Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Prague House Care Company Limited By Guarantee
Name of provider:	Prague House Care Company Limited By Guarantee
Address of centre:	Chapel Street, Freshford, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	19 October 2022
Centre ID:	OSV-0005447
Fieldwork ID:	MON-0038225

About the designated centre

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

Prague House is located on Chapel Street, Freshford, Co. Kilkenny. The centre is a two-storey building that is registered to accommodate 22 people. The management of Prague House is overseen by a Board of six Directors. The centre caters for men and women from the age of 60 years. The statement of purpose states that the centre does not provide 24-hour nursing care, and provides low-medium dependency care 24 hours a day. The statement of purpose states that care is delivered in a homely, comfortable and hygienic environment. The centre manager is employed to work on a full-time basis. Residents do not require 24-hour nursing care, and care is provided by a team of trained healthcare professionals. According to the centre's statement of purpose, all applicants for admission must be mobile, and mentally competent at the time of admission. Each resident is provided with single bedroom accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14

How we inspect

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 19 October 2022	10:00hrs to 19:10hrs	Bairbre Moynihan	Lead
Wednesday 19 October 2022	10:00hrs to 19:10hrs	Niall Whelton	Support

What residents told us and what inspectors observed

As part of the inspection process, inspectors observed staff practices and interactions with residents, and where possible spoke with residents to gain an insight into the overall experience of living in Prague House. From the observations, and from what inspectors were told, it was clear that there was a high standard of care provided in this centre. Residents were positive in their feedback about their experiences of living in the centre with a number of residents complimenting the food.

This was an unannounced inspection to monitor the centre's compliance with the regulations and standards and to follow up on the actions outlined in the centre's compliance plan, following the previous inspection in April 2022. In addition, the inspection focused on fire safety in the centre. On arrival in the morning, the person in charge met with inspectors, and following an introductory meeting the inspectors were guided on a tour of the premises. It was evident on the walk around that the person in charge and staff knew the residents well and residents were observed to be relaxed around staff.

The centre is registered to accommodate 22 residents with 14 residents on the day of inspection. Inspectors chatted to the majority of residents and spoke in more detail with eight residents**.** Residents were complimentary about the food, staff and music on a Monday. Residents spoke with inspectors about their passion for sport especially hurling and rugby. Residents were also well informed about the evacuation procedure and one resident confirmed they had been shown the escape routes by staff. The person in charge told inspectors that a fire safety awareness session was being arranged for residents.

Prague House is laid out over two floors. On the ground floor, Cascade, accommodated five residents and Achadh Úr, accommodated 10 residents. The first floor, Nuenna, can accommodate seven residents. However, all rooms in Nuenna were unoccupied on the day of inspection. All rooms in the centre were single and contained a wash hand basin and storage facilities. Two of the bedrooms were en-suite and the residents in the other rooms shared toilet and showering facilities. Residents' bedrooms were clean and contained personal belongings such as photographs, pictures and belongings from home. All bedrooms contained a television. Some residents had purchased their own dressing tables and storage for their rooms adding a homely feel to the rooms. In addition, the centre had a large brightly painted open plan sitting and dining area, another separate sitting room containing an electric fire which made the sitting room feel very comfortable and an oratory. Residents were observed to be sitting watching the television in the open plan sitting room or talking to each other during the day. In addition, the centre had an enclosed garden containing garden furniture. A porch area contained large sunflowers which were maintained by the residents.

Prague House was a low support centre. Residents went out to the local village to

purchase newspapers for other residents or went on the bus to Kilkenny city. Following the last inspection, the centre had appointed a healthcare assistant to oversee resident activities. Following consultation with residents thirty suggestions were provided by residents for example: bingo, skittles, art and table quizzes. An inspector was informed that the suggestions were rotated weekly. A schedule was available in the nursing office but not for residents to view. On the day of inspection residents were playing bingo in the morning and there was a plan for a movie night in the evening. Residents informed an inspector about live music that takes place on a Monday and how they love it. Residents recently had an excursion to Tramore with a meal afterwards.

