



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

## Issued by the Chief Inspector

|                            |                                  |
|----------------------------|----------------------------------|
| Name of designated centre: | Corbally House Nursing Home      |
| Name of provider:          | Corbally House Nursing Home Ltd  |
| Address of centre:         | Mill Road, Corbally,<br>Limerick |
| Type of inspection:        | Unannounced                      |
| Date of inspection:        | 10 November 2022                 |
| Centre ID:                 | OSV-0005560                      |
| Fieldwork ID:              | MON-0037717                      |

## About the designated centre

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

Corbally House Nursing Home is registered to provide care to 41 residents. It is located on the outskirts of Limerick city in a residential area on the banks of the river Shannon. Private accommodation comprises of 35 single bedrooms and three twin bedrooms, 20 of which have en suite shower, toilet and wash-hand basin facilities provided. Resident accommodation is over two floors with the majority of the residents residing on the ground floor. Stairs and a chair lift provide access between floors.

There is plenty of outdoor space with landscaped gardens located to the front and side of the centre and a secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants. There is an internal enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives throughout the year.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 39 |
|--|----|

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                         | Times of Inspection     | Inspector         | Role    |
|------------------------------|-------------------------|-------------------|---------|
| Thursday 10<br>November 2022 | 09:15hrs to<br>17:00hrs | Sean Ryan         | Lead    |
| Thursday 10<br>November 2022 | 09:15hrs to<br>17:00hrs | Oliver O'Halloran | Support |

## What residents told us and what inspectors observed

Overall, residents gave positive feedback with regard to their lived experience in the centre. Residents told the inspector that they received care and support from a team of staff who were kind and respectful. Residents told the inspectors that they enjoyed living in the centre and felt that they were listened to and supported to exercise choice in many aspects of their daily lives.

Inspectors were met by the person in charge on arrival at the centre. Following an introductory meeting, inspectors walked through all areas of the centre with the person in charge.

The atmosphere was observed to be pleasant, relaxed and calm for residents. There was soft classical music playing in the communal dayroom near the reception area. Some residents were observed enjoying the music in the communal dayroom, while other residents were also observed enjoying the music from their bedrooms. Staff were observed busily attending to residents requests for assistance and were observed to knock on residents' bedroom doors before entering to provide assistance. The care provided to residents was observed to be unhurried. The inspectors met with all residents during the inspection and spoke with nine residents in detail about their experience of living in the centre.

Residents told the inspector that they were happy with their decision to live in this centre and felt that the staff encouraged them to be independent while also providing support, where needed. Residents described their interactions with the management and staff as "caring, patient and respectful". Residents told inspectors that they felt they could raise any issues or concerns and felt that their concerns would be acknowledged and addressed by the staff and management.

Inspectors observed that significant redecoration of the centre had progressed. New floor coverings had been installed along corridors, that were previously in a poor state of repair, to support residents to mobilise safely. Walls and doors were observed to have been freshly painted. Some bedrooms had also been painted and residents expressed their satisfaction with the works completed. Inspectors observed that all areas occupied by residents were visibly clean. Equipment used by residents was also observed to be clean, replaced where necessary and in a satisfactory state of repair. The centre was well lit, warm and comfortable for residents. Residents were observed enjoying a variety of communal spaces in the centre. There was unrestricted access to a large enclosed 'winter garden' that had a glass roof spanning the size of this garden. This area was ventilated and had wall mounted heaters to ensure residents' comfort when using the space.

Inspectors observed that the oratory had been converted to a staff room. A small number of residents were aware that this area was used by staff during the COVID-19 pandemic but had only recently been made aware, through discussion with other residents, that the change in the function of the room was now permanent.

Inspectors observed that store rooms were appropriately maintained and cleaned to reduce the risk of cross infection.

The centre accommodated 41 residents in predominantly single room accommodation on both the ground and first floor of the premises. There was one shared bedroom on the first floor and two shared bedrooms on the ground floor. The shared bedrooms on the ground floor were small in size and consequently would not accommodate the use of residents' assistive equipment, such as mobility aids and hoists. However, inspectors observed that those bedrooms were occupied by residents with the aforementioned support needs and this resulted in one shared bedroom being reconfigured to a single room to meet the residents care and support needs.

Inspectors observed that all bedroom doors had been fitted with hold-open devices. A small number of bedroom doors and cross-corridor fire doors were observed not to close correctly.

