



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

## Issued by the Chief Inspector

Name of designated centre:	Wygram Nursing Home
Name of provider:	Wygram Nursing Home Limited
Address of centre:	Davitt Road, Wexford
Type of inspection:	Unannounced
Date of inspection:	24 May 2023
Centre ID:	OSV-0000756
Fieldwork ID:	MON-0039933

## About the designated centre

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

The centre is a purpose built three storey facility that opened in 2015 and is located in Wexford town. The centre is registered to accommodate 71 residents. Residential accommodation is provided across three floors and consists of the following: The ground floor has 10 single ensuite bedrooms and one twin ensuite bedroom. The first floor has 25 single ensuite bedrooms and three twin ensuite bedrooms. The second floor contains 24 single ensuite bedrooms and two twin ensuite bedrooms. There are two passenger lifts to each floor. Each of the three floors had a central core area which was fitted out with couches and armchairs and there is also a communal day room on the second floor. The ground floor also has a large sitting room which includes an oratory in one section, the main section of this room has direct access to an enclosed garden area. There is a separate visitors room with overnight facilities which families have the opportunity to use for privacy or if their loved one is unwell. There is one dining room on the ground floor that is large enough to accommodate all residents. The dining room has dividers that can be pushed back so the room can be used for a number of functions at the same time, for example activities. The main kitchen area is adjacent to the dining room. There are two smaller galley style kitchens on both the first and second floors. A number of bedrooms on the first and second floors have balcony areas which residents can also access. There is also a community resource building on site known as Davitt House which is a focal point for social, educational and religious activities. The provider is a limited company called Wygram Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia and or a cognitive impairment. The centres stated aim is to meet the needs of residents by providing them with the highest level of person centered care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. The centre currently employs approximately 87 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:

68

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 24 May 2023	09:00hrs to 17:15hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents, staff and visitors, Wygram Nursing Home was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. The inspector spoke with eight residents living in the centre and two visitors. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

On arrival the inspector was met by a member of the centres housekeeping team and signed the centres visitors' book. Following an introductory meeting with the person in charge, the inspector were accompanied by the person in charge on a walk-around of the centre. The inspector spoke with and observed residents in communal areas and their bedrooms.

The design and layout of the premises met the individual and communal needs of the residents'. The centre was a large and spacious three storey building with 59 single bedrooms and six twin rooms. Since the previous inspection each floor had been given a designated name. The floor names were chosen by the residents and were names of local townland areas. The ground floor was named Ballast Bank, the first floor was named the Crescent, and the second floor was named Raven view. All of the bedrooms were en-suite with a shower, toilet and wash hand basin. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Many of the residents' bedrooms had fresh jugs of water, flowers and personal furniture brought from home. Pressure reliving specialist mattresses, cushions and fall prevention equipment were seen in some of the residents' bedrooms. Most bedrooms on the east and west sides of the centre first and second floors had access to their own private balcony area. Residents on the ground floor could access the garden from their bedrooms.

There was a choice of communal spaces for residents on all floors. For example; the ground floor had a large dining room which was available to all residents. There was a large sitting room, garden view room, visitor's room and oratory on the ground floor. There were two large circular rooms with ample armchairs adjacent to the lift areas on the first and second floors. The second floor had a hairdressing room and a conservatory room with balcony area. There was a designated outdoor smoking area for residents who chose to smoke.

Residents had access to an enclosed garden area on the ground floor and a large open garden at the front of the building. The gardens had level walkways, comfortable seating and sensory flower beds. The garden areas were seen to be used by residents and visitors on the inspection day.

The inspector observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the day in which the inspector observed laughter and banter between staff and residents.

Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care.

The centres resident information booklet and weekly activities programme was displayed at the lift area on all floors. All of the residents' spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. Some residents told the inspector that could leave the centre to go into the town if they wished. Wygram Nursing home was conveniently located close to the centre of Wexford town. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, playing cards and board games were available to residents. On the day of inspection, residents were observed attending a sensory activity in the morning and a live music event in the afternoon. Residents' views and opinions were sought through resident meetings and satisfaction surveys. Residents told the inspector that they could approach any member of staff if they had any issue or problem to be solved. A suggestion notice board was available for residents and their families at the entrance to the centre. The board contained suggestions to enhance the residents quality of living in the centre with an update on the progress of the suggestion items. The inspector observed that residents had access to a post box in the reception area.

