



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

Issued by the Chief Inspector

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| Name of designated centre: | Mount Cara Nursing Home |
| Name of provider: | Shannore Management Ltd |
| Address of centre: | Redemption Road, Blackpool, Cork, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 23 June 2022 |
| Centre ID: | OSV-0000747 |
| Fieldwork ID: | MON-0036483 |

About the designated centre

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

Mount Cara is a purpose built facility located in the north side of Cork city. It is built on an elevated site with panoramic views of the city. It is a single storey building and resident accommodation comprises single occupancy bedrooms; communal areas include the parlour quiet visiting room, two large adjoined day rooms, sun room, small conservatory and large foyer with seating. Patio access to the garden is via the conservatory and sun room. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 26 |
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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 23 June 2022 | 09:00hrs to 17:15hrs | Breeda Desmond | Lead |

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with two visitors. The inspector spoke with five residents in more detail to gain insights into their experience of living there. Residents gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre.

On arrival for this unannounced inspection, the inspector saw there were facilities relating to COVID-19 infection control assessment and procedures including a signing in process, temperature check, hand hygiene and face covering. Hand sanitising gel and disposable face masks were available at reception.

An opening meeting was held with the person in charge which was followed by a walk-about the centre with the person in charge. There were 26 residents residing in Mount Cara nursing home at the time of inspection.

This was a single-storey building. The main entrance was wheelchair accessible and led to a small porch; the reception office and the parlour were located beyond the porch. The parlour was a smaller sitting room used by residents to meet with their visitors if they preferred a quiet room and privacy. Infection control sign-in and equipment, registration certification and complaints procedure were displayed within the lobby. Below the complaints procedure, there was a secure box to facilitate residents and visitors to leave their feedback. The main fire alarm system was in the reception area and secondary fire panels were located on corridors off the foyer. Leading from the reception was the large foyer which had a high glass dome making the space bright and airy. Residents were seen here throughout the day meeting up with their friends and chatting. Offices of the nursing staff and the clinical room were here. Communal rooms were within easy access of the main foyer and included the dining room, lounge day rooms, oratory and toilet facilities. Residents' bedroom accommodation was along two adjoining corridors to the right of the foyer area. There were two bathrooms available to resident with specialist baths facilitating residents to enjoy Jacuzzi-type baths.

The main day room was quite a large bright room which led into another large room via an archway; both rooms had a large flat screen TV. There was ample space and comfortable seating for residents; pressure-relieving cushions were seen on several chairs in day rooms and the foyer for residents' comfort. There were large tables for group art and craft activities and smaller tables alongside residents for their individual use. Off these day rooms there was a smaller conservatory with seating, and access to the garden.

Other communal space available to residents included the sun room which was located along the left corridor off the foyer. This was a lovely bright room with

comfortable seating and small resting tables for residents to place their beverage, book or newspaper. There was a patio door exit to the outdoor patio area which led to the garden and walkways around the building.

The courtyard in the centre of the building was visible from one corridor and was seen to be used by staff for drying clothes; this was not well maintained and looked un-kept.

The hairdressers room was along the back corridor and the hairdresser visited the centre on a fortnightly basis. Orientation signage was displayed around the building to ally confusion and disorientation. There were lots of photographs displayed of residents enjoying parties and sunshine and activities.

All bedrooms were single occupancy and were of adequate size and layout and could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobe space for storage and hanging their clothes. Call bells were fitted in bedrooms, bathrooms and communal rooms.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a friendly manner, and asked residents how they were.

On arrival to the centre at 09:00hrs, the inspector observed that the dining room tables were set for dinner. Residents spoken with said that they had breakfast in their bedrooms; they explained that tables were set for dinner so they wouldn't have breakfast there. The dining room had tea and coffee making facilities which enabled residents to make their own if they chose. One resident was observed to set her own tray, make coffee and the kitchen staff prepared her porridge; the resident took her breakfast tray to her bedroom in accordance with her preference. This resident explained that she enjoyed having orange juice first as she tidied the oratory, re-freshed the water in the vase of flowers there, and then had her breakfast. She said she went out most days to visit family and friends. She explained that she had huge support from allied health and specialist services and had significantly improved over the past few months since her admission to the centre.