Residents' personal clothing was laundered on site and residents reported their satisfaction with this service. The laundry area was visibly clean on inspection and inspectors observed the system in place to reduce the risk of cross infection in the laundry area.

Throughout the day, visitors were observed coming and going. Residents were observed receiving visitors in their bedrooms, the winter garden and seating areas along the corridors. Inspectors spoke with visitors throughout the day of inspection and they expressed their satisfaction with the quality of care their relatives received. Residents were observed enjoying a live music event in this area in the afternoon. Visitors also attended the music event with their relatives.

All residents in the centre were seen to be well dressed and it was apparent that staff supported residents to maintain their individual style and appearance. Residents told inspectors that staff helped them to choose their clothing daily.

Inspectors observed that residents were engaged in activities throughout the day. An activities board was displayed showing the planned activities for the week. Residents were observed enjoying music and engaged in games and exercise activities during the morning. In the afternoon, all residents attended a live music event. Mass was streamed on television daily. Some residents expressed their dissatisfaction that religious services has not resumed in the centre and Eucharistic ministers did not attend the centre unless requested by the residents. The provider was engaging with the local parish offices to resolve this issue. Residents confirmed that they had opportunities to meet with the management team to discuss their views on the quality of the service.

The following sections of this report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This one day unannounced risk inspection was carried out by inspectors of social services to:

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).
- review the provider's application to renew the registration of the centre.
- follow up on the actions taken by the provider to address significant issues of non-compliance found during a series of poor inspection findings. These inspections were carried out in March 2022 and June 2022 where significant non-compliance with the governance and management of the centre impacted on the residents safety with regard to fire precautions and infection prevention and control.

The findings of this inspection were that the governance and management oversight of the centre had improved and this was shown through the incremental improvements found in the regulations assessed. However, there were aspects of the management systems that were not robust and did not provide adequate assurance that a safe, consistent and quality service was provided to the residents living in the centre. Inspectors found that the management oversight of risk, infection prevention and control, the premises and its impact on residents quality of care and safety, particularly in relation to residents rights and fire safety systems required further action to ensure compliance with the regulations.

Inspectors found that the provider had continued to progress with their compliance plan to address non-compliant issues with Regulation 28: Fire precautions found on the previous inspections. Inspectors found that the provider had taken further steps to improve fire detection, containment and management systems in the centre. For example:

- Automatic door closure devices had been fitted to bedroom doors.
- The basement was monitored to ensure combustible materials and oxygen cylinders were not stored in that area.
- Systems were in place to manage and store oxygen appropriately.
- Records for the maintenance and service of the fire detection and emergency lighting system were maintained.
- Fire risks were appropriately risk assessed and control measures were in place to protect residents from fire risks until works were completed.

Notwithstanding those positive findings, inspectors found that the management of fire safety systems required further improvement. While inspectors observed that a number of actions had been completed with regard to the fire safety action plan, the improvement action plan to address deficits in the fire safety systems had not been updated to reflect outstanding fire works and consequently there was no clear time line for completion of all actions.

Corbally House Nursing Home Ltd is the registered provider of this centre. The provider is represented by a company director. The organisational structure of the centre had remained unchanged since the previous inspection in June 2022. The person in charge reported directly to the representative of the provider who was based full-time in the centre and provided support to the person in charge. The governance and management structure had been clearly defined. Responsibilities for key aspects of the service were delegated to members of the management team to support the person in charge maintain effective oversight of the quality and safety of the service provided to residents.

The provider had established and implemented management systems to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated the quality of the physical environment, clinical documentation and the care provided to residents. The provider had introduced additional infection prevention and control audits to monitor and measure the quality of environmental hygiene and infection prevention and control practices among staff. There were arrangements in place for the management team to analyse and discuss audit results, complaints and incidents with the provider representative at governance and management meetings. There was evidence that quality improvement action plans were developed and progressed to completion. For example, an improvement action plan had identified a requirement for additional hand hygiene facilities and this action was in progress on the day of inspection.

Risk management systems were underpinned by the centre's risk management policy that detailed the systems to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems had been implemented and an environmental risk register had been established to include potential risks to residents safety. For example, risks associated with the redecoration of the premises, and potential disruption to residents, had been identified and appropriate controls in place to minimise disruption to residents. While potential fire risks were identified and managed through the risk management systems, the controls and measures in place to protect residents from the risk of fire were not subject to review as new risks were identified or resolved in the centre. For example, known risks such as those associated with cross corridor fire doors had not been appropriately risk assessed which meant that actions were not in place to reduce or control the risk.

