



**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:	St Conlon's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Church Road, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 April 2021
Centre ID:	OSV-0000666
Fieldwork ID:	MON-0032438

About the designated centre

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

St. Conlon's Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located centrally in the town of Nenagh in north Tipperary. The centre is single storey and is designed around an enclosed central garden area. The centre can accommodate up to 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 17 single bedrooms and five twin bedrooms. Two of the single bedrooms and the twin rooms have en suite shower facilities. There are two assisted showers, a specialised bath and six toilets for residents occupying 15 single bedrooms. There is a variety of communal day spaces provided including day rooms, dining room, conservatory and quiet room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Tuesday 13 April 2021	09:30hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector met the majority of residents present during the inspection and spoke to approximately five residents in more detail. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. They told the inspector that they had regular discussions with staff about the pandemic and how they had been provided with lots of information.

The inspector arrived unannounced to the centre and the clinical nurse manager (CNM) guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the dining and day rooms as well as outside in the garden area.

On the morning of inspection, most residents were seen to be up and about, some were still resting in their bedrooms, some were relaxing in the main day room, others were observed to be walking about as they wished, coming and going from their bedrooms and the dining room. Some residents were outside walking in the garden and others were relaxing in the sun in the outdoor enclosed garden area. Some residents spoken with told the inspector how they enjoyed reading the daily newspapers which were delivered each morning. The inspector observed a staff member sitting with some residents in the main day room as she read the daily newspaper headlines and other news articles to them.

Residents could easily access the central enclosed garden area, the doors to the garden area were open and it could be accessed from a number of the corridors and the dining room. Many of the residents told the inspector how they enjoyed being able to get outside, go for a walk around the garden and sit and relax there. They advised that the garden was a great sun-trap and that they used the facility regularly. One resident reported that they go out every day, hail, rain or shine. Another said that they enjoyed going for daily walks around the garden paths. The inspector observed that there were several raised flower beds which had been planted with colourful flowers as well as flowering trees, rose beds and bird feeders. There was adequate suitable garden furniture available for residents to sit and relax. There was also a covered seated area available.

Throughout the day, residents were observed partaking and enjoying a number of individual and small group activities. The weekly activities schedule was displayed and included arts and crafts, bingo, word search, games, music, dance and relaxation therapies. The staff member allocated to supervision of the day room facilitated a range of activities and was seen to encourage participation and stimulate conversation. During the afternoon the inspector saw residents enjoying a

music group activity. Music was played from a vinyl record on an old style record player, residents were seen to actively partake while playing along using a variety of percussion instruments.

Some residents said they were grateful for mobile phones, Skype and technology which they said helped them stay in contact with their families. A large touch screen computer had been donated by local businesses for resident use. The computer was set up on a wheeled trolley so that it was available for use throughout the building and could also be used for communicating with families in private. Some residents availed of the device to view videos on their interests and hobbies, others used Zoom to virtually attend bingo and exercise classes.

The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Some residents told the inspector how they liked to view the local daily mass which was relayed on the television. Others mentioned how the local priest had been unable to visit since the start of the pandemic and they looked forward to when he would be able to return to say mass in the centre.

Residents spoke of their delight that visits to the nursing home had recommenced. Visits were now being facilitated by arrangement and were taking place in the large entrance conservatory area. Visitors could access the visiting area directly from outside the building and social distancing could be maintained. Residents commented that they were satisfied and happy with the arrangement and confirmed that they had received recent visits and that other visits were scheduled.

The centre was seen to be bright and well decorated throughout. There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. There was ample space on corridors for the movement of any specialised or assistive equipment that a resident might require. Plenty of communal space was provided in a variety of settings. Grab-rails and handrails were provided to bathrooms and corridors. Residents were observed to be moving about as they wished within the centre.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms, laundry and sluice facilities were found to be visibly clean. While the inspector noted that the centre provided a homely environment for residents, some improvements were required in respect of the premises. For example, some of the wooden skirting boards and door frames in bedrooms were poorly maintained and as such did not facilitate effective cleaning, some of the bedroom walls were scored and marked and required repainting.

Staff had ready access to hand wash facilities throughout the centre. In addition there were wall mounted hand sanitizing dispensers at the entrance to the centre, on the corridors and in the communal areas, these were seen to be used throughout the inspection by residents and staff.