The dining experience was observed by an inspector. Residents were observed to be chatting to each other at their tables. All residents attended the dining room and some residents chose to eat alone at their tables. The menu for the day was on display in the dining room and residents informed the inspector how they got a choice at meal times. In between meals, snacks and fluids were available to residents.

Residents were observed to be well dressed with their own individual styles evident. Inspectors were informed that open visiting was taking place and while no visitors were observed on the day, residents informed inspectors about visits from their loved ones and stated that they had no restrictions.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The overall governance and management of the service required further improvement to ensure a consistently safe and effective service was provided to residents. Inspectors followed up on the compliance plan submitted following the inspection in April 2022. Many of the actions from the compliance plan had been implemented, however some had not been sustained. Improvements were observed in Regulation 34: Complaints, Regulation 4: Written policies and procedures, Regulation 11: Visits, Regulation 29: Medicines and pharmaceutical services, Regulation 5: Individual assessment and care plan and Regulation 9: Residents' Rights.The centre had repeated non-compliances in Fire Precautions and Infection control. In addition, further improvements were required in a number of regulations which will be detailed throughout the report.

The registered provider is Prague House care Company Limited by Guarantee. Funding for the service is provided through a service level agreement with the Health Service Executive and resident fees. The registered provider receives a small amount of money through fundraising. The person in charge reported to a board of directors which contained six directors, one of whom was the registered provider

representative. The registered provider representative attended the close out meeting with inspectors on the day of inspection and accompanied one of the inspectors on a further walk through of the centre and confirmed the location of the building fire compartments. The person in charge is supported in the role by an assistant manager, healthcare assistants, catering and laundry staff. The centre had a small number of maintenance staff onsite who were employed through an employment scheme. Prague House was registered to provide care to low or medium dependency residents. The centre did not require to have a registered nurse onsite at all times and any nursing duties required were carried out by the person in charge.

Training around medication management had been completed since the last inspection. Seven staff had attended training with the local pharmacy on medication administration. A small number of staff were outstanding with this training but management stated that they were not administering medications until the training had been completed. In addition, training was provided on medication errors, times of administration and the different formats of medication for example liquids, medications that can and cannot be crushed. Training records reviewed indicated that no other training had taken place in 2022. This will be further discussed under regulation 16: Training and staff development.

Systems of communication were in place in the centre. One to two monthly Board of Directors meetings took place. Not all minutes were available for review on the day. In addition the centre had staff meetings, one was held in August 2022 and the previous minutes available were April 2022. Quality and safety meetings recommenced following the inspection in April 2022. These were held monthly. A small number of residents were discussed at each meeting. In addition, the centre discussed accidents and incidents, medication errors and complaints. Corrective actions were completed following each meeting. There was evidence that incidents were being identified and reported. Medication incident reporting had improved since the last inspection. From a review of the medication incidents these included; residents medication found on the floor and incorrect count of medications in the control book. However, tracking, trending and learning from these and other incidents such as falls was not taking place.

The registered provider had a schedule of audits in place. While improvements were identified in some audits such as medication management, other audits for example: audits that had taken place against theme 1 Person centred care and support and Theme 3; safe support against the National Standards for Residential Care Settings for Older People in Ireland were achieving 100%. However, audits such as environmental audits and infection control audits which would identify issues that were identified on inspection were not taking place. Furthermore, some audits were incomplete and contained no action plans. These will be discussed under Regulation 23: Governance and management.

Contracts for the provision of services outlined the the terms in which the resident would reside. The contract included if a resident's dependency level was to increase that their contract may need to be reviewed.

Not all incidents were reported to the Chief Inspector as required by the regulations. This will be discussed under Regulation 31: Notification of incidents. The centre had an up to date complaints policy in place that outlined that the person in charge was the person who would investigate a complaint and the appeals process. Complaints reviewed were managed in line with the regulations. In addition, schedule 5 policies were in place and up to date.

