



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

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Sisters of St. Joseph of Annecy
Address of centre:	Ballymacprior, Killorglin, Kerry
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0000287
Fieldwork ID:	MON-0034110

## About the designated centre

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

St. Joseph's Home is a purpose-built home, designed for older people who need care and help with their daily tasks and want to be supported to keep up their level of independence as long as possible. It is a vibrant place set in a desirable location, a short distance from Killorglin town, with a backdrop of the McGillicuddy Reeks, and on the banks of the River Laune. The centre provides 24-hour nursing care for up to 48 residents with varied levels of dependency, ranging from those residents requiring minimal support in their daily living such as companionship, supervision and a sense of safety and security, to those requiring maximum support in all aspects of their life. The range of nursing care provided for each resident is assessed on an individual basis and reflect the changes in level of need as time progresses right up to and including holistic end of life care. The layout of St. Joseph's Home allows ample space for mobilization, indoors and outdoors.

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

Number of residents on the date of inspection:	45
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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
Wednesday 8 September 2021	10:15hrs to 17:50hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This inspection took place over one day, and was unannounced. Residents spoke positively about their experience of living in St Joseph's Home, and praised staff for their kindness and companionship. The inspector spoke with eight residents and four visitors during the day, and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. The inspector observed interactions between the staff and residents throughout the day and found that they were warm, respectful and person-centred.

There were 45 residents living in St Joseph's Home on the day of this inspection. When the inspector arrived, approximately 17 residents were attending mass in the centre's chapel. This service had resumed in the centre recently, on a daily basis. Residents told the inspector how much they enjoyed having mass available, and how they had really missed it over the past year. Residents appeared very well-cared for, neatly dressed and groomed, in accordance with their preferences. Overall, residents reported a good quality of life in a homely environment and they were complimentary about the care in the centre. They also told the inspector that they had more activities available to them in the past few months, which made the days more enjoyable, and they loved having something to look forward to.

This centre is a single story nursing home, situated on the outskirts of Killorglin town. The river Laune runs adjacent to the centre, and could be heard and viewed from some of the bedroom windows. Residents also enjoyed beautiful views of surrounding mountains and farmland. At the main entrance to the centre there is a large bright foyer with a lot of natural light. This area had been redecorated a few years previously, to a very high standard, with additions such as textured wall paper, pictures and comfortable seating.

St Joseph's Home is divided into three units, St. Mary's, St. Patrick's and St. Brigid's. Bedroom accommodation consists of 30 single bedrooms and 9 twin bedrooms, all of which are en suite. The inspector met with a number of residents in their bedrooms on the day of this inspection. They all were extremely complimentary regarding the space they had in their rooms, the comfort and the cleanliness. One resident told the inspector how they found their room very peaceful and relaxing. Another residents stated they were so happy to be living in St Joseph's, as it was so comfortable and the staff always went "above and beyond". Residents were encouraged to bring in their personal belongings from home, such as pictures, blankets and memorabilia. There was adequate communal space in the centre, which residents were observed using throughout the day. The centre had a modern hairdressing salon and small homely kitchen for visitors to the centre. There were well maintained landscaped gardens, and a secure central enclosed courtyard, which interlinked all units. Some residents were observed sitting in the courtyard during the day and reported they enjoyed when activities took place outdoors.

As found on the previous inspection, the centre was exceptionally clean and well

maintained. Staff spoken with took pride in making the centre comfortable and homely for residents. One resident told the inspector that the staff "would do anything for me here". There was a full time maintenance worker who monitored the centre and addressed any issues pertaining to the premises on a daily basis. There were adequate housekeeping staff rostered, on a daily basis, and good local assurance mechanisms in place, to ensure that the environment was cleaned in accordance with best practice guidance. Staff were observed practicing good hand hygiene and were observed using personal protective equipment correctly. Residents in isolation had signage on their doors to indicate this, and procedures were in place to minimise cross infection.