The inspector noted that the privacy and dignity of residents was well respected. All

residents had single or twin bedrooms. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. The inspector noted that some bedroom doors were provided with visual cues to assist residents recognise their own bedroom. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

Private accommodation was provided for residents in five twin en suite bedrooms, two single en-suite bedrooms and 15 single bedrooms without en-suite facilities. There was a longstanding issue with the size and layout of the 15 single bedrooms as they did not offer sufficient space for residents. For example, it was still not possible to place bedside lockers beside some beds and within residents reach. There was minimal floor space available which was insufficient to allow for the use of large pieces of specialised equipment including hoists. Furniture had to be removed and placed on the corridors to facilitate cleaning of these rooms. There were six toilets, two assisted showers and a specialist bath for residents who resided in these single bedrooms. Contrasting coloured grab-rails had been fitted to bathrooms to help residents with dementia orientate better.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. The inspector observed that a variety of snacks and drinks were offered between meals times. The inspector noted that modified diets were attractively presented. Residents were appropriately supported at mealtimes to go at their own pace and were served in accordance with their choices.

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

This risk-based inspection was carried out following

- an application to the Chief inspector to renew registration of the centre
- non-compliance's identified during the last inspection
- notification to the Chief Inspector of an outbreak of COVID-19 in January 2021.

The Chief Inspector had been notified of an outbreak COVID-19 in the centre in January 2021. Two staff members and one resident had tested positive following serial testing in the centre. The outbreak was controlled and well-managed, no further staff or residents were affected. The outbreak was declared over by the

public health department on 2 February 2021. There was a COVID-19 contingency plan in place which was in the process of being updated. Staff have been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. While the majority of residents and staff had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

The inspector found that many of the required improvements identified at the last inspection had been addressed, however, some further improvements were required in relation to oversight of staff training, systems in place to oversee the quality and safety of care, issues relating to the premises, fire drills and infection prevention and control.

The governance structure in place was accountable for the delivery of the service. The provider of this centre was the Health Service Executive (HSE). Overall, the management of the centre was well organised. There was a clearly defined management structure. The management team consisted of the Head of Service for older persons services, the general manager of Older persons services and the person in charge. A clinical nurse manager (CNM) had been appointed to support the person in charge. The person in charge worked full time in the centre, the CNM deputised in the absence of the person in charge. There were clear lines of authority and accountability.

There was still an issue with the size and layout of the 15 single bedrooms as they did not offer sufficient space for residents. The person in charge had continued to assess all residents prior to admission as outlined in the statement of purpose to ensure that residents with low dependency needs, requiring minimum nursing care and with no need of assistance with healthcare equipment were accommodated in these bedrooms. The provider had previously committed to building a new 50 bed unit by the 31 December 2021. The inspector was informed that building works had not yet commenced but that work was due to start on site on 1 May 2021 with an planned completion date of December 2022.

There were systems in place to review the quality and safety of care in the centre, there was an audit schedule in place and the annual review on the quality and safety of care in the centre had been completed for 2020. However, the inspector noted that some audits completed were not informative while others that had identified issues had not led to improvement in the centre.

The provider continued to consult with residents. Regular resident committee meetings were held and feedback was sought from residents to improve practice and service provision. The inspector reviewed minutes of meetings and recently completed residents satisfaction questionnaires and noted there was general satisfaction with the service provided. Issues raised by residents had been acted upon.

On the day of inspection, the staffing numbers and skill mix were appropriate to

meet the support requirements of residents in line with the statement of purpose. Additional staff had been recruited since the last inspection and agency staff were employed when required. The management team ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures.

There was a training schedule in place and training was scheduled on an on-going basis. Nursing management advised that most staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. Further training on fire safety was scheduled. Training in moving and handling was due to be completed for some staff members. However, the training matrix was not up-to-date and therefore the inspector could not accurately determine how many staff had completed mandatory training. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing personal protective equipment (PPE) in line with the national guidelines.

The inspector was satisfied that complaints were managed in line with the centre's complaints policy.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. There was normally three nurses and four care staff allocated to direct resident care on duty in the morning time, three nurses and three care staff during the afternoon, two nurses and two care staff in the evening and one nurse and three care staff on duty at night time. The staffing compliment included, housekeeping, laundry, catering, maintenance and administration staff. The person in charge and clinical nurse manager worked full-time in supernumerary positions and were normally on duty during the weekdays.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix reviewed was not up-to-date in relation to safeguarding, hand hygiene and management of responsive behaviours, therefore it was difficult for the inspector to accurately determine how many staff had completed training.

Judgment: Substantially compliant

Regulation 23: Governance and management

Further improvements were required to the systems in place to oversee the quality and safety of care in the centre. For example, the audits in relation to falls did not analyse trends in the centre and therefore there was no evidence of learning or improvement being identified. Areas for improvement identified following environmental audits of the building such as defective wall and floor junctions had not been addressed.

Further oversight was required in relation to fire drills, staff training and infection prevention and control.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect accurately the sizes of all rooms in the centre and to include a description of all rooms in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman. There was a comment box also available.

There was a complaints log available to record complaints. There were no open complaints at the time of inspection.