Menu choice was displayed by the dining room entrance and this showed an array of choice for residents. The dining room was a bright room with large windows and views of the garden and parts of the city, as the centre was situated on an elevated site. The inspector spoke with residents while waiting to be served their main meal. Resident reported that the quality of food was 'very impressive'. Normal socialisation was observed between residents, and residents and staff. In general, residents were served together at tables in line with normal dining and there was minimal waiting time for residents to be served. Beverages and snacks were offered to residents at 11 o'clock and lovely banter and conversation was heard between staff and residents.

Residents spoken with said they were very happy with the service. They said that the person in charge was approachable, kind and respectful. The inspector met with one resident and her sister who had called to take her to the day centre. This

service had recently re-opened following easing of COVID-19 restrictions. Both said they delighted to have the day service up and running again and attended there every Thursday. They explained that the person in charge organised an outing for the following Thursday and they were going to Fitzgerald's park, the museum and coffee in the restaurant, and hoped the weather would stay fine.

The optician service was on site during the inspection. Residents spoken with said they were delighted getting their eyes examined. Many residents liked to sit in the foyer, chat, and enjoy their coffee, and the care staff had old-time CDs playing, however, the CD player was faulty as the songs kept jumping mid song to another song. One resident tried to start a sing-song but the songs kept changing so they abandoned the singing. When this was brought to the attention of the nominated person, he replaced the music centre immediately so that residents could enjoy background music while sitting in the foyer.

Residents were observed out walking in the garden independently. One resident was seen to take out their radio, sit outside in the sunshine while listening to their preferred radio station. Visitors were seen walking around the centre with their relative in the sunshine, and then sit for a while and chat. Staff actively engaged with them, chatted and were seen to welcome them to the centre. In the afternoon, many residents sat outside in the patio area in the sunshine, other residents preferred to sit in the shade. The activities co-ordinator offered ice cream and lemonade while residents were enjoying the sunshine. Residents said that they enjoyed pamper days with hand massage, manicures and facials. They showed the inspector their art and craft work displayed which included their friendship and kindness posters, and display of positive and encouraging words and phrases; the positivity session that started during COVID-19 lock-down, continued, where time was set aside each day where everyone shared things they were grateful for and people they were grateful to have in their lives. They said it promoted well-being and helped focus on the good in their lives. Meditation was introduced and residents loved this. The activities person used essential oils in a diffuser and initially had half-hour sessions, and residents asked for this to be extended to one hour as they found it very calming.

Some residents preferred to stay in their bedroom. The activities co-ordinator visited these residents; some liked her to read to them and they found this relaxing and enjoyable.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of June 2022. Visitors were known to staff who welcomed them, guided them through the HPSC precautions and actively engaged with them. The inspector met with one visitor who reported that the service was faultless and he found staff kind, helpful and caring.

While walking around the centre, the inspector noted that some rooms such as the clinical room was not secure to prevent unauthorised access. Staff rooms were not locked to protect staff property. Some staff were observed to wear watch, bracelet and rings with stones.

New cleaning trolleys were available to household staff and which had lockable storage to ensure cleaning solutions could be appropriately secured. There was ample space to facilitate storage of clothes to enable household staff to change cleaning cloths and floor mop-heads between rooms.

There were two sluice rooms available and one had a bedpan washer. There were separate sluicing sinks and hoppers; new separate hand-wash sink were installed a few weeks prior to the inspection, however, the hand-wash soap and paper towels remained by the sluicing sink. Some of the sinks were seen to have metal outlets and overflows. There was no hand-wash sink in the household cleaners room even though there was hand-wash soap and paper towel dispenser beside the dirty utility sink. One toilet opposite the sun-room was locked as it had a leak and there was a strong odour detected from this room.

The laundry was secure to prevent un-authorised access. There was a separate hand-wash sink with advisory signage overhead. The clean and dirty side of the laundry was de-markation to assist staff in adhering to best practice regarding movement between the sides.

Appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment was serviced and emergency evacuation plans were displayed with evacuation routes detailed.

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

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to the staff training, controlled drug recording, qualifications of staff, notifications NF40, the complaints procedure, transfer information for times when the resident was temporarily transferred to another centre, evacuation floor plans displayed, and daily fire safety checks. Further attention was necessary regarding regulations relating to the statement of purpose and deputising arrangements for periods when the person in charge was absent from the centre, staffing levels, care documentation, and aspects of infection control.

Mount Cara was a residential care setting operated by Shannore Management Limited. It was registered to accommodate 26 residents. The governance structure comprised the nominated person representing the registered provider and the person in charge who reported to the nominated person. The person in charge was supported on site by senior nurses.