Registration Regulation 4: Application for registration or renewal of registration

A completed application had been submitted within the required time frame for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had sufficient staffing taking into account the assessed needs of the residents and the size and layout of the designated centre. On the day of inspection the person in charge was working from 8am to 4pm, with three healthcare assistants in the morning, one of whom was assigned to housekeeping only and two healthcare assistants in the evening. If the centre was at full occupancy the registered provider provided assurances that the staffing at night would be increased. The centre had increased the laundry hours since the last inspection to cover five days a week. This was confirmed on a review of rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Other than medication management training staff records reviewed showed that staff had not attended any other training in 2022. Gaps were identified in:

- Cardio pulmonary resuscitation training (CPR) with the last training completed in 2019.
- Infection prevention and control training was completed online however, it was unclear from documentation reviewed when this was completed.
- Gaps in fire training will be discussed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements were identified in the Governance and management of the centre since the inspection in April 2022, however, some issues remained and required further strengthening.

- Audits were not comprehensive enough to identify issues some of which were identified on inspection for example: the shower wall in the bathroom in Achadh Úr was in a state of disrepair.
- A cleaning audit completed in September 2022 was incomplete. For example: cleaning disinfectants and training in chemicals was not completed in the audit. In addition, no action plan accompanied these audits.
- Risks identified on inspection had not been risk assessed. For example; the centre had only two dedicated hand hygiene sinks which did not meet the required specifications. This had been identified on the last inspection but in the interim period that risk had not been risk assessed.
- Tracking and trending of incidents was not taking place. For example: A small number of residents had a small number of repeated falls but this trend was not identified and reviewed for further trends.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

An inspector reviewed a sample of contracts for the provision of services. Resident fees were not outlined in the sample of contracts reviewed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An inspector reviewed the incidents that occurred since the last inspection. One incident that met the requirement for notification was not notified to the Office of the Chief Inspector within the required timeframe. This was submitted following inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had received only a small number of complaints in 2022. From the complaints reviewed they contained the detail of the complaint, the investigation, the outcome and whether the complainants were satisfied with the outcome of the complaint. Residents spoken to were clear on who they would make a complaint to if they had to.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required under schedule 5 of the regulations were in place and up to date.

Judgment: Compliant

Quality and safety

Inspectors found that residents had a good quality of life in Prague House and lived their lives in an unrestricted manner, according to their own capabilities. Inspectors found that residents had good access to the general practitioner and practice nurse and attended the practice if required. Management stated that residents had good access to health and social care providers through the HSE. While improvements were identified since the last inspection in a number of regulations particularly Regulation 29: Medicines and pharmaceutical services, further improvements were required especially in non compliant regulations of Fire precautions and Infection control in order to sustain a good level of person-centred care.

While no visitors were observed in the centre on the day of inspection, inspectors were informed that open visiting was taking place. This was confirmed by residents.

Externally, the gardens were well maintained and provided with adequate furniture and planting. There were hens in the rear garden which were being looked after by one of the residents. The courtyard garden had nice external artwork.

The ground floor in the centre was being painted at the time of inspection and resident rooms were gradually being upgraded with two completed. The ground floor was found to be in good condition and in general met the requirements of Regulation 17, however deficits at first floor were identified which meant that the rooms at first floor were not all suitable for residents in their current condition. This

is further detailed under Regulation 17.

Improvements were identified since the last inspection in infection control for example: a healthcare assistant was assigned to a housekeeping role only daily and the registered provider had sourced a chlorine based cleaning product if required during an outbreak and while it was not kept onsite inspectors were informed that they could have it immediately from the pharmacy if required. The laundry room was observed. All residents clothes were laundered onsite. The room was clean and had a dirty to clean flow. Notwithstanding the improvements identified a number of areas had not been addressed or sustained since the last inspection and additional areas for action were identified which will be discussed under the regulation.

Inspectors noted many good practices in relation to fire precautions;

- Fire doors were maintained in good condition and effective to contain fire.
- The building was sub-divided into small building compartments for evacuation, with the largest accommodating six residents.
- Residents spoken with had a good knowledge of the evacaution procedure and where the fire exits were located.
- Staff spoken with demonstrated a good knowledge of the evacuation procedure and the residents' evacuation requirements.
- Floor plans were mounted to the back of bedroom doors showing escape routes from that location
- Internal audits were completed including; upholstered seating, bedding and furnishings, floor finishes and fire doors
- Signage was displayed throughout to identify the zone, which would assist staff when identifying the location of the fire

As the centre was registered to provide care to low or medium dependency residents and from a review of the residents evacuation assessments, residents only required guidance to evacuate, and were mobile; no evacuation aids were required. While some good practices were observed, there were a number of areas identified that required action to ensure compliance with fire precautions, as detailed under Regulation 28.