The centre provided a laundry service for residents. All residents' who the inspector spoke with over the two days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April 2023. Residents, visitors and staff expressed their delight at improved communication with staff since the masks had been removed. Staff felt the removal of the mask mandate signaled a return to normalcy which would in turn lead to improved socialisation for residents. A small number of staff said that they had opted to continue wearing surgical masks to protect themselves and residents.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was excellent. The daily menu was displayed on the tables in the dining room and outside the entrance door

to the dining room. There was a choice of two options available for the main meal. Water dispensers were available for residents on all floors. Many residents told the inspector that they had a choice of having breakfast in the dining room or their bedroom. The inspector observed the dining experience at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits and outings were encouraged and practical precautions were in place to manage any associated risks. Visitors were seen coming and going over the course of the inspection.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013, and to follow up on the actions from the previous inspection. The inspector followed up one piece of unsolicited information that had been submitted to the Chief Inspector of Social Services in relation to residents rights, safeguarding, healthcare, communication and governance and management. The inspector followed up on these regulations and found that the provider was compliant with Regulation 6; healthcare, Regulation 8; protection, Regulation 9; resident's rights and substantially compliant with Regulation 23; governance and management.

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in July 2022. Improvements were found in relation to Regulation 21; records, Regulation 27; infection prevention and control and Regulation 28; fire precautions. On this inspection, actions were required by the registered provider to address areas of Regulation 5; individual assessment and care planning, Regulation 23; governance and management, Regulation 27; infection prevention and control, and Regulation 28; fire precautions.

Wygram Nursing home limited is the registered provider of Wygram Nursing Home. The company is part of the Virtue Integrated Care group. There had been a change in the person in charge of the centre since the previous inspection. The person in charge worked full time and was supported by an operations manager, an assistant director of nursing, clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and

staff were all aware of their roles and responsibilities. Out of hours on call for emergencies was provided on a rotational basis by the person in charge, the assistant director of nursing and operations manager.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as manual handling, dementia awareness, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. Fire safety training, safe guarding training, food safety, and modified foods and drinks training were scheduled to take place in the weeks following the inspection. On the day of inspection two members of staff were undertaking train the trainer training in health and safety, wound management, and hydration and nutrition management.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care plans, incidents of responsive behaviour and medication management were completed quarterly. Observational, infection prevention control, incidents of falls and residents activity audits were completed monthly. Audits were objective and identified improvements. There was evident of trending of audit results for example; monthly audit of resident incidents of falls identified contributing factors such as the location of falls and times when resident falls occurred the most. A falls prevention booklet had been developed and was available for residents in large word font format as an educational resource. The centre had an extensive suite of meetings such as governance management meetings, local management meetings and staff meetings. Meetings took place weekly and monthly in the centre and staff attendance at meetings was high. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Weekly governance meeting took place with agenda items such as fire safety, infection prevention and control, contingency planning, family communication and KPI's (key performance indicators). The centre had introduced a number of committees for example; health and safety, falls, infection prevention control, nutrition and palliative care committees in addition to the monthly staff meetings. There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2022 with an associated quality improvement plan for 2023. The annual review of the quality and safety of care was available to residents on all floors.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector



followed up on incidents that were notified and found these were not managed in accordance with the centre's policies. The monitoring and oversight of safety procedures following incidents of resident falls and the documentation of safe guarding procedures for a resident required improvement, this is detailed under regulation 23.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were two registered nurses in the centre at night time.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, the management of behaviours that are challenging and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

#### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a

safe and accessible manner.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was safe, appropriate and effectively monitored. For example;

- The system for assessment of residents post a fall required review as a number of fall incidents involving residents were not managed in accordance with the centre's policy.
- The procedure following a safe guarding incident was not managed in line with the centre's policy. Documentation of safe guarding measures had not be recorded in nursing notes as per the centre's policy.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

## Quality and safety

Overall, the inspector were assured that residents living in the centre enjoyed a good quality of life. The findings of this inspection evidenced that the management and staff had made improvements to the quality of life for the residents living in Wygram Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 5: individual assessment and care planning, Regulation 27: infection prevention and control, and Regulation 28: fire precautions.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, occupational therapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the inspector was informed that GP's called to the centre

regularly. Residents had access to a consultant geriatrician and a psychiatric team. Residents could be referred to a medical assessment unit if required. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