Quality and safety of care and quality of life was monitored through audits and maintaining weekly key performance indicators (KPIs). The number of falls, pressure ulcers, chemical restraint, antibiotic usage were examples of the range of KPIs recorded. These along with the results of monthly audits informed the monthly quality management meetings. Minutes of the meetings showed good reporting including feedback from residents. There was a set agenda for the monthly quality meetings with clinical, HR, external reports, health and safety items; quality of life items included complaints, feedback from residents meetings, accidents and incidents for example. Corrective actions were detailed following audit reviews. Vi- clarity was the audit system in place; the person in charge explained that weekly reminders were sent regarding proposed audits. However, an annual schedule was not available to enable the person in charge have oversight of the audit programme. The person in charge requested this immediately and was confident that this would give additional structure and oversight to the audit process facilitating additional audits when necessary depending on operational management findings.

There were inadequate staff to the size and layout of the centre, and the current dependency levels of residents in the centre. Previously there were two household staff on the duty roster, however, there was just one staff on the roster at the time of inspection. Additional healthcare assistants (HCAs) were necessary to ensure there was adequate staff to fill the duty roster for holidays and sick leave, such as on the day of inspection. The training matrix was examined and showed that mandatory training was up to date. Nonetheless, evidence on inspection showed that staff required training relating to cleaning chemicals and cleaning procedures to ensure compliance with infection control.

While the statement of purpose was updated on inspection to include the information specified in Schedule 1 of the regulations, deputising arrangement for periods when the person in charge was absent from the centre, remained outstanding. Complaints were recorded in line with requirements specified in the regulations.

The annual review for 2021 was available, and while there was a lot of detail relating to key performance indicators and safety of care, there was very little information regarding the quality of care and resident and relative involvement in the review process.

A sample of staff files were examined and most of the information as specified in Schedule 2 was available, however, two files did not have comprehensive employments histories.

Regulation 14: Persons in charge

The person in charge was a registered nurse, working full time in post and had the necessary experience and qualifications as required in the regulations. She actively engaged in the governance and operational management of the service.

Judgment: Compliant

Regulation 15: Staffing

While there was on-going recruitment to address the shortfall of staff, at the time of inspection there was inadequate staffing complement for the centre. The staff roster showed that there was one household cleaning staff as the second staff member no longer worked in the centre. On the day of inspection there was a shortfall of one HCA and the person in charge supported the nursing staff with medication rounds to free up a nurse to support personal care delivery.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training matrix was examined and all staff were up to date regarding their mandatory training.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined and most of the information as specified in Schedule 2 was available, however, two files did not have comprehensive employment histories as required to provide robust assurances regarding staff employed to care for vulnerable people.

Judgment: Substantially compliant

Regulation 23: Governance and management

Issues relating to governance of the centre which required action included:

- 1) formal deputising arrangements for occasions when the person in charge was absent from the centre as specified in the regulations
- 2) the annual review did not include quality of care and reflect the ongoing

consultation with residents and their families

3) a system to monitor risks such as unsecured clinical room and staff changing room (to protect staff property).

Judgment: Substantially compliant

Regulation 3: Statement of purpose

While the statement of purpose had most of the requirements as specified in Schedule 1, deputising arrangements for periods when the person in charge was absent from the centre, were not detailed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications submitted to the Chief Inspector correlated with the incident and accident log examined. They were timely submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed at reception along with a secure box underneath to facilitate submission of written complaints when chosen. Residents reported that they could raise anything with the person in charge, whom they knew by name. Minutes of residents' meetings showed that often, issues were raised as part of the residents' meetings and were followed up and addressed to the resident's satisfaction, and recorded as part of their complaints process.

Judgment: Compliant

Quality and safety

The inspector observed that, in general, care and support given to residents was

respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Overall, residents' health care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health care needs of residents. Residents had regular access to their GP. Recently, the service changed to electronic medical management and GPs had their own log-in access. Residents medications were reviewed as part of consultation with their GP; there was ongoing monitoring of and responses to medication to ensure best outcomes for residents, and this was observed on inspection. Residents had access to specialist services such as psychiatry, palliative care, speech and language, geriatrician, dietitian and optician. Good clinical oversight was demonstrated regarding restrictive practices with one bed-rail in place; a chemical restraint register was also maintained and this information fed into their clinical governance meetings.