Actions identified from the last inspection in relation to Regulation 29: Medicines and pharmaceutical services had been actioned. The registered provider had identified a staff member to lead out on medication management. Improvements identified included:

- The potential for medication error had been reduced by the discontinuation of transcribing. All medications were now prescribed by a general practitioner and a medication kardex and administration record was then completed by the pharmacist.
- Medication reviews were taking place 6 monthly with the GP, pharmacist, person in charge and HCA in charge of medications.
- Allergy boxes on medication records were now completed.
- Medication audits had commenced monthly.

- Medication errors and incidents were reported.

However, additional areas for action were identified which will be discussed under the regulation.

Care plans and validated assessment tools were updated four monthly but generally more frequently. Residents each had an assigned key worker who updated the assessment tools and care plans. Each resident had individual risk assessments on for example risk of resident having an accident when they go out alone and risk of a resident not taking medication when administered. These were reviewed and updated at regular intervals.

Resident activities generally took place once daily and a daily schedule was devised following consultation with the residents. Residents were observed reading the paper during the day and a number of residents were watching the news on television in the evening.

Regulation 11: Visits

The centre had an open visiting policy. Residents informed the inspector that there was no restrictions on their loved ones coming to visit.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure compliance with Regulation 17 and schedule 6, for example:

At first floor:

- Lights in some rooms and the on the corridor were not working. Some fittings had been removed and bulbs missing in others
- The alarm cords were missing from some bedrooms.
- A sink was missing from a bedroom.
- There was general wear and tear including chipped doors, damaged walls with exposed concrete in Nuenna bedrooms including store room 2 and bedroom 1.
- Store room 2 in Nuenna had a stained ceiling.
- In one bedroom painting had commenced but not yet finished.
- The tiles within the shower room were stained and the painted finish to the ceiling was not complete.
- Stock was stored on a store room floor.

At ground floor:

- In one bathroom the wall was damaged where the shower fitting had been replaced.
- The call bell had not been fitted to the smoking shelter.
- The ceiling within the sitting room was stained from a water leak.
- A room identified as a meeting room on the floor plans, was not within the boundary of the designated centre on the floor plans. However, staff stated it was part of the centre but not in use at present.

Externally in the rear garden, there was old equipment which was awaiting disposal.

Judgment: Substantially compliant

Regulation 27: Infection control

The ground floor of the centre was generally clean on the day of inspection, however, a number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- An inspector was informed that the housekeeping trolley was cleaned weekly. However, a trolley was noted to be dusty and unclean suggesting that increasing the cleaning frequency of trolleys was required.
- COVID-19 testing equipment was stored in the staff changing area.
- The inspector observed that there was only one hand gel dispenser on Cascade. In addition, hand gel dispensers were noted to be empty in Nuenna.
- 70% alcohol wipes were routinely used to disinfect equipment. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surface.
- A thermometer was observed to be in a state of disrepair, held together with sellotape. This posed a risk of cross contamination.
- A press to store kitchen mops was dusty and unclean.
- Resident urinals were in use, however, the centre had no bedpan washer in which to wash them. This had been identified on previous inspections.
- Buckets used for housekeeping were filled with water via a jug from a sink identified as a handwash sink in the access room.

In addition, issues identified on the inspection in April 2022 remained. For example:

- Management had attempted to source training for cleaners since the last inspection but were unable to do so. This was documented in minutes reviewed. However, this remained an issue especially given a repeat non-compliance in infection control.
- Staff were observed wearing gloves for routine work such as administering medications and serving meals. It was brought to both management and staff

attention on the day.