Staff spoken with said they were very happy working in the centre. They enjoyed getting to know the residents and their families and acknowledged the challenges that the global pandemic had brought for residents. They were proud that the centre had maintained COVID-19 free to date. It was evident throughout the day that staff knew residents personal preferences well and care was person centred. Four of the centres volunteers, who could not attend since March 2020, due to the global pandemic, had recently returned. Some participated in group activities weekly, while others sat down to enjoy a cup of tea and a chat with residents in the sitting rooms.

Visiting to the centre was taking place by appointment. On arrival to the centre the inspector observed that each visitor was guided through the centre's robust infection control procedures before entering the building, which included a temperature check, hand hygiene and completion of a risk assessment questionnaire. Visitors the inspector met with expressed their satisfaction with the care their loved one received, praising the commitment, kindness and empathy of staff working in St Joseph's Home. Two visitors told the inspector how they were so content that their family member was being cared for by the compassionate staff working in the centre, and how they enjoyed visiting.

An activities coordinator had been employed full time in the centre since the previous inspection, which had a positive impact on the quality of life for residents. The inspector met with this person who was enthusiastic and dedicated to the role. Residents told the inspector they were delighted with the new programme of activities, and they looked forward to them. Activities available to residents included games, reminisce, bingo, sing along and music. Four residents were observed playing a game of 31 at 11am. They told the inspector how they enjoyed this activity so much, it brought back great memories and how it was great to interact with other residents. Some residents told the inspector they looked forward to more days out of the centre, which was currently being arranged by the management team, as residents had requested this at a recent residents meeting. Activities that took place on the day of this inspection included a newspaper reading facilitated by a resident, the rosary, games and music.

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 inspection was conducted to follow up on the previous inspection of April 2021, which found a lack of comprehensive management systems in place and poor regulatory compliance, in a number of regulations inspected. An application to renew registration of this centre had also been submitted to the Chief Inspector, since the previous inspection, and this inspection would inform part of the decision making process. Findings on this inspection were that the registered provider had addressed the majority of areas of non compliance, and there were improvements in the governance and management of the centre. However, systems were at an early stage of implementation, and continued commitment was required by the management team and the registered provider to sustain these improvements, and to ensure a quality service for residents was delivered.

The registered provider of this centre is the Sisters of St Josephs of Annecy. The centre was in a period of transition, on the day of this inspection, as the Chief Inspector had been notified of a change in directors of the entity. The centre would now be affiliated with the Sisters of Nazareth, who also were responsible for the running of number of other centres around the country. New systems had been implemented, since the previous inspection, in relation to monitoring and oversight of the centre. The person in charge now reported to the Chief Executive Officer of the Sisters of Nazareth. There was evidence of on site visits to the centre, as well as weekly meetings with the Chief Executive Officer and Chief Nursing Officer of the Sisters of Nazareth, where areas such as human resources, infection control, risk and COVID-19 were discussed. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

There was a clearly defined management structure within the centre. The person in charge directed care delivery and was supported by a Clinical Nurse Manager. They displayed a commitment to the implementation of new systems and the delivery of quality care to residents. The management team were currently implementing a new system of auditing, which was in the early stages, and required further development. New communication systems with all disciplines of staff had been established since the previous inspection via meetings. Improved systems of communication and oversight of the service provided was evident.

There were adequate resources in the centre to ensure the effective delivery of care to residents, in line with the centres stated purpose. There were appropriate levels of staff available, based on the assessed needs of residents, on the day of inspection. Significant improvements were noted in training and staff development. Mandatory training was up to date for all staff and an induction and supervision programme for staff had been implemented, since the previous inspection. Staff records were reviewed by the inspector, and were found to comply with the requirements of Schedule 2.

The centre was submitting required notifications to the Chief Inspector, within the required time frames. The complaints process had been reviewed and complaints were now recorded and managed in line with the regulations.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The centre was being managed by a full-time person in charge. They had the necessary experience in management and in nursing the older adult that is required by the regulations. However, as per the findings of the previous inspection they did not hold a management qualification, which is required by the regulation. The inspector was informed that the course was currently being undertaken, and was due for completion in October, 2021.

