



**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:	Caiseal Geal Teach Altranais
Name of provider:	Caiseal Gael Teoranta
Address of centre:	School Road, Castlegar, Galway
Type of inspection:	Unannounced
Date of inspection:	15 October 2020
Centre ID:	OSV-0005491
Fieldwork ID:	MON-0030762

About the designated centre

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

Caiseal Geal Teach Altranais is a purpose built facility located in Castlegar, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are two floors designated for residents, each having communal areas, dining room and sitting room in addition to residents' bedrooms. The first floor has a spacious sun terrace accessed from the day room and leading to an enclosed courtyard and gardens. Both floors have lift access to and from residents' own areas. Resident bedrooms and living accommodation is on the second and third level. There are 34 single bedrooms and four double bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Thursday 15 October 2020	09:30hrs to 18:30hrs	Una Fitzgerald	Lead
Thursday 15 October 2020	09:30hrs to 18:30hrs	John Greaney	Support

What residents told us and what inspectors observed

On arrival to the centre inspectors observed that there were no residents in the communal sitting room and dining room. Inspectors were informed that all residents were encouraged to remain in their bedrooms as a result of a second COVID-19 outbreak in the centre. As the day progressed inspectors did observe more residents in the communal areas. For example, a resident was seen sitting in the entrance foyer people watching. Inspectors observed that when staff walked past any resident in the corridor they greeted them by name. The inspectors spoke with a small number of residents during the day of the inspection. The general feedback from residents was one of satisfaction with the care and service provided. Residents were happy that there was no restrictions on access to the internal courtyard.

On the day of the inspection there was no staff member assigned to activities and there was no planned activities. When inspectors asked about meaningful engagement with residents who were spending long periods of the day in their bedrooms, the management team told inspectors that the residents rooms had televisions, that some residents like to draw and that staff were popping in and out of the rooms.

Inspectors met with individual residents in their bedrooms. When asked about the restrictions, residents reported mixed feedback. Residents described feeling isolated and how there was only so much television one could watch or art one could complete. Residents had access to a phone. Residents reported that although they understood that staying in their rooms was for their protection they found the days in their bedrooms long and uneventful. Residents did state that they understood that actions taken were done to protect them.

The practice of encouraging all residents to stay in their bedrooms was reviewed by the management team and inspectors were told that decisions were based on the information at hand. In the afternoon on the day of the inspection the person in charge confirmed that there was no need for residents, who were not in isolation, to remain in their bedrooms. Despite this decision, inspectors later observed an incident where a staff member instructed a resident, who was not in isolation and who wished to go for a walk, to take off their coat and remain in their room. The staff member then closed the bedroom door with the resident inside the room. This matter was brought to the attention of the management team.

Inspectors asked a number of the residents that were confined to their rooms whether staff responded quickly if they rang their call bell. The feedback from residents was mixed; one resident told inspectors that they had rang the bell that morning and it had not been answered. Another resident attributed delays in answering call bells to a shortage of staff. The residents spoken with had not brought their concerns to the attention of the management team nor had they utilised the complaints process.

Capacity and capability

Caiseal Gael Teoranta is the registered provider of Caiseal Geal Teach Altranais. This unannounced risk inspection was carried out to determine what progress had been achieved in addressing issues of regulatory non-compliance found on the last inspection on 27 May 2020. The inspection was triggered following receipt of unsolicited information of concern, which alleged there were deficits in the provision of care, staffing numbers and staff training. Evidence found during this inspection partially substantiated these concerns and the detail is outlined within the report.

A second COVID-19 outbreak in this nursing home was reported to the Chief Inspector on the 12th October 2020. In total, two persons had tested positive. On the day of the inspection, five residents and four members of staff were self-isolating and all residents in the centre were being retested.

The findings of this inspection were that the provider had implemented some of the actions that they had committed to following the last inspection and these had a positive impact on the lived experience of residents. For example:

- the centre was visibly clean and the management team were monitoring the standard of cleaning
- the management of residents laundry had been reviewed. Inspectors found that there was a process in place and inspectors observed that clothing ready for return to residents was clean and ironed where required
- staff were wearing appropriate personal protective equipment (PPE). In addition, inspectors observed good hand hygiene practices
- the centre has installed wall mounted thermometers at the public and staff entrances and staff temperatures were recorded at the beginning of each shift.

The person in charge was in ongoing communication with public health officials on the best steps to take in order to protect residents and minimise the spread of the current COVID-19 outbreak. The clinical management team confirmed that as a direct result of the second outbreak the following steps had been taken:

- all staff in the isolation area wore full PPE when in direct contact with residents
- residents in the isolation unit were not in contact with other residents in the centre.