- Two hand hygiene sinks were only available to staff, both of which were not compliant with the required specifications. Management stated that they had discussed it and were reviewing the placement of new sinks.
- Management stated that routine flushing of taps was being carried out, however, no records were available for the inspector to view.
- Cleaning schedules of Nuenna indicated that it had not been cleaned in a number of months. This had been discusseed at a Quality and Safety meeting in June 2022 but remained an issue. In addition a window sill in the cleaner's store room in Nuenna contained debris and was unclean.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire or arrangements for reviewing fire precautions, for example:

- there were electrical panels located on escape corridors; the door to the protective casing of one was open and unable to close
- there was a light fitting removed and the wire taped up. The registered provider representative assured that this would be immediately addressed
- there was no risk assessment completed for residents who smoke
- the in-house fire safety checks were not always filled in. Daily checks of the fire alarm panel were occurring weekly

The means of escape was not adequate, for example;

- a number of exit signs were not lit
- one exit door had a security chain at high level which may not be accessible to all in the event of a fire
- there were timber sheeted ceilings at first floor. Assurance was required that they are appropriately treated to restrict the spread of flame

Arrangements for maintaining fire equipment was not effective:

- While there was a commissioning certificate for alterations to the emergency lighting system, service reports were not available
- the centres own weekly checks of the emergency lighting system identified units which were not working; these were outstanding.

The arrangements for fire safety training were not adequate, for example:

- fire safety training was not being conducted annually in line with the centres own fire management plan. From a review of fire safety training records, there was a staff member on duty at night time who hadn't received fire safety training. The person in charge actioned this and confirmed fire safety

training had been scheduled for the weeks following the inspection.
- there were seven staff who had not received fire safety training.

The arrangements to ensure the safe evacuation of residents were not adequate, for example:

- there were no recent drills available to reflect the testing of the evacuation procedure when staffing levels were lowest
- the assessed needs of residents were documented as personal emergency evacuation plans (PEEP). These were only reviewed annually and did not in all cases include the residents rooms number.

The measures in place to contain fire were not adequate;

- notwithstanding the good standard of fire doors, the automatic closing device to a fire door did not work
- the store at first floor did not have a self closing device fitted
- the ceiling above the former boiler room did not appear to provide adequate containment
- there were service penetrations through fire rated construction which required sealing up to ensure its fire rating
- further assurances were required from the provider regarding the fire containment strategy at first floor.

The measures in place to detect fire were not adequate;

- the oratory was fitted with a heat detector and not a smoke detector.

Adequate arrangements had not been made for giving warning of fires:

- the fire alarm system was a zoned system; staff will only know the zone where the detector was activated placing reliance on floor plans to identify the location. Zoned floor plans were displayed beside the fire alarm panels, however the first floor was not displayed adjacent to the fire alarm panel at the main entrance
- the service records for the fire detection and alarm system did not identify the category of system provided.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While the inspector identified that improvements had been made in medication management and safety since the last inspection areas for additional improvement were identified:

- Staff were aware that medications had been discontinued, however, they

were not always discontinued on the medication kardex.
- An inspector was informed that following administration of a PRN (as required) medication the indications for administering the PRN medication and outcome were not documented in the residents daily progress notes. .

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning had improved since the last inspection, however, it was noted that a resident who had been admitted greater than 48 hours previously care plans and validated assessment tools had commenced but were not completed and some not dated at the time of inspection.

Judgment: Substantially compliant

Regulation 6: Health care

The majority of residents attended the local general practice. Residents attended appointments in the surgery and it was clear that the centre was provided with support from the general practice. Residents were attending there on the week of 24 October for their flu vaccinations. Health and social care providers were accessed through the health service executive. No resident had been referred recently to any of the services so management were unsure of the waiting times. Vital signs and weights were carried out monthly.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted about the running of the centre through resident meetings. In addition, residents were consulted about the activities that they would like to do. They varied from week to week. As this was a low support centre residents went to the local village and shops to run errands, attend the GP or go for a coffee. In addition, day care was on weekly in the local GAA club and residents could attend as well as the bridge club weekly.