Judgment: Substantially compliant

#### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. There were two nurses on duty, day and night. The registered provider had employed a full time activities coordinator since the previous inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

Significant improvements were noted in staff training since the previous inspection. A programme of training had been implemented and all staff now had completed mandatory training. There was also evidence of an induction programme for new staff, and yearly appraisals had commenced.



Judgment: Compliant

### Regulation 21: Records

Improvements were noted in staff recruitment. The inspector reviewed five staff files and all contained the requirements of Schedule two of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Improved management systems had been implemented and required ongoing development and review, to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Further improvements were required in the following areas:

- the assessment and care planning process for residents.
- infection control, namely, ensuring there were systems in place to manage COVID-19 if it were to enter the centre.
- further development of an effective auditing system, to monitor the service and drive quality improvement.
- an immediate action was required regarding the evacuation of an entire compartment, to ensure that residents could be safely evacuated in the event of a fire.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of incidents was well maintained in the centre. Based on a review of incidents the inspector was satisfied that all notifications were submitted as required by the regulations to the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The last inspection of this centre found that there were no complaints on record in

the centre for 24 months, and that concerns were being resolved informally and were not being recorded. The complaints procedure had been reviewed following the previous inspection. Complaints were now being recorded in line with the regulations, and the centres complaints policy.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Since the previous inspection all Schedule 5 policies and procedures had been updated in accordance with national policy, current legislation and best practice.

Judgment: Compliant

### Quality and safety

The findings of this inspection evidenced that staff strived to provide a good quality of life for the residents living in St Joseph's Home. Residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day, which they said they looked forward to. Improvements were noted since the previous inspection in relation to medication management, management of responsive behaviours and the provision of a social programme for residents. Some further improvements were required in care planning and infection control.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. There was satisfactory evidence that residents had timely access to healthcare, medical and palliative care services. However, as found on the previous inspection the care planning systems required review, which is discussed further under regulation 5. Improvements in relation to the monitoring of restraint within the centre had taken place since April, 2021.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time. At the time of the inspection they had been successful in keeping the centre COVID-19 free. The inspector noted improvements since the previous inspection in relation to staff compliance with the wearing of personal protective equipment and in the monitoring of residents in isolation. However, some further areas required to be addressed in relation to infection

control, which is discussed under regulation 27.

There was a positive focus on fire safety in the centre and evidence that the provider had engaged with an independent fire expert to carry out a review. There were systems in place to minimise the risks associated with fire. Fire alarms, emergency lighting and fire fighting equipment were serviced, at appropriate intervals. Fire drills took place regularly, and there was evidence that evacuations were timed and issues were discussed and analysed to improve learning. However, evacuation of an entire compartment had not been preformed. An immediate action was given to the management team to undertake this following the inspection.

Resident meetings and recent surveys reflected a high level of satisfaction with the care and services provided in the centre. Residents rights were observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day. Residents had access to television, radios, newspapers and telephones. Residents were facilitated to practice their religion.

### Regulation 11: Visits

Visits were well managed in line with the current HPSC guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). The provider had ensured that there were suitable private and communal areas available for the residents to receive their visitors.

Judgment: Compliant

### Regulation 13: End of life

There was evidence that a good standard of care was provided to residents at their end of life. End of life care plans indicated there was appropriate assessment of the physical, psychological and spiritual needs of residents. Consultation with family members formed part of the care approach. Residents had access to community palliative care services, and there was evidence that staff consulted with them regularly.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional and hydration needs were assessed and closely monitored in

the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff. Staff were observed to engage positively with residents during meal times, and provide assistance where required.

