Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Glyntown Care Centre
Name of provider:	Zealandia Limited
Address of centre:	Glyntown, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	28 May 2021
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0033108

About the designated centre

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

Glyntown Care Centre is located on an elevated site over the village of Glanmire. It is a 39 bedded purpose-built care facility. The bedroom accommodation is laid out in two single bedrooms (non en-suite), 1 double bedroom (non en-suite), 17 single bedrooms (en-suite), nine double bedrooms (en-suite). Our mission is to create an environment where residents and staff work in partnership to promote individualised quality care in equitable, safe and harmonious environment. Residents will be comprehensively assessed prior to admission to the care centre using the pre-admission assessment document. We will endeavour to accommodate residents requiring the following: general nursing care, respite care, convalescence care, palliative care, and any other care following the comprehensive assessment. All residents admitted to Glyntown Care Centre will be over 18 years of age an can be either male or female. 24 hour nursing care will be provided which is supported by a team of Healthcare Assistants and other support services. Other services available are: hairdresser, chiropodist, physiotherapy, speech and language therapy, etc. Initial admission assessment and short-term care plans will be completed with 24 hours of admission. The residents detailed care plan will be commenced within 48 hours of admission and completed within 2 weeks. We view mealtimes and above all partaking in one's meals, as a very important social event in the daily life of the resident in Glyntown Care Centre. Mealtimes give residents important opportunities to interact. We operate an open visiting policy with Glyntown Care Centre and warmly welcome all visitors, however to protect our residents we ask that all visitors sign in and out on entering and leaving. A comprehensive activity programme is provided 5 days per week by the Activities Coordinator. Outings are held several times during the year, these are facilitated with the An Garda Siochana community buses. A resident committee is in place in Glyntown Care centre. Residents of all religious denominations will be catered for in Glyntown Care Centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31

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
Friday 28 May 2021	07:45hrs to 17:00hrs	Ella Ferriter	Lead
Friday 28 May 2021	07:45hrs to 17:00hrs	Abin Joseph	Support

What residents told us and what inspectors observed

The inspectors met and spoke with several residents during the inspection of Glyntown Care Centre. Overall, the feedback from residents was that staff were caring and kind towards them, and they were happy living in the centre. The inspectors arrived to the centre unannounced, on the morning of the inspection. On arrival, the inspectors were met by the assistant director of nursing, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were implemented, prior to entering the centre. Inspectors had the opportunity to attend the morning handover report, between the night and day staff. Clinical information pertaining to each resident was discussed and areas highlighted that required attention during the day, such as mouth care, the importance of offering fluids and the requirement for repositioning residents was discussed. Each staff member was provided with a comprehensive handover sheet detailing individual care requirements of residents in areas such as diet, mobility level and frequency of safety checks. After an opening meeting with the Assistant Director of Nursing, the inspectors were guided on a tour of the centre, where they met and spoke with residents in their bedrooms and in communal areas.

Glyntown Care Centre is a single story nursing home registered to provide care for 39 residents outside the village of Glanmire, Cork. Bedroom accommodation consists of 19 single bedrooms and ten twin rooms, the majority with en suite facilities. The centre is divided into three wings; Beech, Ash and Oak. On the day of this inspection it was evident that some parts of the centre were being redecorated, such as the communal room and dining room where new curtains were being fitted. The outdoor garden area, situated off the dining room was secure and had a safe walkway, furniture, flower beds, bird feeders and a barbecue. Residents reported that they enjoyed this space when the sun came out. Overall, the corridors and communal rooms were clean, however, some areas of the centre such as bathrooms and sluice rooms required attention. On observation, it was also evident that there was a shortage of storage space. As a result, equipment was inappropriately stored on corridors, in sluice rooms and in bathrooms. This is discussed further under Regulation 27.

