 2021	09:25hrs to 14:05hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life and to have meaningful lives within current restrictions due to the COVID-19 pandemic. The inspector observed that the residents and their families played an active role in decision-making and were consulted in the running of the centre.

When visitors and the inspector arrived at the centre they were guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19.

The centre was well laid out and maintained to meet the needs of residents. There were enclosed external courtyards available to residents with seating and tables, where residents were seen to use them during the inspection for visits or enjoy the gardens and sunshine.

The inspector met with some residents both individually and in small groups. The inspector also spoke with some relatives in the centre on visits. While one visitor who spoke with the inspector said that they found it difficult to speak with nursing staff and requests from a physiotherapist for updates about their family member condition when they rang the centre, they said their family member was well cared for with regard their hygiene and dressing. This was addressed by the person in charge during the inspection.

Other family who spoke with the inspector were very happy with care and communication from the centre. They said they were delighted to be able to visit the centre and that their family member loved having visits in person again.

Residents said that they enjoyed opportunities to take part in various activities such as hand massage, reading newspapers and occasions such as birthdays being celebrated, live music and movie nights with popcorn. Others enjoyed a walking group, painting and exercise classes. Religious services were available on the television and a Chaplain attended during the inspection where they conducted a prayer service with the residents if they chose. There were photos displayed of activities and celebrations in the centre.

Residents informed the inspector that staff treated them with respect and dignity at all times. Residents described staff as very kind, caring and responsive to their needs.

The inspector observed that staff treated the residents with warmth and gentleness. Staff were observed to respect resident privacy and were observed to knock on residents' bedroom doors before being invited in. Residents were seen to spend time in all of the communal areas throughout the day. The lunch time dining experience

was observed to be pleasant and tables were nicely decorated.

Residents who spoke with the inspector knew how to make a complaint and said that issues or complaints made by them were dealt with quickly. A senior member of the management team was appointed to the role of complaints officer.

The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and how this impacts on the quality and safety of the service provided to residents.

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was being delivered to the residents. The management team were proactive in response to issues as they arose, and improvements required from on the previous inspection had been addressed and rectified. There was a clearly defined management structure in place, and staff were aware of their roles and responsibilities. However improvements were required with regard to the required notifications to the Chief Inspector, governance and management and the statement of purpose. Information requested was not readily available to the inspector on the first day of inspection which resulted in the inspector returning the following day to review information.

The centre is part of the Cowper Care Centre DAC group. Glebe House Nursing Home had its own internal governance structures, as well as clearly defined links and relationships with the management structure of Cowper Care.

The service was led by a person in charge, who was suitably experienced and qualified for the role and was available full time in the centre. The person in charge reported to the registered provider and clinical director. They were supported in their role by the assistant care manager, a clinical nurse manager, registered nurses, health care assistants and activity staff. Allied health and social care professionals also reported to them. A services manager oversaw catering, housekeeping and maintenance services.

Management systems ensured that all audits and care reviews as required by the regulations were being conducted. The governance systems in the centre included daily handover and weekly management meetings. There was a schedule of audits in place. Audits were completed routinely by different staff. Results of audits were discussed at different staff meetings to ensure staff were informed. The suite of audits completed was comprehensive.

While the Chief Inspector had been notified by the person in charge, of incidents required under Regulation 31, they had not included all incidences when restrictive practice had been used.

An annual review of the quality and safety of care was last completed in 2019, to monitor how the service was meeting resident's needs and included evidence of consultation with residents. However the formal annual review for the year 2020 had not been completed by the time the inspection took place. The inspector was informed that a satisfaction survey was sent to residents, families and staff during May 2021 and that the annual review would include feedback from the survey to inform improvements for residents living in the centre.

The statement of purpose did not contain all the information required under Schedule 1 of the regulations. For example the current managers who were involved in the oversight of the centre were not identified in this statement, and the conditions that the centre was registered under were not accurate.

Staffing was sufficient to meet the residents' needs. The assistant director of nursing oversaw the quality and safety of care for residents. There were qualified nursing staff available at all times. Staff were supervised in their work and were knowledgeable regarding the needs of residents.