In addition clinical care audits had been completed by the person in charge. Inspectors found that the completed audits were comprehensive and identified gaps that required further improvements. For example, the audit on nursing care plans that was completed in July 2020 had found that assessments are not linked to care plans. During this inspection, inspectors found good progress in the nursing care

plan documentation in place

Notwithstanding the improvements set out above the findings of this inspection were that the governance and management of the centre required further review to ensure that:

- there are clear lines of authority and responsibility in keeping with the statement of purpose and commitments given to the Chief Inspector. For example, the management structure had not been strengthened by a presence of a representative of the provider in the centre on a full time basis
- the centre has sufficient staff to ensure the effective delivery of care in accordance with the statement of purpose and the layout of the centre over two floors
- roles and job descriptions were consistent with the professional qualifications and experience of the staff member
- the service provided is safe, consistent and effectively monitored in respect of infection control, risk management systems, medicines management system, resident rights, training and staff development.

Regulation 15: Staffing

The provider did not ensure that the number of staff and skill mix was appropriate to the needs of the residents. On the day of inspection there were four residents with maximum care needs and eighteen residents with high dependency care needs. Inspector found that the care hours were insufficient and did not take into account or accommodate the social needs of residents and the impact of isolation on their overall health.

Following an inspection in May 2020 the provider had committed to the provision of two registered nurses on duty at all times delivering direct care. The findings of this inspection was that this was in place but the provider had reduced the hours of non-nursing care staff:

- instead of six healthcare assistants (HCA) working from 0800-2000 hrs there were six in the morning and the numbers reduced to five from 1400hrs. This was a daily reduction of six care hours per day.
- dining room assistant duty hours had been reduced from 0900-1800 each day to 0800-1400. A daily reduction of three hours.

As a consequence of the above reductions, the HCAs on duty in the afternoon are now required to support the kitchen as well as the direct delivery of care. In addition, due to the shortages in HCA the activities staff are redeployed to the role of healthcare assistant. On days when this occurred, there were no activities for residents.

In addition, inspectors were not assured that the provider had robust contingency plans in place to deal with unplanned staff leave. Senior managers confirmed that

when staff are unavailable for work they are frequently unable to arrange for replacement staff. This was evidenced by;

- on one occasion a registered nurse had worked a continuous 20 hours when a replacement staff nurse was not available.
- A review of the roster for the week of the inspection found gaps in the availability of the HCA staff. On four consecutive days the centre did not have the required number of HCA's.

The staffing numbers on duty were discussed with the management team who advised that the centre has an ongoing recruitment campaign and inspectors were told that the centre is in contact with multiple agencies in an effort to employ more staff. These findings are of considerable concern when viewed in the context of a centre that required significant resources and support from the Health Service Executive (HSE) to deal with staff shortages during the first COVID-19 outbreak in the centre. If such an outbreak was to reoccur the provider would once again be unable to staff the centre.

A review of staffing levels is urgently required. The person in charge told inspectors that all new admissions to the centre had ceased until the staffing in the centre reached the required levels.

Judgment: Not compliant

Regulation 16: Training and staff development

On the day of the inspection there was significant delay in providing the details of staff training in all areas of training that are required by the regulations.

The information was first requested at eleven am and again in discussion with the RPR when going through the compliance plan response from the last inspection at 13.10 hrs. When the records were provided at 17.30 hrs they did not include the records of staff attendance at mandatory training in the areas of fire safety and the management of responsive behaviours. In addition the records evidenced gaps in staff training on manual handling and safeguarding training.

Consequently the provider did not have oversight of the areas of training that were outstanding and in the absence of up to date training could not be assured that the staff had the required knowledge. Inspectors were informed that training had been cancelled due to the COVID-19 pandemic and outstanding training was rescheduled.

Judgment: Compliant

Regulation 23: Governance and management

The findings of this inspection is that the governance and management arrangements in place required review.

Inspectors reviewed the governance structure and the lines of authority and accountability were not clear. For example, the assistant manager job description outlines that the role has the ability to lead supervise and assess junior RN (registered nurses) and HCAs (healthcare assistants). However, the qualifications required for this role did not include a nursing qualification and therefore the responsibility attached to the role could not be appropriately fulfilled. The RPR committed to complete a second review of the roles and responsibilities of the governance and management structure within the centre.