The inspectors met and spoke with several residents during the inspection. Residents spoke about the challenge that the last year had been for them and in particular how they had missed seeing family. One resident told the inspectors they were really looking forward to being able to go out in the car with their family for drives, and hopefully go out for Sunday lunch. Residents spoke positively about living in the centre and the kindness and approachability of staff. The inspectors observed residents having their meals in the dining areas and in their bedrooms. Residents expressed satisfaction with food and stated that they were offered choice every day. Tables were configured to ensure social distancing, while facilitating social interaction also.

Visiting to the centre had resumed, was being monitored, and visitors were

appropriately screened before entering the centre. The inspectors observed visitors coming to the centre throughout the day, they were well known to staff, and spoke very positively to inspectors about the care their family members received. The inspectors observed that the care and support given to residents was respectful, relaxed and unhurried. Staff were kind and were familiar with residents individual preferences and choices, and facilitated these in a friendly manner. Care practices were socially oriented and facilitated residents' choice. There was a nice atmosphere in the centre and staff engaged positively with residents throughout the day, laughing and singing with them.

Residents were consulted with in the running of the centre and minutes from residents meetings showed that their feedback and suggestions was acted on. The programme of activities was varied and inspectors observed activities taking place throughout the day such as an exercise class, a quiz and hand massage.

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 was a one day unannounced inspection, conducted in response to the receipt of information. As per regulatory requirements, the person in charge must provide a written report to the Chief Inspector, on a quarterly basis, of the amount of residents with pressure ulcers. On review of information submitted inspectors noted that there was a high occurrence of pressure ulcers, sustained on the premises. Further information was sought through correspondence with the centre, however, on review of this information, assurances were not provided, regarding the prevention and management of pressure ulcers, therefore, an inspection of the centre was scheduled.

The findings of this inspection were that, while there was a clearly defined management structure in place, management systems required strengthening, to ensure that an effective and safe service was continuously provided for residents. This was particularly in relation healthcare, and the prevention and management of pressure ulcers, which was found not to be in line with evidence based nursing practice. Increased clinical oversight by management, of the quality of care that residents received in the centre was required. There were also deficits noted in individual assessment and care planning, infection prevention and control, training and staff development and the management of complaints. Findings of the previous inspection of January 2021, were also reviewed on this inspection, and it was evident that the registered provider had not implemented all improvements as committed to, in the compliance plan.

The registered provider of Glyntown Care Centre is Zealandia Limited, which consists of two directors. Care in the centre is directed through the person in charge, who

reports to the registered provider representative. From a clinical perspective the person in charge is supported by an Assistant Director of Nursing, a Clinical Nurse Manager, and a team of nurses, healthcare assistants, catering, household, and administrative staff. The staffing number and skill mix on the day of inspection was appropriate to meet the care needs of the residents.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. However, a sample of staff files were examined, and it was found that not all complied with the regulatory requirements, which is discussed under Regulation 21. A vetting disclosure, in accordance with the National Vetting Bureau (Children And Vulnerable Persons) Act 2012, was in place for all staff.

As found on the previous inspection, staff training was not being effectively monitored, and the inspectors were not provided with assurances that all mandatory training was in date. Monitoring of the service also required significant improvement, as it was found that auditing was inconsistent, and was not being used to drive quality improvement within the centre. For example, audits conducted identified deficits in environmental hygiene and nutritional screening, however, there was no time bound plan associated with the audits, to address these deficits.

Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All incidents had been notified to the Chief Inspector, as per requirements of the legislation. The process for managing complaints required review, as the registered provider had not ensured that the complaints procedure was implemented in practice, and that complaints were maintained in line with regulatory requirements. Overall, this inspection found that there was a requirement for increased oversight and monitoring of the service, by the registered provider and the person in charge to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Regulation 15: Staffing

The number and skill mix of staff was found to be appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre. The provider had updated the staff contingency plan as requested following the previous inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Significant improvements were required in the monitoring and management of mandatory staff training. This was also a finding on the inspection of January 2021.

In the absence of an up to date training matrix, it was difficult for management to determine current and expired training, and to identify any gaps in training. This inspection also found deficits in knowledge, pertaining to carrying out an accurate risk assessment, to reduce the risk of pressure ulcer development, therefore, further training was also required in this area. The management team acknowledged this, and had initiated a plan for training, to commence on the week of inspection.