Pre-admission assessments were undertaken by the person in charge to ensure that the service could provide appropriate care to the person being admitted. Care plan documentation reviewed showed mixed findings. Some assessments and care plans were person-centred with resident-specific information to guide and inform individualised care, however, some were generic and did not provide resident-specific information. Nonetheless, observation and feedback from resident showed that staff knew residents well and facilitated their choice and requests in a respectful manner.

When residents were temporarily absent in another health care setting, the person in charge ensured that comprehensive information was submitted to the receiving centre.

Medications were administered either before or after meals to ensure residents could enjoy their meal undisturbed. The nurse spoken with described best practice regarding medication management. Associated administration charts seen were comprehensively maintained. Medication requiring controlled management were securely maintained in line with professional guidelines.

Residents' meetings were held every three months. Minutes of these meetings were seen and minutes were set out as a story and showed the degree of discussion with resident and their thoughts, and what they would like different. There was a lot of information sharing, including the provision of current COVID-19 guidance. Other areas discussed included meal and menu choice. There was a letter of acknowledgement attached to the minutes of each meeting from the person in charge along with the actions being taken to address requests and issues highlighted.

The residents' guide was updated to include information relating to the contract of service provision in line with regulatory requirements.

Visiting was in line with current HPSC guidance of June 2022 and visitors were seen throughout the day in various locations such as the foyer and day rooms, and sitting outside in the afternoon in the sunshine with their relative. Appropriate IPC

precautions were adhered with coming and going from the centre. The person in charge liaised with residents and their families regarding changing HPSC guidance regarding visiting as well as other HPSC information.

Regulation 11: Visits

Visiting was facilitated in line with June 2022 HPSC guidance. Measures were taken to protect residents and staff regarding visitors to the centre with face masks, hand sanitising gels and advisory signage available throughout the centre. Updates relating to visiting in the centre were provided as the guidance changed or in line with the local COVID-19 numbers. Residents spoken with were familiar with the current visiting regimes and understood the rationale for the restrictions and mask-wearing. They said that staff kept them fully informed of COVID-19 information.

Judgment: Compliant

Regulation 12: Personal possessions

Storage for personal possessions included a double wardrobe and bedside locker for each resident. A lockable unit formed part of the storage available to residents. Residents' clothes were laundered on site and no issues were raised by residents about their laundry.

Judgment: Compliant

Regulation 17: Premises

The outside of the premises was power-washed and looked well; painting and redecorating had commenced internally and this was welcomed as many of the rooms required refurbishment.

Judgment: Compliant

Regulation 18: Food and nutrition

While residents had the opportunity to make tea, coffee and toast in the dining room, dining tables were set for dinner at 09:00hrs. Consequently, residents did not

have choice to dine in the dining room for their breakfast.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was updated to include information relating to the terms and conditions relating to residence in the centre, i.e. their contract of care.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters accompanied residents upon transfer to another service and copies of these letters were maintained on site and demonstrated that comprehensive information was provided to the receiving centre to enable care to be provided in line with the current assessed needs, wishes and preferences of the resident. The person in charge ensured that comprehensive information was received upon residents transfer back in to the centre.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified regarding infection prevention and control and required action:

- staff required training relating to cleaning chemicals and procedures to ensure compliance with infection control as staff were unfamiliar with dilutions and concentrations of cleaning chemicals to enable effective cleaning
- not all staff adhered with best practice guidance of 'bare below the elbow' to enable effective hand hygiene as some staff wore a bracelet, watch and rings with stones, preventing effective hand washing
- there were separate sluicing sinks and hoppers; new separate hand-wash sink were installed a few weeks prior to the inspection, however, the hand-wash soap and paper towels remained by the sluicing sink,
- there was no hand-wash sink in the household cleaners room even though there was hand-wash soap and paper towel dispenser beside the dirty utility sink