Risk management systems required review. The person in charge informed inspectors that following the last inspection a review of risk had been completed. The updated risk register was discussed with the RPR and the PIC. Inspectors were given a copy of the COVID-19 contingency plan (2) dated August 2020. This document outlined that an action was required to ensure that the COVID-19 section in the risk register is kept up to date and under regular review. On the day of inspection, the risk register did not contain any risk assessment with the detail of the control measures or additional steps taken to manage the following risks;

- The risk and steps to be taken to manage a second COVID-19 outbreak - restated from the last inspection
- Lack of access to a sluice in the area of the centre that was zoned as COVID-19 positive -restated from the last inspection.
- The risk associated with the centres ability to staff the centre during a second COVID-19 outbreak
- The risk associated with the storage of cleaning equipment in the sluice room.

Improvement in the management systems is required to ensure that the service is safe, appropriate consistent and effectively monitored. This was evidenced by;

- deficits in medication management identified on this inspection were not captured by management through their system of audit
- The residents rights to have the opportunity to participate in activities in accordance with their interests and capacities. There was no provision of activities on the day of inspection.
- Improvements required in the management system in place that ensures oversight on the training in the centre.
- The availability of staff. There were inadequate arrangements in place to address vacancies associated with unplanned leave.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required review to accurately reflect:

- The organisational structure, including the roles of responsibility and accountability
- The numbers of registered nurses to reflect the commitment to have two registered nurses on duty at all times delivering direct care.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified of a second COVID-19 outbreak within the centre. The detail that was reported was not accurate.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors were given the detail of four complaints that had been made to the management team following the last inspection. Overall, the detail was sufficient and evidenced follow up by the person in charge with the complainant to ensure a satisfactory outcome.

The complaints process displayed in the main foyer was dated February 2019. The detail of the nominated independent person identified in the process was outdated. The RPR committed to review and update this process.

Judgment: Substantially compliant

Quality and safety

This centre was previously subject to a significant outbreak of COVID-19 among residents and staff. Subsequent to the outbreak, an inspection conducted in May 2020 found that significant improvements were required in relation to infection

prevention and control practices. The findings of that inspection indicated a lack of understanding by management of the need to segregate staff and residents to minimise the risk of spreading the virus and the need to track residents and staff that may have been in contact with a suspected or confirmed case of COVID-19. There was also a need to address environmental hygiene and cleaning practices. Other issues identified as requiring attention on that inspection included medication management and nursing documentation.

The findings of this inspection was that the provider was still not appropriately segregating residents that are suspected or confirmed to have COVID-19. On the day of the inspection five residents were cohorted in a designated isolation wing on the centre, with designated staff caring for them. Discussions with staff, however, indicated that on the day prior to and the morning of this inspection, staff were not designated solely to this wing and provided care to other residents in the centre that were not considered close contacts or suspected of having COVID-19. Inspectors were also informed that one resident was now in isolation as a result of being temporarily moved to the bedroom of a resident who was positive for COVID-19.

It was evident that efforts had been made to ensure that the environment was clean and clutter free. There was a need to review the sluice room in relation to storing cleaning equipment in the room and also to ensure that all items were stored appropriately. The risk identified on the last inspection in relation to the availability of one sluice on the second floor and the location of the isolation unit on the first floor had not been addressed or measures taken to minimise risk of cross infection.

Residents' access to activities was negatively impacted by staffing shortages resulting in the activity coordinator being redeployed to other duties.

Residents rights were also adversely impacted by the direction that all residents should remain in their bedrooms due to the new cases of COVID-19.

Regulation 27: Infection control

Improvements were noted in infection prevention and control practices since the previous inspection, however, further improvements were required.

The standard of cleaning in the centre had improved and areas of the centre identified on the last inspection as requiring attention had been cleaned and tidied. The laundry room was clean and tidy and there was an adequate system for segregating clean and dirty linen. There was an adequate supply of hot water throughout the centre to support good infection control practices and there was an adequate supply of hand hygiene gel products. There was an adequate supply of PPE available.

Staff were observed to avail of opportunities for hand hygiene in accordance with recommended guidance and PPE was used appropriately. There was also evidence

of adherence to the uniform policy by staff.

Despite these issues being addressed there continued to be deficits in infection prevention and control practice. For example:

- a resident was moved from their bedroom to a twin room and as a result was now sharing with a resident that had been deemed a close contact of a resident that tested positive for the virus. While inspectors were informed that the room had been deep cleaned, many of the residents' personal belongings remained in the wardrobe. This contravenes infection prevention and control guidance and resulted in the resident having to isolate in a bedroom for 14 days.
- staff members informed inspectors that on the day prior to this inspection, caring duties were not segregated and staff were providing direct care for residents in isolation and residents in other parts of the centre
- the sluice room had been cleaned and tidied since the last inspection and the bedpan washer had undergone preventive maintenance. However, commode basins, toilet seats and urine bottles were inappropriately stored on top of the bedpan washer
- the sluice room was also used by housekeeping staff for storing cleaning equipment and cleaning chemicals. The design and layout of the room did not adequately provide for clean and dirty zones. Cleaning chemicals were inappropriately stored on the board of the sink.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed medication management practices. Some of the issues identified for improvement at the most recent inspection had been satisfactorily addressed. The clinical room was tidy and secured from unauthorised access. Medicines requiring refrigeration were stored appropriately and the fridge temperature was monitored and recorded. While nurses had signed the medication administration record (MAR) to indicate whether or not a medicine had been administered, inspectors noted that for one resident this had not been done on two occasions on the day prior to this inspection.