The centre was clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and parts of the centre had been painted since the previous inspection. The centre was cleaned to a high standard, alcohol hand gel was available in all communal and bedroom corridors. Bedrooms were personalised and residents had sufficient space for their belongings. Overall the premises supported the privacy and comfort of residents. Residents had access to call bells in their bedrooms, en-suite bathrooms and all communal rooms. Grab rails were available in all corridor areas, toilets and en-suite bathrooms.

Staff were observed to have good hygiene practices and were not wearing face coverings which was in line with recent changes to national guidance recommendations. Alcohol gel hand gel was available throughout the centre. Sufficient housekeeping resources were in place on the day of inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centre had a curtain cleaning schedule for curtains. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) and COVID-19 were agenda items on the minutes of the centres staff meetings and management meetings. IPC audits included, the environment and hand hygiene. There was an up to date IPC policies which included COVID 19. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

Residents had adequate space to store their personal possessions and belongings. Residents had access to a wardrobe, drawers and bedside locker in which to store all of their belongings. The centre acted as a pension agent for one of the residents. There were robust accounting arrangements in place and monthly statements were available. Resident's had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and maintained electronically.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The risk registered contained site specific risks such as risks associated with individual residents and centre specific risks, for example; fire safety risks and infection control risks.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medications were administered in accordance with the prescribers' instructions in a timely manner. Control drugs balances were checked at each shift change as required by the Misuse of Drugs Regulation 1988, and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Apart from improvements to the residents personal emergency evacuation plan (PEEP), there were effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. Since the previous inspection the provider had installed compartment identification signage in each compartment. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the day of inspection and were in working order. Fire training was completed annually by staff. There was evidence that fire drills took place. There was a system for daily and weekly checking , of means of escape, fire safety equipment, and fire doors. All escape routes were assessable, free from obstructions and the assembly point was accessible. The centre had an L1 fire alarm system . Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety meetings took place in the centre. On the day of the inspection there were four residents who smoked and detailed smoking risk assessments were available for these residents. A call bell, fire blanket, fire extinguisher and fire retardant ash tray were in place in the centre's smoking area. Residents who smoked used a mobile pendant call bell in the designated smoking area. There was fire evacuation maps displayed throughout the centre.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

The inspector observed that the resident's pre- admission assessments was paper based, and nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed further under Regulation 5: individual assessment and care planning.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to SAGE advocacy services. The advocacy service details and activities planners were displayed throughout the centre on

notice boards adjacent to the lift on all floors. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radio's. Mass took place in the centre weekly. Musicians attended the centre regularly

### Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

### Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

### Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the centre's shower chairs was required as a number of shower chairs had visible rust on the leg or wheel area. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the shower chairs.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had good oversight of fire safety. However; improvements were required to the residents personal evacuation plans.

- Personal evacuation plans for residents did not state if the residents required supervision following an evacuation. This was important as some residents at risk of walking with purpose may attempt to re-enter the building or wander off while staff were evacuating other residents.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs however it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

## Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Compliant



# Compliance Plan for Wygram Nursing Home OSV-0000756

Inspection ID: MON-0039933

Date of inspection: 24/05/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Director of Nursing has carried out a full review of the Falls policy and has carried out training with the staff to ensure all staff are fully compliant and understand the policy .A full review was carried out by the senior nursing team on all post fall assessment documentation and this will be closely monitored going forward . All falls will be discussed at the Falls committee and a multidisciplinary approach taken to ensure robust governance.</p> <p>The Director of Clinical operations and the Director of nursing have carried out Safeguarding training face to face with all staff in the home. The Director of nursing will monitor and audit the nursing documentation to ensure compliance with the centers policy</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Director of nursing has replaced any shower chairs that did not meet the Infection control standards.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The evacuation plan has been updated with the information required regarding the residents level of need for supervision once evacuated from the building.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  The care plans have been reviewed by the Senior nursing team and the information included regarding the resident or their care representative involvement in the care plan reviews as per the regulations.</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
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	22/06/2023
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	27/06/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	30/06/2023

	necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2023