Staff had access to a wide variety of training such as manual handling, fire safety, safeguarding vulnerable adults and infection control. There were a small number of staff overdue training in these areas which was scheduled to take place in days after the inspection. The majority of staff had attended a course in dementia care to enhance the lived experience for residents. Nursing staff had undertaken training in preparation for a new computerised medication system, which was due to be installed later this year.

Staff were aware of the lines of accountability and authority in the centre. Staff who spoke with the inspector reported that they felt supported in their role and that management was always available and approachable to support them in their role. They were clear about the standards that were expected of them in their work.

## Regulation 15: Staffing

Rosters showed that there were registered nurses on duty at all times in the centre. Inspectors found that staff allocations were managed to meet priority needs and to ensure the safe and appropriate delivery of care and services for residents.

There was evidence of active registration with the Nursing and Midwifery Board of Ireland seen in nursing staff records viewed.

Judgment: Compliant

## Regulation 16: Training and staff development

There was an ongoing training programme for nursing staff and care staff and staff records confirmed that staff had completed training on fire safety, safeguarding and moving and handling. Three staff were trained to take swabs for the detection of COVID-19 infection.

Training was also available to staff on topics related to care including dementia, medication management, safe food handling and infection control.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

Clinical audits were carried out that analysed accidents, complaints, care plans, medications and others. The results of audits were shared with staff for learning.

While there was evidence of consultation with residents and their representatives in a range of areas at residents' meetings. The inspector noted that the annual review of the service for 2020 was not completed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

While there was a written statement of purpose it had not been reviewed within that last year. It needed review to ensure it contained all the required information as set out in the regulations. For example:

- It did not contain the conditions that the centre was registered for.
- It did not contain the correct personnel within its organisational structure. Two staff had left the organisation since it was last reviewed.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Improvement was required to ensure that the Chief Inspector was informed of all occasions when restraint was used in the centre. For example when chair and



sensor alarms, bed wedges and door locks between units were used.

Judgment: Substantially compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents, and their needs were being met through good access to services and opportunities for social engagement. Residents appeared relaxed, comfortable and enjoyed being in the company of staff. The findings showed that on the day of inspection, the provider was delivering good quality care and support. Improvements were required under premises, fire precautions, health care and infection control regulations.

While there were systems in place for the assessment, planning, implementation and review of health and social care needs of residents, three residents had not been medically reviewed as required by the regulations and therefore any changes to their medical needs may not have been identified. The registered provider was making efforts to ensure residents had timely access to medical reviews. The inspector was satisfied that residents' social care needs were met to a good standard.

Residents care needs were described in person-centred care plans which were routinely updated and reviewed. If their needs changed there was evidence they were assessed by specialists and care plans were subsequently changed. Individual care plans were reflective of resident's needs, wishes, and choices. There was also evidence that residents and their relatives where appropriate, were consulted in the development of the care plans.

Staff who spoke with the inspector knew residents' well and were knowledgeable regarding their individual needs. Residents were safeguarded by effective procedures in the centre. Residents stated they felt safe in the centre and spoke positively about the care team and management in the centre.

There was evidence that residents' rights were protected, where staff were seen to respect their privacy and knocked on residents' door and awaited a response before entering their room. There were dedicated activity staff, who were supported by care staff to provide residents with a range of activities.

The residents' committee met regularly and residents were consulted with regarding their care and the service provided. The provider valued residents' views and provided them with opportunities to participate in the running of the centre.

There was high use of environmental restrictive practice seen in the centre on the inspection day. Restrictive practices were being used in the care of 40 residents. For

example bed rails, bed wedges and sensor alarms. This could impact the quality of care received by residents. Documentation showed that the registered provider had taken steps to work towards a restraint free environment, in line with national policy as published by the Department of Health. Records showed that the provider had identified the risk associated with using restrictive practice and had started to reduce the restraints being used in the designated centre.

All parts of the centre were accessible and some parts such as the dementia wing had secure key code points to promote resident safety and security.

Infection prevention and control strategies had been implemented to effectively manage infection control in the centre. These included but were not limited to:

- Implementation of transmission-based precautions for residents where required.
- Ample supplies of PPE available. Staff were mostly observed to use PPE in line with national guidelines.
- Monitoring of visitors, residents and staff for signs of COVID-19 infection.
- A seasonal influenza and COVID-19 vaccination program had taken place, with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents and staff.
- One insulin pen was not labelled. This was addressed on the inspection day

The infection prevention and control practices in the centre were good, although some improvements were required as detailed under Regulation 27. Examples seen were inappropriate storage of personal hygiene products, linen and PPE and damage to surfaces of drug trollies. This practice could impact the safety of care provided to resident.