Despite these improvements, further significant improvements were required. A review of a sample of medication records indicated that nurses transcribed prescriptions. Recommended practice is that where medicines are transcribed, two nurses sign to verify that it has been accurately transcribed. This was not done and there was no section on the prescription template for this to be done. While most prescriptions were signed by a GP, some were not, even though some time had passed since the medicine had commenced.

The inspectors reviewed the medicine cupboard and found that two medicines were

past their expiry date and had not been identified for return to the pharmacy. Inspectors also reviewed the management of medicines requiring special control measures. Records indicated that medicines were counted by two nurses when medicines were being administered and at the end of each shift. A review of a sample of these medicines indicated that the count was correct. It was noted, however, that the sheet used for recording the count had been completed in advance of the shift change which is not in accordance with recommended practice.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents were assessed on admission and at regular intervals thereafter. Assessments were supported by the use of a variety of accredited assessment tools for a range of issues, such as the risk of falling, the risk of pressure related skin damage, mobility needs and nutritional status. Care plans were then developed based on these assessments and these were seen to be predominantly personalised and provided good guidance on the care to be delivered. Records indicated that care plans were reviewed regularly and residents were reassessed at a minimum of every four months or as their needs change.

Judgment: Compliant

Regulation 6: Health care

Residents in the centre were under the medical care of a number of GPs, however, most were under the care of one GP. Discussions with members of management and a review of residents records indicated that at the beginning of the pandemic, GPs had ceased attending the centre and had been assessing residents remotely with the assistance of nursing staff. On the day of this inspection some GPs, but not all, had resumed attending to residents in the centre.

There was evidence that residents were in receipt of a good standard of medical care. Some improvements were required. A review of nursing records indicated that following an incident, out-of-hours GP services had provided telephone advice on the care of the resident overnight but had advised nursing staff to refer the resident to their own GP in the morning. Nursing records did not indicate that this was done and there was no evidence that the resident had been referred for assessment in relation to potential injuries for a number of days following the incident.

There was good access to allied health and specialist services, such as speech and language therapy, dietetics, dental, opticians, psychiatry, and occupational therapy.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents residing in the centre who had been diagnosed with dementia. In a sample of care plans reviewed by the inspector, comprehensive care plans were in place for the management of the behaviour and psychological symptoms of dementia (BPSD). There was evidence of the use of Antecedent-Behavior-Consequence (ABC) charts in an effort to identify potential environmental factors contributing to a particular behaviour. There was also access to psychiatry of later life services for residents that may benefit from this service.

Of the 32 residents in the centre on the day of the inspection, 15 had bed rails in place. While there were risk assessments conducted prior to the use of bed rails and safety checks conducted while bed rails were in place, records indicated that at least one resident should have been reassessed and had the bed rails removed. This resident had attempted to climb over the bed rails on one occasion, which according to the risk assessment is a contra-indication to the use of bed rails. Inspectors were also informed that bed rails were put in place for one resident following a request from family members. A review of the use of bedrails is required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were systems in place for residents to maintain contact with family members. There were a number of electronic tablets for residents that wished to have video calls with relatives. Many residents had mobile phones but also had access to a cordless phone in the centre. Visiting had ceased in accordance with the Level 3 Plan for Living with COVID-19 but inspectors were informed that visiting would be permitted on compassionate grounds.

The centre employed activities staff. Rotas reviewed evidenced, that while activity hours were allocated on the rota, the staff held multiple responsibilities for the duration of their shift. In addition, there were days where no activities personnel were rostered or activity hours allocated.

The health care assistants spoken with told inspectors that they do not have sufficient time to complete one to one activities with residents. On the day of the inspection, due to limited staffing numbers, the activities staff was providing direct care to residents. Inspectors were informed that due to a resident recently testing positive for COVID-19, residents on the ground floor were encouraged to remain in their bedrooms. Inspectors, however, observed that most residents on both floors remained in their bedrooms. Inspectors observed one resident, that was not in

isolation, attempt to leave their bedroom to go for a walk. The resident was instructed to return to their room by a staff member, who then closed the resident's bedroom door.