Judgment: Not compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. However, as found on the previous inspection, not all staff files were maintained as per Schedule 2, in line with regulatory requirements, for example:

- one CV had a gap in employment history that was not explained
- two staff did not have references from their most recent employer
- one staff member had a reference from a college, as opposed to an employer

The current system for the management of residents contacts of care also required review, to ensure that records of the designated centres charges to residents, including any extra amount payable were retained on the premises.

Judgment: Not compliant

Regulation 23: Governance and management

Significant improvements were required in the governance and management of the centre, to ensure the safe delivery of the service. This was a repeated area of non compliance and also found on the previous inspection. This was evidenced by;

- Inadequate oversight of wound care practices within the centre
- Poor oversight of staff training in the centre, which was also found on the previous inspection.
- The complaints procedure was not in line with regulatory requirements.
- Lack of an effective auditing system to monitor the service and drive quality improvement
- Poor oversight of infection prevention and control practices, such as environmental cleaning and equipment cleaning
- Staff recruitment and records were not in line with Schedule two of the regulations

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications required to be submitted to the Chief Inspector were submitted in accordance with time frames specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure required review, as it was found there was one complaint recorded since 2019. Staff spoken with informed inspectors that if a compliant was submitted they entered it into the residents notes to inform staff and management. Therefore, complaints were not recorded in line with regulatory requirements which states that details of the complaint, outcome of the complaint and satisfaction of the person making the complaint should be recorded.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. A review of documentation and the inspector's observations indicated that residents' rights were promoted and that residents enjoyed living in Glyntown Care Centre. However, significant improvements were required in wound care practices within the centre, individual assessment and care planning and infection prevention and control.

Residents had access to appropriate medical and allied health services. There was evidence of regular medical reviews and referrals to specialist services as required. The centre employed a physiotherapist one day per week. Access to geriatricians, and palliative care advice was readily available. However, improvements were required in the oversight of evidence based nursing care, pertaining to the prevention and management of pressure ulcers within the centre, which is discussed further under Regulation 5.

Each resident had an individual assessment and care plan documented, which was updated four monthly. However, on review of a sample of these documents it was found that information was not always accurate, therefore, could not easily direct

care. This is discussed further under Regulation 4. The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in the centre. This was evidenced by conversations with staff and involvement of the multidisciplinary team, however, some residents did not have end of life care plans to provide information on personal preferences and support care delivery.

The registered provider had systems in place to minimise the risk of the introduction of COVID-19 to the centre. Residents were monitored for signs and symptoms of COVID-19. The centre had remained COVID-19 free to date. Staff were observed to adhere to good infection prevention and control protocols, that included good hand hygiene practices, and the appropriate use of personal protective equipment. There were measures in place for residents to maintain physical distance in accordance with Health Prevention and Surveillance Centre (HPSC)guidance, which were observed to be followed in practice. However, as found on the previous inspection of this centre some improvements were required in infection prevention and control practices, which is discussed under Regulation 27.

Residents were supported to engage in a meaningful activity programme based around their own interests and preferences, and maintain communication with their loved ones despite the global pandemic. Visiting had recommenced, and visits were scheduled by the administrator in the centre, facilitated over a seven-day period. Inspectors observed visitors to the centre, and appropriate infection control precautions were adhered to on arrival.

Regulation 11: Visits

Visiting was facilitated in line with current HPSC guidance. Information pertaining COVID-19 visiting restrictions and precautions was displayed at the entrance to the centre. The library was currently being used for scheduled visiting and had been re-organised to facilitate safe visiting. The visitors sign-in record was maintained outside the library including a questionnaire and temperature check in line with HPSC guidelines. The service was committed to ensuring residents and their families remained in contact by means of video and telephone calls.