The centre was visibly clean throughout and was maintained and decorated to a reasonable standard. There were a number of communal areas in the centre, and residents were seen to be enjoying these spaces. There were pleasant outdoor courtyards available for residents, which contained a selection of suitable seating. The premises provided residents with a comfortable and accessible environment. Residents had personalised their own room, or, in shared rooms, their space in that room. Residents had adequate space to securely store personal possessions. However there were issues with inappropriate storage in assisted bathrooms and sluices and no provision for a bedpan washer in one of the units.

Staff who spoke with the inspector were knowledgeable regarding emergency evacuation procedures in the centre. All staff were facilitated to attend fire safety training and were familiar with evacuation procedures.

All routine equipment and lighting testing had been carried out in line with requirements. All new staff were provided with fire safety induction and were familiar with the fire protocols in place. Staff were also provided with regular opportunities to attend fire safety training. Improvement was needed with regard to

emergency evacuation drill records, and providing clear means of escape in one dining room and one emergency fire escape.

## Regulation 17: Premises

Areas that required improvement to ensure the quality and safety of care delivered

- In twin rooms, should one resident have the privacy curtain drawn around their bed space, the other resident did not have access to their belongings in their wardrobe space, which meant the residents in this room did not have access to their belongings.
- There was inappropriate storage of comfort chairs in a sluice room and assisted bathrooms
- Raised toilet seats were stored on the floor in one sluice room
- There were holes in the walls and a wall panel hanging off the wall in one cleaners' room which could impact on effective cleaning
- There was no bedpan washer in one unit which meant that staff would have access a bedpan washer by bringing commodes and urinals through the centre to another area for decontamination. This could pose a risk of cross infection.

Judgment: Substantially compliant

## Regulation 27: Infection control

While there was evidence of good infection control practice, there were issues fundamental to good infection prevention and control practices which required improvement:

- Staff hand hygiene practices required review as one staff was seen to wear a watch and another wore nail varnish. This meant that they could not effectively clean their hands.
- One intravenous tray seen was not clean and could result in a risk to residents if it was not cleaned before further use.
- In-use medicinal solutions and personal hygiene products were stored together and not individually labelled for residents. This could result in them being re-used and pose a risk of cross infection.
- The surfaces of two medication trollies were damaged which meant they could not be effectively cleaned.
- One member of staff was seen to decant dirty laundry without wearing the correct PPE and store clean laundry on a used linen hamper for transport through the centre. These practices could result in contamination of staff uniforms and clean linen.

- In the absence of appropriate storage units, disposable aprons were draped over handrails in a number of areas including outside the bedroom of a resident in precautionary isolation. There could be a risk of contamination or a slip hazard should a resident require the use of the hand rail.
- There was no defined process for one cleaning product used to ensure it was diluted to the correct strength to reach the required cleaning standard.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

On the first day of inspection, the inspector was not assured that the registered provider had made adequate arrangements for the means of access to fire fighting equipment in two areas. While this was addressed immediately one fire exit was blocked by a chair for the duration of the inspection. In one dining room clear access to an emergency exit was partially obstructed by a table and 2 chairs.

The inspector reviewed records and found that staff had received up to date training in fire safety. However, improvement was required in documentation for fire drills to give the provider assurances that residents could be evacuated in a timely manner. For example, the number of staff actually involved and time it took to evacuate residents needs to be recorded.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The Inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans were being implemented following review. There was evidence of a range of assessment tools being used to monitor resident's needs.

Residents were comprehensively assessed before admission and at regular intervals once resident in the centre.

Judgment: Compliant

### Regulation 6: Health care

Having regard to the care plans reviewed under Regulation 5, there was evidence within care planning that most residents had good access to allied health

professionals and their General Practitioner (GP). However, three residents had not been reviewed by their GP within the required four month time frame, and as a result their health needs had not been fully assessed.

Residents require regular access to their GP to review their health needs.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff had received the appropriate training and knew how to respond to and manage behaviours that are challenging. The provider was working toward reducing the number of restrictive practices used in the centre in line with best practice.