Judgment: Compliant

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration of the centre was not accompanied by full and satisfactory information in regard to the matters set out in Part B of

Schedule 2. For example, the floor plans did not include accurate dimensions and room sizes for each room in the centre. The statement of purpose did not accurately reflect the room sizes as per the floor plan.

Appendix 2 of the statement of purpose did not include all information as required such as a description of all rooms in the centre.

Judgment: Not compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place.

The atmosphere in the centre was calm and relaxed. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

There were no restrictions on residents' movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines. Access was available to private phone lines, internet services and video calls to facilitate residents to stay in contact with their families and keep up to date on outside events.

Residents' lives had been impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. Restricted visiting arrangements were in place, there were no religious ceremonies taking place in-house, activities were limited to small groups and to those facilitated by staff in-house.

While the building and equipment used by residents was found to be visibly clean, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. These are discussed further under regulation 27: Infection prevention and control.

Nursing documentation reviewed, indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents

and relatives were involved in the review of care plans. Care plans were individualised, person centred and generally informative.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. While training records were not up-to-date, the management team confirmed that all staff had completed specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The person in charge confirmed that all staff had Garda vetting in place. Robust systems were in place for the management of residents finances. The provider acted as pension agent for seven residents and accounts were managed in line with the Department of Social Protection guidelines.

As discussed under the capacity and capability section of this report and highlighted in all previous reports, 15 of the single bedrooms did not offer sufficient space for residents and also impacted upon their rights and dignity. This is discussed under Regulation 17: Premises and Regulation 9: Residents rights.

The management team demonstrated fire safety awareness and knowledge of the evacuation needs of residents. Many of the issues identified during the last inspection had been addressed. There continued to be four staff on duty at night time based on the assessed evacuation needs of residents. The personal emergency evacuation needs of all residents were updated. All fire doors that had been identified as needing replacement following a risk assessment by a fire safety engineer had been replaced. A certificate of compliance had been issued by the engineer. While fire drills had been completed, further improvements were required to ensuring that records of fire drills undertaken provided assurances that residents could be evacuated safely and in a timely manner. This is discussed further under Regulation 28: Fire Precautions.

Regulation 11: Visits

The centre normally operated an open visiting policy but due to the Covid-19 pandemic the centre had been closed to visitors in accordance with national guidance.

Visiting restrictions had recently been eased in the centre in line with the guidance and recommendations from the Health Protection Surveillance Centre. Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents

Visits were being facilitated by appointment in the designated visiting area which had direct access from outdoors. Visits were facilitated seven days a week. Some

residents met with visitors outdoors when the weather permitted. Residents spoken with stated that they were happy with the current arrangements. The person in charge advised inspectors that visiting arrangements would be kept under review and risk assessed appropriately.

Judgment: Compliant

Regulation 17: Premises

The 15 single bedrooms did not offer sufficient space for residents, for example

- It was still not possible to place bedside lockers beside beds and within residents reach.
- There was minimal floor space available which was insufficient to allow for the use of large pieces of specialised equipment including hoists.
- Furniture had to be removed and placed on the corridors to facilitate cleaning of these rooms.

Some of the wooden skirting boards and door frames in bedrooms and ensuite bathrooms were defective, decayed and poorly maintained, some of the bedroom walls were scored and marked and required repainting.

Judgment: Not compliant

Regulation 26: Risk management

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. The management team had developed a COVID-19 contingency plan to assist them in the preparing for and managing of an outbreak. There was a risk register in place which was updated regularly.

Judgment: Compliant

Regulation 27: Infection control

A number of barriers to effective infection prevention and control were identified on the day of inspection.

For example;

- The segregation and storage of soiled laundry awaiting collection to an external laundry provider required review. Soiled bed linen and towels awaiting collection were stored in bags in the laundry room where residents' personal clothing was laundered and stored which posed a risk of cross infection.
- Cleaning chemicals in use required review to ensure they were suitable and effective for use during a COVID-19 pandemic. Staff were unsure regarding the effectiveness of the products being used, there were no product data sheets available for some of the cleaning products in use.
- Plastic pest control boxes used for the control of ants were located on the floors of some rooms. The boxes inhibited the effective cleaning of these floor areas and accumulations of dust was evident around them. The boxes were removed on the day of inspection.
- Some wooden surfaces such as wooden skirting boards and door frames in bedrooms and ensuite bathrooms which were defective and decayed could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further improvements were required to fire drill documentation to provide assurances that residents could be evacuated safely and in a timely manner. Records reviewed of the last fire drill December 2020 lacked information, they did not provide information regarding the scenario, they did not include the number and evacuation needs of residents evacuated, there was no information regarding what zone or compartment residents were evacuated to.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files. All residents had a pre-admission assessment, a comprehensive needs assessment on admission which was reviewed at regular intervals thereafter.

The inspector reviewed the care plans of a number of residents including end of life care, nutrition and weight loss, at high risk of falls, with restraint measures in place and social care needs.