Judgment: Compliant

Regulation 27: Infection control

On the previous of January 2021, deficits were found in relation to the infection prevention and control practices within the centre. Although this inspection found some of these areas had been addressed, improvements were required in the overall oversight of environmental hygiene within the centre. These findings were

supported by auditing of environmental hygiene within the centre. For example:

- There were insufficient local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance.
- Some areas of the centre were visibly not clean.
- Some surfaces, were poorly maintained and as such did not facilitate effective cleaning.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment such as housekeeping cleaning trolleys and equipment in sluice rooms and toilets.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the individual assessment and care planning for residents, evidenced by the following findings:

- Although records indicated care plans were updated every four months, they were not always updated contemporaneously, to reflect the changing needs of residents. For example, the care plan for one resident's care needs following review by a Speech and Language Therapist, did not reflect recommended changes to diet consistency.
- End of life care plans were not in place for residents that required them
- Care plans did not easily direct care as information in some residents care plans was outdated and no longer relevant to their needs.
- Assessments were not always completed correctly, when assessing residents at risk of developing pressure ulcers, using validated assessment tools. Therefore, if the assessment was inaccurate, it did not identify risk and preventative strategies required and did not always inform individualised care planning.

The management team acknowledged these findings on the day of inspection, and informed inspectors that they would review all residents risk of the development of pressure ulcers and that further training of staff would be initiated.

Judgment: Not compliant

Regulation 6: Health care

Inspectors were not assured residents healthcare needs were being met, in all instances, in line with a high standard of evidence based nursing evidenced by:

- There was a high incidence of pressure ulcer development in the centre. Five residents living in the centre had pressure ulcers, which they sustained on the premises. Although, there was evidence of referral to a tissue viability nurse and review of wounds by the general practitioner, wound care practices required review, to ensure they were in line with evidence based practice. There were gaps in records evident, regarding wound assessment and frequency of dressing change.
- A resident on subcutaneous fluids did not have a valid prescription from a general practitioner. The nurse management team rectified this on the day of inspection.
- Some residents required two hourly repositioning, as per care plan. However, on review of documentation, gaps of 4 hours were evident on occasion, for some residents.
- Continence assessments were not being carried out to inform care planning and determine level of supports required.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence of resident rights and choices being upheld and respected. Residents were consulted with on a daily basis and formal residents meetings were facilitated monthly. A programme of activities was available for residents, which they spoke positively about. Advocacy services were available as required.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glyntown Care Centre OSV-0004921

Inspection ID: MON-0033108

Date of inspection: 28/05/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The current training matrix system was updated on 02/07/2021 to a traffic light system – green in date, yellow due within 3 months and red training overdue. As education sessions are undertaken the matrix is being updated daily. Wound/Pressure Ulcer Assessment and reduction of Pressure Ulcer Development Education: All nursing staff, senior HCAs, and student nurses have completed the Nutricia Wounds e-learning module since 01/07/2021. Safeguarding – all staff within the center have attended refresher training facilitated by the DON, completed 25/06/2021. Challenging behavior – currently refresher training is being provided to all staff by the A/DON/Activity Coordinator, will be completed by 15/07/2021. Fire Training is ongoing for all staff – next training due 05/07/2021. Hand Hygiene refresher training is being conducted during morning handover meeting and will be completed by 15/07/2021. Care plan training for nurses is ongoing. Continence Assessment – the continence product advisor has been contacted and is forwarding assessment support tools to us. The HSE continence Advisor is currently uncontactable due to the cyber-IT attack.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff files are up to date. The CV that had a gap in employment details was explained by the staff member as the	