Judgment: Compliant

### Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. A policy was in place to guide practice.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that resident's rights were protected and that care and services were organised to meet the individual resident's needs and preferences for care and daily routines. Staff who were assisting residents with their meals were observed to sit beside residents and provide patient discreet support. Inspectors observed many residents spending time in the different communal living spaces throughout the centre, there was sufficient space to facilitate social distancing in these areas.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glebe House Nursing Home OSV-0000039

Inspection ID: MON-0033261

Date of inspection: 17/06/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The annual review report was updated reflecting feedback received from residents and families during quarterly residents and family meetings.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose was updated right after the inspection to include the information about the conditions that the centre was registered for and to reflect the recent change of the two personnel within the organisational structure. In addition, the Statement of Purpose of the Care Centre was uploaded on the electronic record's management system for easy access and set for yearly review.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Further MDT review in the use of restrictive practices in the Care Centre was conducted</p>	



following the inspection. At the time of the inspection, 40 residents were in use of different types of restrictive equipment, it was reduced to 32 residents post review. More MDT reviews in the use of restrictive practices are planned over the coming months. Further reduction in the use of restrictive practices was also reflected on the 2nd Quarterly HIQA report.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

1. The curtain rail will be adjusted in the shared room allowing access to wardrobe space. The rooms were measured on 3rd of August 2021 and the order was place on the 4th of August 2021.
2. A new location was identified for drying armchairs after washing in line with best practice in IPC. Staff were also educated about the correct storage of equipment to prevent contamination.
3. Unused toilet seats were removed and stored appropriately. The staff were also educated on proper storage of toileting aids.
4. The wall panel in the cleaners' room has been addressed.
5. The location for additional bed pan washer has been identified and arrangements has been made for installation by the end of September 2021.

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

1. All staff were re-trained on effective hand hygiene practice. Relevant policies and procedures were also discussed during staff meetings and during handovers.
2. The relevant policies and procedure and the use of reusable clinical equipment was reviewed and discussed during the staff meeting on the 2nd of July 2021. The regular disinfection of equipment was also added in the staff routine.
3. Additional baskets for storage of resident's individual toiletries were purchased. The team leaders were also allocated to oversee consistency in storage of resident's toiletries on a weekly basis.
4. The provision of new drug trolleys was discussed with the Pharmacy supplier on the 23rd of July and arrangement to refurbish the current drug trolleys has been agreed.
5. The laundry management and relevant policies and procedures were reviewed and discussed with the laundry staff. A new pedal operated laundry trolley was also ordered and awaiting for delivery.
6. All staff were re-educated on the correct storage of aprons in line with best practice

and IPC procedure.

7. The chemical cleaning product was replaced with a ready to use product that is not requiring dilution.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. After the inspection, the dining tables were rearranged to facilitate easy access to the emergency exit. This new table arrangement was communicated to all staff during staff meeting and the team leader in the unit is allocated to ensure compliance in a daily basis.

2. Night time scenario for simulated fire evacuation was conducted on the 28th and the 31st of July 2021 and results were recorded on an updated Fire Drill and Evacuation Form. Details about the total time of evacuation, feedback of residents and staff participating in the drill, and areas of improvement were detailed on the record. The need for improvement in the total time of evacuation has been identified, so another simulated fire evacuation drill will be conducted on the 10th of August to improve response time. Two more simulated fire evacuation drills will be conducted in this month focusing on areas with residents on maximum dependency. These simulated fire evacuation drills are in addition to the 6 monthly drills conducted in the Care Centre as per policy and procedure. Furthermore, the PIC has attended the remote Fire and Safety Training conducted by HIQA in July 2021 for additional knowledge on the standard required. Staff who are due for refresher training on fire safety are scheduled to attend on the 16th of August 2021.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:  
The residents' medications were reviewed by their allocated GPs on the 19th of June 2021. These residents were also seen and reviewed by their GPs on the 27th of July 2021.

In addition, Cowper Care is exploring other possible options to improve GP access for the Care Centre.



## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	17/07/2021
Regulation 27	The registered	Substantially	Yellow	30/09/2021

	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.	Compliant		
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	02/07/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/08/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	21/07/2021
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not	Substantially Compliant	Yellow	21/07/2021

	less than one year.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/07/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	27/07/2021