Overall the standard of care planning was good and described individualised and

evidence based interventions to meet the assessed needs of residents. The care plans of current residents were up to date and contained all of the information required to guide care.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). All residents had been regularly reviewed by their GP.

Residents had access to allied health services and visits by health care professionals, the physiotherapist, chiropodist and psychiatry of later life team had resumed at the time of inspection. The speech and language therapist (SALT) had completed assessments remotely. Referrals had been made to the dietitian on behalf of some residents and they were waiting on an assessment.

Judgment: Compliant

Regulation 8: Protection

The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

Robust systems were in place for the management of residents finances, these systems were audited by an both internal and external auditors annually.

Judgment: Compliant

Regulation 9: Residents' rights

The limitation of the size of the 15 single bedrooms impacted upon residents rights and dignity.

It was not possible to place a bedside locker beside some beds and therefore residents could not reach their personal belongings as and when they choose or needed items. Lockers containing personal belongings were sometimes removed from bedrooms to the corridor areas to facilitate cleaning of the rooms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Conlon's Community Nursing Unit OSV-0000666

Inspection ID: MON-0032438

Date of inspection: 13/04/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Action Completed:</p> <p>Training Matrix is now up to date</p> <p>CNM 2 and admin staff will review the training matrix on a weekly basis to ensure that it is up to date. However overall governance and management of staff training and training records is now the responsibility of CNM2</p> <p>Training records will be audited on a monthly basis by the director of nursing to ensure compliance in this area.</p> <p>Staff have been informed that training certificates must be submitted to the nursing office in a timely fashion to ensure that the training matrix is maintained.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Action Completed:</p> <p>A more robust audit system in relation to falls have been put in place.</p>	

Maintenance have been onsite and works commenced May 10th 2021.

Weekly fire drills commenced May 2021.

Documentation of fire drills is now more detailed indicating how residents were evacuated and to which area they were evacuated to.

Staff training continues to be facilitated both internally /externally via HSEland, the training matrix is updated to reflect this.

Infection prevention and control audits and staff training is ongoing

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Action Completed:

An updated Statement of purpose was submitted to HIQA on 26/04/2021 this statement of purpose accurately reflects the sizes of all the rooms in the centre and includes a description of all the rooms in the centre,

Registration Regulation 4: Application for registration or renewal of registration

Not Compliant

Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:

Actions Completed:

Accurate floor plans including dimensions and room sizes were submitted to HIQA on 26/04/2021.

The updated statement of purpose reflects the room sizes as per the floor plans and a description of all rooms in the centre.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Actions Completed:</p> <p>The statement of purpose sets out the admission criteria for the center, all residents admitted to the centre are needs assessed and the single rooms are only used for low dependency residents, who do not require the assistance of healthcare equipment.</p> <p>Actions to be completed:</p> <p>The existing centre will be replaced with a new build. The completed 50 bedded project will meet with the National Quality Standards for Residential Care settings for older people. Contract works are due to commence on 24th May 2021, completion of the build to be done and handed over to the HSE by December 2022. Maintenance works regarding wooden skirting boards and door frames in bedrooms and ensuite bathrooms commenced 10/05/2021 with a due completion date of 21/05/2021. All works have been completed 21 May 2021. Painting of scored and marked bedroom walls to commence 13.05.2021 with a completion date of 20.05.21. Completed 21.05.2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Actions completed:</p> <p>Data sheets now available for all cleaning products on site.</p> <p>Plastic pest control boxes have been removed from the centre.</p> <p>Actions to be completed:</p> <p>Segregation and storage of soiled laundry: Maintenance to partition off an entrance/exit for clean linen. Solid linen is contained off the floor in a container and a red tape marking on the floor will identify the space to contain it in. Also there will be a red line on the floor to show where solid area ends and clean linen is sorted. Work to commence on May 24th 2021 with a view to being finished on June 8th 2021. Maintenance works regarding wooden skirting boards and door frames in bedroom and ensuite bathrooms commence 10/05/2021 with a due completion date of 21/05/2021.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Actions Completed:</p> <p>More detailed and robust fire drills weekly fire drills commenced from May 10th 2021.</p> <p>Fire drills now include the scenario, number of residents and evacuation needs of the resident.</p> <p>Fire drills now include the zone / compartment the residents were evacuated to.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Actions to be completed:</p> <p>The existing centre will be replaced with a new build. The completed 50 bedded project will meet the National Quality Standards for Residential Care Settings for Older People.</p> <p>Contract works are to commence on May 24th 2021, completion of the build to be done and handed over to the HSE by December 2022</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Not Compliant	Orange	26/04/2021

	provider.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/06/2021
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.	Not Compliant	Orange	21/05/2021
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	27/05/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	08/06/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	10/05/2021

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
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	26/04/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2022