time 14 years ago when the employee was relocating to Ireland and organizing visas and employment requirements.
The staff member a reference from college – this staff member had no previous employment. This employment in the center is her first employment.
2 staff members that did not have references from previous employers - these employers were closed due to Covid19 restrictions. This has been rectified since the re-opening of the businesses.
Contract of Care has been recently updated to include all charges to residents and was submitted to the Authority prior to inspection. The updated contract has been forwarded to all families/significant others as of 01/07/2021 for review and signing. A copy of the signed contract will be held in the administration office. Any changes to the signed contract will be notified to the families and a copy kept with the original contract.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Wound Care Practices – Braden Assessment score has been introduced June 1st 2021 for all residents and updated as skin integrity changes. Nurses have been educated on this assessment scale.
Nutricia Wound Care – e-learning module undertaken by all nurses, senior carers and student nurses since 01/07/2021. Training matrix reflects this training. Wound Management policy is in place and kept in the nurses station for reading and reference purposes by all nursing staff, senior HCAs, and student nurses.
All wound care plans are updated on an ongoing basis reflecting changes in skin integrity, input from MDT -tissue viability nurse, dietician, GP, wound clinic recommendations. Nurses are educated on the timely review and update of care plans.
SSKIN Care Bundle initiated on 04/06/2021 for all residents at risk of pressure ulcer development and updated daily for these residents.
Pressure care equipment have been reviewed as per risk assessments and actions undertaken.
Review of pressure care equipment for high-risk residents will be undertaken by the Occupational Therapist on receipt of a referral.
Pressure areas checks on the touch care electronic system commenced for HCAs on 07/06/2021 and staff which records any issues and improves regular pressure area checks. Staff have been educated on same.
Training – in accordance with Regulation 16 the current training matrix is updated since 02/07/2021 to include a traffic light system to identify training needs timescale. All training undertaken is recorded on the matrix promptly by the DON or office administrator. All mandatory training is continuous for all staff as previously outlined in this compliance plan.
Complaints – As per regulation 34, a complaints procedure is in place in this center. The complaints process is detailed in this compliance plan under Regulation 34.

Audit – There is a robust audit schedule in place in the center with audits taking place each month. Following completion of an audit, an action plan is initiated based on the findings of the audit. Staff are informed of the audit results and subsequent action plan and timeline for completion of actions. A further audit control measure has been introduced since 05/06/2021 which audits the action plan to ensure improvement and compliance is achieved.
Environmental Hygiene – The management acknowledge that issues in relation to hygiene and equipment cleaning were highlighted throughout the inspection process. Since inspection, the standard of environmental hygiene has improved considerably, attaining the standard that is desired and expected within the center. Enhanced cleaning schedules have been introduced since 11/06/2021, household staff audit their work following completion, then management audit the area and a feedback meeting to compare audit results and initiate actions. All staff are aware of their responsibility in relation to regular cleaning of resident equipment after each use. Staff use "I Need To Be Cleaned" (Red) and "I Am Clean" (Green) stickers when undertaking equipment cleaning. Cleaning signing sheets are in place throughout the center. Regular audits outside of scheduled audits are undertaken by management and results are discussed with staff.
Staff Recruitment – As outlined under Regulation 21 in this compliance plan, issues identified at inspection have been addressed and all staff files are compliant with the regulation.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
A complaints book was commenced on 28/05/2021 and placed in the nurse's station on the day of inspection. All staff record comments, concerns and complaints from residents or visitors in this book. The entries are then recorded onto the center's electronic system under the Complaints/Concerns section of each resident's page by the DON or A/DON. A review date is inserted and following review the complaint/concern is either closed or updated with further developments. Consultation with the resident /visitor occurs following receipt of the complaint/concern, throughout the process and a final outcome is recorded.
The complaints procedure displayed in the center has been updated with the DON and A/DON names.
A complaints audit will commence in July 2021 which will review our process.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Storage - we have identified a room which we will convert into a permanent storage area. In the meantime, we have designated an empty bedroom to act as a temporary storeroom until the permanent storage area is completed. Works in this room is expected to be completed by October 2021.
• Regular and frequent environmental audits are undertaken by both household staff and management. Feedback of audits is shared immediately; deficits are identified, and actions implemented. Action plans are recorded. Regular quality review meetings are held with household staff and management. Infection control is a agenda item at management meetings.
• Cleaning schedules have been updated since 11/06/2021 and sign in sheets are evident in all areas and checked for compliance daily.
• Appropriate cleaning equipment and supplies in place and stock is ordered fortnightly or as required.
• Resident cleaning equipment schedule is in place. Frequently used equipment is cleaned after use with antibacterial cleaning solution and then labelled with cleaning indicators: Red – "I need to be cleaned" and Green – "I am clean".
• Infection control signage is in place throughout the center. Residents who have an infection or who are on restricted movements have signage specific to their risk placed on their bedroom doors. All staff are informed of the special precautions in place during morning and night hand over meeting.
• Hand sanitizer dispensers are cleaned and checked daily.
• Dani-centers are checked and stocked daily with PPE by the household staff.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Each morning at report all staff receive an updated handover sheet which informs them of any changes relating to the care of the residents.
All staff have been reminded of the requirement to update the care plans in a timely manner. We are reviewing all existing care plans to make them more comprehensive and inclusive of all MDT information and have commenced since 26/05/2021 a holistic care plan for all residents. The A/DON and Senior nurse are undertaking this project.
Nurses are educated on the mandatory, validated assessments tools, care planning and documentation.
End of Life care plans are being updated at present with the wishes and personal preferences of residents and families being recorded.
Skin integrity issues are recorded, and assessments are reviewed to ascertain.
high risk category and the care plans are updated accordingly to reflect this status.
Pressure care prevention plan commenced for residents assessed as high risk.
Dressing frequency reviewed and actions implemented. Nurses reminded to