Judgment: Compliant

### Regulation 27: Infection control

While there were numerous examples of good practice observed on the day, the following areas required to be addressed:

- the COVID-19 Contingency Plan for dealing with an outbreak required review. It was not updated with the most recent guidance from the HPSC, and there was not clear detail pertaining to the isolation arrangements for suspected and positive COVID-19 cases. It was also necessary that the plan in place was communicated to all staff.
- The centres policy regarding admissions to the centre required review, to ensure that residents that were admitted for short term stays such as respite were risk assessed for COVID-19 and the current HPSC guidance was implemented.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire safety training was carried out for all staff since the previous inspection. While there were frequent fire drills, these simulated the evacuation of a half a compartment, rather than an entire compartment. It was therefore not possible to ascertain if all residents in a compartment could be evacuated to a place of relative safety, in a timely manner, in the event of a fire. The management team agreed to commence this immediately following this inspection.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The last inspection of this centre found that the monitoring of the medication

refrigeration system was inadequate. Where equipment was not working effectively and where temperatures were not within the recommended guidelines, actions were not taken to rectify this. These areas had now been addressed and the storage of medications was being effectively monitored.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

As found on the previous inspection, significant improvements were required in the individual assessment and care planning of residents, for example:

- not all care plans were updated four monthly as required by the regulations.
- some care plans contained information that was no longer pertinent to the care of the resident.
- individual assessments were not always completed four monthly, as required by the regulations.
- some care plans were generic and did not contain person centred information, therefore they were not sufficiently detailed to direct care.
- there was not always evidence that residents were involved in the care planning process.

The management team acknowledged these findings. The inspector was informed that a new care planning system was being implemented in the centre in the coming weeks. There was evidence that training in care planning for staff was scheduled for October 2021.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

Non compliance in relation to this regulation, had been addressed since the previous inspection. Training in responsive behavior had been provided for all staff, and there was now an increased knowledge and understanding of the use of and monitoring of restraint within the centre. The policy had been updated to include reference to national guidelines.

Judgment: Compliant

### Regulation 8: Protection

As found on the previous inspection, the registered provider was pension agent for one resident, however, this money was being held in a general nursing home account. After that inspection the provider agreed to explore all alternatives, to comply with Department of Social Protection guidance, which recommends personal resident accounts. This inspection found that alternatives were continuing to be explored with the residents and the providers finance department. A new system was not yet implemented.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Improvements in residents rights were found on this inspection. A full time activities coordinator had been employed, and an appropriate activity schedule was in place to meet the social needs of residents. An advocacy service was available to residents and their religious preferences were respected. Residents were now being consulted with regarding the running of the centre. Two residents meetings had taken place since the previous inspection, and there was evidence that suggestions made by residents, regarding food and external outings were being acted on.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially 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
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Joseph's Home OSV-0000287

Inspection ID: MON-0034110

Date of inspection: 08/09/2021

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Registered Providers Representative and Person in Charge (PIC) can confirm that the training that was postponed by the training provider as a result of the Covid 19 pandemic. This training was completed on 29 September 2021 by the PIC.</p> <p>The management qualification, which was required by the regulation, and the documentary evidence (certificate) to validate this will be forwarded to the office of the Chief Inspector.</p>	
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>While significant improvements to the management systems as identified during the last inspection have been implemented to ensure that the service provided is safe, appropriate, consistent and effectively monitored, further improvements identified will be developed and implemented in the following areas:</p> <p>The assessment and care planning process for residents is actively being addressed with the implementation of a new computerised care planning system. Each resident will have a named Nurse assigned to roll out the implementation of this system and ensure that person centred care plans are developed in consultation and collaboration with each resident.</p>	

In relation to infection control, namely, ensuring there are systems in place to manage COVID-19 if it were to enter the centre the following measures have been implemented:

- The existing Covid 19 management plan has been reviewed to ensure it is fit for purpose;
- The existing Covid 19 Outbreak Management Plan has been reviewed to ensure that it adheres to best practice;
- A new suite of checks for visitors and health professionals have been introduced into practice;
- A new digital temperature camera is being sourced for installation in the reception area. This will provide a warning system where someone enters the Home with a fever or high temperature;
- New guidance has been developed and issued to all staff members on what to observe in relation to the signs and symptoms of Covid 19 including the latest research on the Delta Variant;
- A new daily surveillance template has been developed for the Nurses in Charge and implemented into practice;
- Access to the Nazareth Care Ireland Intranet is being arranged within the Home and this will facilitate access for all staff members to all Covid 19 management resources, training videos and the latest guidance from HIQA, the HSE, HSPC and specialist practitioners;
- The management team are participating in weekly governance meetings where shared learning is exchanged on the Covid 19 pandemic and the management of Infection Protection & Control;
- A new code of conduct has been issued to all staff members requiring them to report any signs or symptoms of Covid 19 that they feel they may have, and to adhere to all policies and procedures in the Home.

Further development of the auditing system continues to be implemented, to monitor the service and drive quality improvement. Action Plans will be developed from all audits where there are lessons to be learned or practices to be changed to enhance service improvement.

The evacuation of an entire compartment, to establish that residents could be safely evacuated in the event of a fire has been completed twice as of today's date the 07/10/2021. This compartment contained the largest cohort of residents within a fire compartment and was enacted under the conditions that would exist at night time. A new fire drill report has been developed to include the latest guidance contained in the HIQA 'Fire Safety Handbook' (2021) and this report was used for these evacuation scenarios. Further fire drills and fire evacuations have been planned for the Home.

A specialist company with expertise in fire evacuation has been engaged to support management and staff in fire drills / evacuation in the Home and audit the response times to these fire drills.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The existing COVID-19 Contingency Plan for dealing with an outbreak has been reviewed and amended. It has been updated with the most recent guidance from the HPSC, and includes detail pertaining to the isolation arrangements for suspected and positive COVID-19 cases. The plan has been communicated to all staff. The latest guidance from the HPSC is always available on the Nazareth Care Ireland Intranet site, and arrangements are being made for the staff team to have access to this site.</p> <p>The centres policy regarding admissions to the centre has been reviewed and amended, to ensure that residents that are being admitted for short term stays such as respite are risk assessed for COVID-19 and the current HPSC guidance is being implemented.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The evacuation of an entire compartment, to establish that residents could be safely evacuated in the event of a fire has been completed twice prior to the submission of this action plan. This compartment contained the largest cohort of residents within a fire compartment and was enacted under the conditions that would exist at night time. A new fire drill report has been developed to include the latest guidance contained in the HIQA 'Fire Safety Handbook' (2021) and this report was used for these evacuation scenarios. Further fire Drills and fire evacuations have been planned for the Home.</p> <p>A specialist company with expertise in fire evacuation has been engaged to support management and staff in fire drills / evacuation in the Home and audit the response times to these fire drills.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A new computerised care planning will be installed on the 18/10/2021 to ensure:</p> <ul style="list-style-type: none"> <li>• all care plans are updated four monthly as required by the regulations.</li> <li>• that care plans contain information pertinent to the resident.</li> <li>• individual assessments are completed four monthly, as required by the regulations.</li> </ul>	

- that care plans contain person centred information and sufficiently detailed to direct care.
- that residents are involved in the care planning process.

Staff training on care planning has been arranged for the following dates:

- 05/10/2021; and the
- 14/10/2021

All Nurses have to attend this training.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection: The Home

The home, as pension agent of one resident, has now put in place alternative arrangements to have the payment made to separate bank account, rather than the Nursing Homes bank account. The resident has consented to the monies not being paid into the Nursing Home account and a record of consent has been added to the resident's personal financial records. The new arrangement is strictly confidential and the named resident in question has capacity to determine the management of his own affairs.

## 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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Substantially Compliant	Yellow	30/11/2021
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	31/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/10/2021

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	15/09/2021
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.	Not Compliant	Orange	30/11/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to	Substantially Compliant	Yellow	14/10/2021

	protect residents from abuse.			
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