Residents had access to WIFI if required.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Prague House Care Company Limited By Guarantee OSV-0005447

Inspection ID: MON-0038225

Date of inspection: 19/10/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: First Aid training to include CPR and De Fib training is booked for December 8th and 9th to ensure there are places for all HCAs to attend. Fire Training including a simulated evacuation of the full building using staff evacuating staff was completed on November 4th All Infection Prevention and Control training had been completed between 2020 and 2022. Staff who completed training prior to 2022 have been requested to update immediately.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits: A check list will now accompany audits monthly to highlight any issues and will be addressed using this as a template. This has been addressed with the maintenance team. Suitable areas on both corridors have been identified for installation of hand wash basins and the plumber has been contacted re completion of these works. A Risk assessment has been devised in relation to this and will be updated when works have been completed There will be a tracker indicator page in each residents clinical file where all incidents will	

be recorded to show if there is a trend to this behavior.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: An addendum has been added to each residents Contract of Care outlining the fees they pay each week

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notification of incidents has been discussed with staff and the need for same to be done in a timely manner addressed. Two staff have been identified and trained in the use of the Portal to ensure all incidents are notified in my absence

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: We expect to have the following completed by 26th November: Missing lights and fittings replaced. Alarm Cords fitted to all outlets and operating satisfactorily. Stock now being stored on shelving and protocol in place. Drawings have been revised to come within boundary of designated center on the floor plans and submitted to HIQA. Old equipment in the rear garden has been removed off site and disposed of. The following well be completed by 3rd December Replacement sink in Bedroom fitted Damaged walls in Bedroom 1 and storeroom 2 made good

Painting of Bedroom 2 completed.
Tiles in shower room cleaned and paint upgrade completed
Damaged wall at shower fitting in bathroom made good.
Call bell fitted in the smoking shelter area.

Room ceilings and walls with stain damage will have leak fixed and finish reinstated

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Housekeeping trolley is cleaned daily and has a checklist attached for signing.

Covid testing equipment is now stored in a press in the manager's office

Hand Gel Dispensers have been replaced where necessary and refilled in areas.

Staff advised that Alcohol wipes are not for cleaning and a notice has been displayed in the staff office in relation to this

The Thermometer in a state of repair has been disposed of and replaced.

Storage area for Kitchen mops now has a sign list on the door to ensure it is checked and cleaned daily

Residents will be assessed on an individual basis in relation to the need for urinals.

A training course for cleaning has been sourced by the Chairperson and staff who are assigned to cleaning will be registered for this course

Filling of buckets by household staff from a hand washing sink has been risk assessed. An area has been identified as a possible ground floor storage area for cleaning trollies with the addition of a janitorial sink added. This will be assessed by the plumber for suitability and works completed in a timely manner if deemed suitable.

Staff are aware that gloves are not to be worn only for personal care and cleaning.

Areas have been identified on both corridors for the installation of hand sinks and the plumber made aware of the work to be done.

Flushing of taps upstairs and documentation of same has been addressed and a sign list put in place.

Staff who carry out cleaning upstairs are now aware that the cleaning schedule list must be signed each time. All areas upstairs including storage areas are included in the cleaning schedule

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All staff attended fire training on November 4th 2022. This included a full evacuation with staff on the day.
The nights where the person on duty was awaiting training had a second staff on sleepover duty each night.
PEEPS to be reviewed by December 16th 2022
Day and Night fire drills to be completed to reflect the staffing levels by December 16th 2022
Risk assessment in place for the resident who smokes
Fire safety check are now being completed and fire alarm is being checked daily

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Discontinued medications Staff have been informed that any medications that are being discontinued must be done so by the GP/Prescribing nurse and same must be reflected on the kardex and signed by the GP

At a staff meeting administration and recording of PRN medications including in the residents care notes and the outcome from same was discussed with all staff present
Notice in relation to this is in place in the staff office to support all staff documenting notes.

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 Plans are reviewed every four months.On admission a resident will be assigned a key worker who will be responsible with the PIC to ensure all documentation for the resident is up to date and reviewed as required. This will be completed within two days of admission.

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.	Substantially Compliant	Yellow	13/01/2023
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	22/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	13/01/2023
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	24/11/2022

	relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
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.	Not Compliant	Orange	27/01/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	02/12/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	26/11/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Not Compliant	Orange	24/02/2023

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	02/12/2022
Regulation 28(1)(d)	The registered provider shall 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.	Not Compliant	Orange	16/12/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	24/02/2023
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of	Substantially Compliant	Yellow	02/12/2022

	fires.			
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	16/12/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	24/11/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	24/11/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	22/12/2022

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			