The staffing levels were appropriate for the size and layout of the building and to meet the assessed needs of the residents. There was adequate nursing staff on duty supported by a team of healthcare staff. A review of the rosters found that there were adequate staffing in place to support housekeeping, catering and social care activities. Rosters showed that staffing numbers were sufficient to respond to planned and unplanned leave in the service.

A review of staff training records found that all staff had up-to-date mandatory training in fire safety, safeguarding of vulnerable people and infection prevention and control. However, some staff did not demonstrate an appropriate awareness of the actions to take in the event of fire alarm activation or the centres evacuation procedure. Systems had been put in place to ensure staff were appropriately



supervised and supported by the management team and there were formal induction and performance appraisal processes in place to support staff.

A sample of staff personnel files were reviewed by inspectors. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. Record-keeping and file management systems were appropriately maintained.

The service was responsive to the receipt and resolution of complaints. Comprehensive records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register showed that all complaints were appropriately managed and were used to inform quality improvement initiatives.

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

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of healthcare and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training records reviewed by the inspectors showed that all staff had up-to-date mandatory training relevant to providing residents with safe quality care. While staff had completed additional training with regards to fire safety, some staff did not demonstrate an appropriate awareness of their training in relation to the centre's fire evacuation procedure.

Judgment: Substantially compliant

## Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of staff personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

## Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.

Judgment: Compliant

## Regulation 23: Governance and management

The inspectors found that management systems were not adequately robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example:

- The risk management systems were not effectively implemented. For example, a number of fire risks identified in a fire safety risk assessment, and awaiting completion, had not been appropriately reviewed or updated in the risk register and the fire safety action plan did not accurately detail works outstanding or time-line for completion.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose had been revised and contained the information set out in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifiable events as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. There was evidence that complaints were analysed for areas of quality improvement and the learning was shared with the staff.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The required policies were in place and reviewed within the three year time frame set out in the regulations.

Judgment: Compliant

## Quality and safety

Inspectors found incremental improvements in the quality and safety of the service as a consequence of the provider's actions to improve the management and

oversight systems described in the capacity and capability section of this report. The impact of such actions were evident in the positive feedback from residents with regard to the quality of care they received and that residents felt safe living in the centre. While the registered provider had taken some action to ensure residents safety in relation to fire safety and infection prevention and control, these were not sufficient to bring the service into full compliance and further action was required. Additionally, further action was required to ensure compliance with regard to the management of residents' finances and to ensure that the physical environment with regard to shared bedrooms met the privacy, dignity and care needs of the residents.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were maintained and available for review. Daily checks were completed to ensure means of escape were unobstructed. The provider had established systems in place to manage keys to emergency exits and was progressing to change the locks on emergency exit doors to a single master key to ensure timely evacuation through those exits in the event of a fire emergency. While staff demonstrated an awareness of the actions in place to mitigate the risk fire to residents, such as ensuring combustible items were not stored in the basement area and the management of keys to emergency exits, some staff did not demonstrate an appropriate awareness of the centres fire safety policy and evacuation procedures. Further findings are discussed under Regulation 28: Fire precautions.

A number of quality assurance processes had been established to monitor the quality of environmental hygiene and infection prevention and control measures. This included frequent auditing of infection prevention and control measures to ensure residents received care in a clean and safe environment. Facilities necessary to support infection prevention and control had been identified through the auditing process and improvement action plans were in place. For example, additional hand-wash basins had been ordered, there was a dedicated housekeeping room to store cleaning equipment and prepare cleaning chemicals and systems were in place for the management and disposal of single use items such as dressings. Risk-reducing measures were in place for the management of storage areas and the laundry area to reduce the risk of cross infection in those areas. While the centre was visibly clean, the implementation of the centre's cleaning procedure was not consistent and presented a risk of infection to residents. Further oversight of infection prevention and control was required and is further discussed under Regulation 27: Infection control.