- there was a leak on the floor of the communal toilet opposite the sun-room and in close proximity to bedrooms
- some of the sinks were seen to have metal outlets and overflows
- there was no formal regime regarding flushing of infrequently used taps and showers to mitigate the risk of legionella
- shower gel and moisturiser toiletries were seen in one communal bathroom which were unnamed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Staff had up to date fire safety training and were knowledgeable regarding evacuation procedures. Daily fire safety checks were comprehensively completed. Emergency floor plans were displayed throughout the centre with evacuation routes detailed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were administered either before or after meals to ensure residents could enjoy their meal undisturbed. The nurse spoken with described best practice regarding medication management. Associated administration charts seen were comprehensively maintained. Medication requiring controlled management were securely maintained in line with professional guidelines. Most residents medications started at 09:00hrs; four residents commenced at 07:00hrs as they preferred an early morning breakfast and had their medications at this time.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plan documentation reviewed showed mixed findings. Some assessments were comprehensive to inform care planning however, other had limited information such as one assessment had 'normal' sleep and rest assessment even though the resident had significant medical diagnosis that would interfere with their sleeping pattern; spirituality and dying had a similar assessment narrative which did not inform the care planning process and therefore did not provide sufficient detail to direct

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| resident care. |
| Judgment: Substantially compliant |
| Regulation 6: Health care |
| Residents had good access to GP services and specialist services such as psychiatry and palliative care along with community services. The optician was on-site during the inspection completing eye examinations and upgrading residents glasses. |
| Judgment: Compliant |
| Regulation 7: Managing behaviour that is challenging |
| Good oversight of restrictive practices were demonstrated; there was one bed-rail in use. PRN as required medications were prescribed for residents and the person in charge described the oversight of this in conjunction with liaising with the resident's GP on a regular basis to ensure best outcomes for residents. |
| Judgment: Compliant |
| Regulation 8: Protection |
| All staff training was up to date regarding safeguarding residents. Observation on inspection showed that staff had good insight and knew residents well and re-directed in a kind and respectful manner and provided re-assurances which allayed upset and frustration. |
| Judgment: Compliant |
| Regulation 9: Residents' rights |
| There was a varied activities programme and residents gave positive feedback about the range of activities and the activities staff, the encouragement and helpfulness. Activities and staff interaction observed on inspection showed that staff were respectful and treated residents with dignity. Minutes of residents' meetings showed very detailed records written in a very |

respectful and pleasant manner detailing residents' thoughts and wishes. Issues raised at meetings were followed up as part of subsequent meetings. There was a wide variety of topics discussed with residents to ensure they were happy with the actions taken and how things were addressed.

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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Mount Cara Nursing Home OSV-0000747

Inspection ID: MON-0036483

Date of inspection: 23/06/2022

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 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: We have recruited a second household cleaning staff and two more Health Care Assistants. Recruitment will remain under constant review. | |
| Regulation 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: Gaps in C.Vs are now clarified and going forward we will keep comprehensive employment histories for all the staff. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Senior nurse will act up when the PIC is absent from the centre. 2. The Annual Review will be updated and amended to reflect the center 3. Clinical room and staff changing room are locked all the time when not in use | |

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| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose is updated with deputizing arrangements when PIC is absent from the centre.</p> | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Dining table setting times are reviewed and started setting just prior to the meals to facilitate residents to dine in the dining room at any time.</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control: Training for cleaning staff is booked and will be completed in due course.</p> <p>Continuous staff monitoring and auditing in place to avoid factors preventing effective hand washing and best practice in Infection Control protocol</p> <p>Soaps and paper towels have been placed beside the hand wash sinks</p> <p>The leak in the toilet has been repaired</p> <p>All toiletries have been labeled with residents names</p> <p>A system has been introduced to include flushing of non-use water storage to prevent legionella</p> <p>A hand wash sink had been ordered and will be fitted before 30/09/22</p> | |

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| 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: Resident's assessments and care plans are updated according to their medical conditions and will maintain regular auditing to ensure sufficient data is maintained. | |

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. | Substantially Compliant | Yellow | 08/08/2022 |
| Regulation 18(1)(b) | The person in charge shall ensure that each resident is offered choice at mealtimes. | Substantially Compliant | Yellow | 08/08/2022 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 08/08/2022 |
| Regulation 23(a) | The registered | Substantially | Yellow | 08/08/2022 |

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| | provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | Compliant | | |
| 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 | 08/08/2022 |
| Regulation 23(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | Substantially Compliant | Yellow | 08/08/2022 |
| Regulation 23(e) | The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in | Substantially Compliant | Yellow | 08/08/2022 |

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| | consultation with residents and their families. | | | |
| 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 | 30/09/2022 |
| 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 | 08/08/2022 |
| Regulation 5(2) | The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. | Substantially Compliant | Yellow | 08/08/2022 |
| Regulation 5(3) | The person in charge shall prepare a care | Substantially Compliant | Yellow | 08/08/2022 |

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| | plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | | | |
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