While there was a weekly activities schedule on display in the centre, it was evident that the programme of activities had been suspended and most residents spent their day in their bedrooms with limited stimulation. There were no group or one-to-one activities facilitated on the day of the inspection. When management were asked about meaningful activities for residents, inspectors were informed that residents had televisions in their bedrooms and some residents liked to draw.

Inspectors spoke with a number of residents and found them to be up-to-date and informed about relevant advice and guidelines. Residents independence was supported and encouraged. There was good access to television and radio and there was a plentiful supply of local and national newspapers.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Caiseal Geal Teach Altranais OSV-0005491

Inspection ID: MON-0030762

Date of inspection: 15/10/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Two staff nurses have been recruited bringing the nursing team to 11 nurses. This will provide improved cover for unforeseen absences. Another staff nurse is starting in January bringing the nursing complement to 12 WTE staff nurses, plus the PIC. Additional healthcare assistants have been recruited bringing the total to 23 healthcare assistants. This will ensure there is adequate cover in the event of unforeseen absences. Six healthcare assistants are now rostered from 8am to 8pm each day. The dining room assistant will be rostered from 9am to 6pm each day. An additional staff member is now rostered to provide activities on weekends. Recruitment is ongoing for a second dedicated activities assistant.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the roles and responsibilities of the governance and management structure is being carried out. The system manager job description has been corrected. The risk register has been reviewed and updated to include the noted assessments. An assessment is being carried out to ascertain if one of the downstairs toilets can be converted into a second sluice. In the interim the PIC has risk assessed the current situation and has prepared a procedure to be followed until the second sluice is installed. A weekly medication audit is now being conducted.</p>	

Additional provision of activities on weekends is now being provided. A plan for continued activities in the event of a Covid-19 outbreak has been prepared.

An updated training matrix has been prepared and will be kept under review by the PIC and ADON.

Ongoing recruitment is being carried out. The centre now has 11WTE staff nurses and 23 HCAs. This is sufficient staff numbers to cover the current roster plus 20%. Further recruitment is ongoing

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been updated to reflect that there are two nurses providing care at all times. The organizational structure is being updated in line with a review of roles and responsibilities.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Notification has been corrected. In future the PIC will double-check to ensure that Notifications are submitted in the correct format.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints process is being updated to reflect the addition of a current nominated independent person.	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The sluice room has now been fitted with shelving so that all equipment and chemicals are suitably stored and the sink and bedpan washer are kept free. Cleaning equipment is no longer kept in the sluice room. The sluice room is being reviewed on a weekly basis by the PIC or ADON to ensure best practice in infection control is adhered to. An assessment is being carried out to ascertain if one of the downstairs toilets can be converted into a second sluice.</p> <p>In the event of a future outbreak of Covid-19 the PIC or ADON will personally inspect any room before a resident is moved there to ensure that best practice in infection protocols is adhered to. The PIC will also ensure that, at all times, staff allocation follows best practice in infection control with regard to Covid-19. Allocation of staff is documented on a daily sheet and staff are allocated to named residents. In the event of an outbreak the PIC will allocate named core staff to work in the isolation wing only. This will be communicated to all staff at the daily Covid-19 meeting.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All medicines have been reviewed and out-of-date medicines have been returned to the pharmacy. Two nurses are now signing for transcribed medications. Kardexes are being reviewed each week to ensure they are promptly signed by the GP. Nurses have been instructed to complete the medication count at the correct time. A weekly medication audit is being carried out, including the above matters, to ensure that medication management is conducted in line with best practice.</p>	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
 All GPs review their patients on an ongoing basis. Any recourse to out-of-hours GP services are carefully monitored as are subsequent referrals to residents' own GPs. The recording of the incident identified in the report was reviewed by the DON and corrective measures put in place to prevent a recurrence.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Consent for bedrail use is obtained and documented. A review of bedrail use has taken place.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 An additional staff member is now rostered to provide activities on weekends.

Recruitment is ongoing for a second dedicated activities assistant.

The PIC, ADON and activities coordinator have prepared a contingency plan for activities and resident movement about the centre, to be used in the event of a future outbreak.

An audit of call bell answer times has been conducted.

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 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	21/12/2020
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	Orange	30/11/2020
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	30/11/2020

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	30/11/2020
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.	Not Compliant	Orange	30/11/2020
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no	Substantially Compliant	Yellow	30/11/2020

	longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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	31/12/2020
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	31/10/2020
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints	Substantially Compliant	Yellow	31/12/2020

	procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.			
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	30/11/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/11/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	19/10/2020