Action had been taken with regard to the maintenance of the premises since the previous inspection. Corridors and a number of bedrooms had been redecorated and new floor coverings had been installed in the corridors. Inspectors found that the layout and design of the premises met the individual and collective needs of residents with the exception of two shared bedrooms on the ground floor that were subject to a restrictive condition attached to the provider's registration. The layout of two shared bedrooms did not provide sufficient space to facilitate the use of residents' mobility aids or a hoist for safe transfers. Inspectors acknowledged that the bedrooms were initially suitable for the residents occupying those rooms. However, as the residents' care and support needs had increased, inspectors found

that the shared bedrooms did not meet the residents care and mobility needs. This is discussed further under Regulation 17: Premises.

Residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of malnutrition and falls.

Residents were provided with unrestricted access to a general practitioner (GP) as required or requested. Where residents were identified as requiring additional health and social care professional expertise, there was a systems of referral in place and a review of the residents' care records found that recommendations made were implemented and updated into the residents plan of care.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables. The provider supported one resident in the centre to manage their pension and welfare payments, however, this system was not in line with the Department of Social Protection guidelines. This is further detailed under Regulation 8: Protection.

Residents told the inspector that they felt at home in the centre and that their privacy and dignity was protected. The inspector observed several positive interactions between staff and residents throughout the inspection. Interactions were polite, supportive and respectful. The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities. Resident meetings were held and records reviewed showed a high attendance from the residents. There was evidence that residents were consulted regarding the quality of the service, the menu and were kept informed of changes to visiting guidelines. However, inspectors found that the layout of some of the residents bedrooms impacted on their right to privacy. The bedrooms were small in size and residents could not freely move or use facilities in the bedroom without impeding on the private space of another resident.

Arrangements were in place for residents to receive visitors. Visitors were encouraged to join residents in activities such as live music events. There was no restrictions placed on visiting to the centre.

## Regulation 11: Visits

The registered provider had arrangements in place to facilitate visiting in the centre. Residents could meet their relatives and friends in the privacy of their bedrooms or

in designated visiting areas in the centre.

Judgment: Compliant

### Regulation 17: Premises

Inspectors found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations.

Inspectors found that the layout of bedrooms designated to accommodate two residents on the ground floor did not meet the needs of residents occupying those bedrooms. For example, while there was personal space for each resident, the layout of the room meant that the bedrooms were not suitable for residents who required the support of more than one member of staff, the use of a mobility aid or a hoist for transfer.

Inspectors acknowledged that the provider had reconfigured one shared bedroom to a single bedroom to meet the needs of a resident, as outlined above, and a plan was in place to provide a single bedroom to another resident, with increased support needs, occupying a shared bedroom

Judgment: Substantially compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by;

- While the premises was visibly clean, the cleaning procedure, and colour-coded cloth system, was not effectively implemented to reduce the risk of cross infection to residents. For example, staff demonstrated a poor awareness of the cleaning procedure and the use of the colour coded cloth system. This increased the risk of cross infection to residents.
- There were an area of the premises that was in a poor state of repair that impacted on effective cleaning. For example, floors in the kitchen area were visibly torn and damaged and did not facilitate effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Notwithstanding the positive actions taken to date by the provider, further action was required to ensure residents were protected from the risk of fire and the actions committed to by the provider in the fire safety risk assessment action plan were completed. For example:

- While fire doors to a number of bedroom and corridors had been fitted with automatic door closers, some fire doors were not functioning correctly and did not close fully when released.
- While fire containment works were progressing, there were areas of the centre that had not been appropriately sealed to prevent the spread of smoke and fire. For example, the boiler room, basement and store rooms on the ground and first floor had services penetrating the ceiling and those areas had been appropriately sealed to prevent the potential spread of fire from those areas.
- Fire drill reports did not contain sufficient information to demonstrate the effectiveness of the evacuation procedure.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection accurately described the interventions necessary to support residents with their assessed needs. Residents' care plans were developed following an assessment of need using validated assessment tools. Care plans were found to be person- centred and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs. Residents were support to retain their own general practitioner (GP) on admission to the centre.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral. The inspectors found that recommendations from health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

## Regulation 8: Protection

The provider did not take all reasonable measures to protect residents' finances in line with the guidelines of the Department of Social Protection. The systems in place for the management of residents' finances was not sufficiently robust. The provider was acting as a pension agent for some residents living in the centre. However, the pension was not paid directly into the residents' accounts as identified in the guidance.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Due to the layout of two shared bedrooms and lack of appropriately placed privacy screens, not all residents could undertake activities in private or access sink facilities without impacting on the privacy of another resident sharing the bedroom.