comprehensively complete the wound dressing care plan and skin integrity care plan as appropriate.
A weekly wound check list commenced on 21/06/2021.
Repositioning/turning charts in place for each "at risk" resident, same are reviewed regularly to ensure compliance.
All nursing staff have completed a wound care e-learning module since 01/07/2021.
Medication reviews have been undertaken; all PRN medication have valid prescriptions.
There is a continence assessment in place. A Bladder Diary has been commenced since 23/06/2021 to identify the correct incontinence wear for residents with continence issues/challenges. A continence audit will be undertaken in July 2021. The continence product advisor has been contacted for support with assessment and product documentation.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All healthcare measures outlined throughout this compliance plan will ensure a high standard of evidence-based nursing care for our residents.
Each morning an updated handover sheet is provided to all staff outlining in brief the specifics of each resident's care that will inform care practices throughout the day and night.

Further wound care education has been completed by all nurses, senior HCAs and student nurses since 01/07/2021 as outlined previously in this compliance plan.
Wound policy in place – all staff are familiar with its contents and the policy is kept in the nurses station for reference purposes.
Enhanced Pressure ulcer prevention measures are in place and audited frequently to ensure residents skin integrity needs are met. Care plans are updated timely with appropriate information which will guide care.
All staff informed of the importance of repositioning of residents at risk and the requirement to sign appropriate documentation.

All medications have a valid prescription, the pharmacy supplying medications to the centre audit medication management quarterly and offer educational opportunities online. Weekly medication stock check list is in place, undertaken by the senior nurses. Actions identified are rectified immediately.

Continence assessments and a bladder diary are in place since 23/06/2021, being completed and assessed to inform appropriate continence products specific for each resident. Residents are offered and encouraged to use the bathroom regularly regardless of their continence status. Continence care plan is initiated on admission and updated as required in response to a change in the resident's status.

Residents will be assessed by members of the multi-disciplinary team (physio, SALT,

dietician, dentist, optician, occupational therapist) upon receipt of referral. Care plans are updated following MDT review and recommendations. Residents had oral assessments conducted by the local dentist on 24/06/2021. Recommendations have been recorded in the electronic system and individual care plans updated. Dental surgery appointments dates will be forwarded to the center for the residents who require further treatment.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	20/07/2021
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.	Not Compliant	Orange	30/08/2021
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.	Not Compliant	Orange	30/08/2021
Regulation 27	The registered provider shall ensure that	Not Compliant	Orange	31/10/2021

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	28/05/2021
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	Not Compliant	Orange	30/08/2021

	that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/06/2021