Judgment: Substantially compliant



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

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

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                                      | Substantially compliant |
| Regulation 21: Records   | Compliant               |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Substantially compliant |
| Regulation 24: Contract for the provision of services                              | Compliant               |
| Regulation 3: Statement of purpose   | 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 17: Premises  | Substantially compliant |
| Regulation 27: Infection control   | Substantially compliant |
| Regulation 28: Fire precautions  | Substantially compliant |
| Regulation 5: Individual assessment and care plan                                  | Compliant               |
| Regulation 6: Health care  | Compliant               |
| Regulation 8: Protection   | Substantially compliant |
| Regulation 9: Residents' rights  | Substantially compliant |

# Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0037717

Date of inspection: 10/11/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading   | Judgment                |
|--|-------------------------|
| Regulation 16: Training and staff development  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• All staff attended/ completed mandatory fire training. Additional training was also provided to enhance the staff's awareness of the fire evacuation procedure at the nursing home. The Fire Marshall conducts weekly staff assessments (i.e., knowledge about firefighting equipment (FFE), PEEPs, evacuation drills, use of FFE, evacuation plan and residents' mobility/ needs). The Fire Marshall then uses the feedback from the weekly staff assessments to identify staff members who require additional support and training. Management and Fire Marshall will support staff until appropriate fire safety awareness is evident.</li> <li>• Staff were reminded and are aware that the Nurse on Duty and Fire Marshall are the responsible people in case of fire.</li> </ul> |                         |
| Regulation 23: Governance and management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Fire risks are identified in the previous fire safety risk assessment. The fire risk assessment has been reviewed and updated in the risk register.</li> <li>• New and updated fire safety measures are in place for the outstanding work.</li> </ul>   |                         |

|  |                         |
|--|-------------------------|
|  |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The residents on the ground floor (double room) were provided privacy screens. The physiotherapist reviewed the resident who requires support/ mobility aid. Manual Handling procedures were reviewed and updated. Resident's bed is placed near the door and will be transferred to a single room once available</li> </ul>   |                         |
| Regulation 27: Infection control   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• To ensure that standard cleaning procedures and systems are effectively implemented, IPC link will closely supervise and monitor the housekeeping department.</li> <li>• CHNH acknowledges that the kitchen area floor needs repair. The said area will be the next area for improvement. The target date is between May to June 2023.</li> </ul>   |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• All bedroom fire doors are now functioning correctly.</li> <li>• CHNH fully acknowledges all the areas that need to be sealed for better fire containment. A schedule check and maintenance work are will be completed by March 31, 2023 to address this issue.</li> <li>• Fire drill has been reviewed to ensure effectiveness of the evacuation procedure. All findings from the drills are recorded in our drill checklist (chart 53). The checklist consists of the starting time, time spent, compartment used, number of residents involved, number of staff involved, fire scenario, and feedback from the drill. The feedback is then used to improve the next drill.</li> </ul> |                         |
| Regulation 8: Protection   | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 8: Protection:

- A pension account was set up to protect residents' finances in line with the Department of Social Protection guidelines.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Privacy screens have been placed in the shared bedroom to provide privacy. The Privacy screens also ensure residents can access the wash basin without compromising the other residents' privacy.

## 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.  | Substantially Compliant | Yellow      | 03/01/2023               |
| Regulation 17(2)    | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow      | 30/04/2023               |
| 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      | 03/01/2023               |
| Regulation 27       | The registered provider shall ensure that  | Substantially Compliant | Yellow      | 30/06/2023               |

|                         |  |                         |        |            |
|-------------------------|--|-------------------------|--------|------------|
|                         | procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.  |                         |        |            |
| Regulation 28(1)(c)(i)  | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.  | Substantially Compliant | Yellow | 31/03/2023 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions.   | Substantially Compliant | Yellow | 03/01/2023 |
| 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. | Substantially Compliant | Yellow | 03/01/2023 |
| Regulation 28(2)(i)     | The registered provider shall make adequate arrangements for   | Substantially Compliant | Yellow | 31/03/2023 |

|                    |   |                         |        |            |
|--------------------|---|-------------------------|--------|------------|
|                    | detecting, containing and extinguishing fires.  |                         |        |            |
| Regulation 8(1)    | The registered provider shall take all reasonable measures to protect residents from abuse.   | Substantially Compliant | Yellow | 03/01/2023 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private. | Substantially Compliant | Yellow | 03/01/2023 |