

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

Issued by the Chief Inspector

Name of designated centre:	St. Patrick's Care Centre
Name of provider:	Cowper Care Centre DAC
Address of centre:	Dublin Street, Baldoyle, Dublin 13
Type of inspection:	Unannounced
Date of inspection:	04 November 2021
Centre ID:	OSV-0000179
Fieldwork ID:	MON-0034735

About the designated centre

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

St Patrick's care centre is based in Baldoyle, Dublin 13 and provides accommodation for 78 residents. The centre provides care and support for both male and female residents, primarily for those aged over 65. The centre contains a dementia specific area which can accommodate 15 residents. The majority of the accommodation provided is in single ensuite bedrooms with one bedroom offered on a shared basis. There are a number of communal rooms available for residents to socialise and meet their relatives. Residents also have access to secure garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	76
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 November 2021	09:00hrs to 18:35hrs	Niamh Moore	Lead
Thursday 4 November 2021	09:00hrs to 18:35hrs	Jennifer Smyth	Support

What residents told us and what inspectors observed

From what residents said and from what the inspectors observed, the general feedback from the five residents that inspectors spoke with was that they were satisfied with the care within St Patrick's Care Centre. It was evident that their rights were respected in how they spent their days. However, inspectors found that improvements were needed in a number of areas to ensure that the care delivery and services provided in the centre were safe. These concerns related primarily to the governance and management arrangements and medicine management. This will be further discussed in the report below.

This was an unannounced inspection and on arrival at the centre, inspectors were met by the centres receptionist who guided them through the infection prevention and control measures necessary on entering the designated centre. This included a COVID-19 risk assessment and ensured the wearing of personal protective equipment (PPE) such as a face mask, temperature checking and hand hygiene were completed prior to starting the inspection.

A short introductory meeting was held with two members of management from the centre. Following this meeting, the person in charge and the inspectors completed a walk around the centre. The centre is a large building set out over two floors, referred to as the ground floor and the first floor. Access to the first floor was via a stairs or a lift. Residents' accommodation was provided on both floors, mainly in single bedrooms with one twin bedroom on the first floor. All bedrooms within the centre have en-suite facilities. Residents' bedrooms seen were personalised to their individual taste with personal possessions such as photographs and art. Bedrooms were seen to be clean and tidy. Feedback from residents spoken with was that they were happy to be able to bring items of furniture with them when they moved in and that they were content with their environment.

Residents had access to communal space within the open day rooms available on both floors, seating areas beside the nurses' station, a dining room and an oratory. The design and layout of the home promoted free movement with wide corridors and hand-rails available for use. There was an outdoor space available to residents. However, this enclosed courtyard was not well-maintained and required attention to ensure it was a safe space available for residents' use. In addition, while some communal areas were seen to have a homely environment, improvements were required with the maintenance of the internal premises. For example, inspectors found numerous examples where paintwork was cracked on skirting boards and doors. Inappropriate storage was also seen in some rooms. While in some areas there was a good standard of cleaning observed, other areas and equipment were dirty. Inspectors observed some staff not using face masks correctly and poor hand hygiene practices.

Inspectors observed a calm and relaxed atmosphere within the communal spaces of the centre on the day of inspection. Positive and supportive interactions between

residents and staff were observed, staff greeted residents by name and interacted with them in a friendly and unhurried manner. Residents were seen to enjoy the company of staff, with residents spoken with telling inspectors that the staff were good to them, with comments such as staff were "excellent", "lovely" and "great". However, one resident told inspectors that because staff are busy, they often have to wait for staff attention. Inspectors were told that their centre was short staffed and as a result, members of the management team had to work as part of the nursing roster.

Mealtimes were seen to be a social and enjoyable occasion and inspectors observed staff offering discreet assistance to residents where required. There was one designated dining room which was based on the ground floor. Inspectors were told that to allow for social distancing requirements, mealtimes were staggered to facilitate residents to sit with fellow residents from the same part of the building. A staff member informed inspectors that some residents did not attend the dining room, for example those who required assistance. Inspectors observed that residents also had their meals within the open day spaces provided. Printed menus were displayed on a noticeboard in the dining room. Residents confirmed that a choice of food was always on offer for the lunch time main course and evening meal. Fresh water was available in dispensers and jugs in the centre so that residents could get a drink of fresh water as required throughout the day. A number of residents told inspectors that they were happy with the food provided, with one resident saying that "meals could not be better".

Inspectors saw that the provider was committed to delivering meaningful activities for residents and had provided resources to cater for residents' social care needs. There was one staff member dedicated to leading activities Monday to Friday with other staff available to support the activity roster at the weekends. Inspectors observed activities such as nail painting and massage and a quiz to take place on the day of the inspection. Inspectors were told that in addition to activities provided by staff from the centre, activities such as exercise were hosted by external staff and groups. Activity staff told inspectors while these activities occurred, they used this time to spend one-to-one time with residents who preferred to spend time in their bedrooms. There were also opportunities for residents to practice their faith and religion. There was a large oratory in the centre, in which residents could attend live mass on a weekly basis. Residents were seen to use this space on the day of inspection.

Although most residents were content with the service they received, inspectors found that there were gaps in oversight arrangements in a number of areas in the centre. 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

Inspectors found that governance and management systems required strengthening and general oversight required review. This centre was previously inspected in January 2020 and had a good regulatory history. However during the on-site inspection, inspectors found evidence that there were insufficient management systems to ensure the safe delivery of care, particularly in the areas of staff resources, auditing and notification of incidents. In addition, inspectors were not assured that the provider had sufficient oversight of medicine management within the centre. An urgent action plan was issued to the provider regarding medication management following the inspection where assurances were received that the matter was being addressed. Inspectors also had concerns in relation to some aspects of the quality and safety of the care provided which are outlined in the next section of the report.

St Patrick's Care Centre is operated by Cowper Care Centre and this designated centre is one of a number of nursing homes managed by the registered provider. There was a defined management structure in place, which consisted of the registered provider representative, the Chief Executive Office (CEO), the group head of care and the person in charge. The person in charge was responsible for the day to day operations of the centre, and was supported in their role by an assistant care manager. Other staff members included a clinical nurse manager (CNM), nurses, team leaders, healthcare assistants, an activity staff member, catering and domestic staff, maintenance and administration staff.

The provider had prepared a contingency plan for COVID-19 which identified succession planning if key management personnel were unable to attend work and provided documents which evidenced simulated actions around a COVID-19 outbreak. Three staff were trained to take swabs for the detection of COVID-19. Routine testing for COVID-19 was occurring in the centre every two weeks for staff who were unvaccinated.

There were management systems in place to provide oversight of the centre with management meetings and committee meetings on Clinical Governance. Records reviewed from these meetings showed agenda items discussed included topics such as internal communication, staff training, quality, complaints and infection control. Residents' clinical data from key performance indicators such as dependency levels, hospital admissions, incidents, falls, restraints and medication errors were regularly discussed in these forums. Inspectors found that a decrease in auditing occurred in the centre. For example, inspectors reviewed audits which took place in July 2021 where sixteen audits occurred with action plans identified. While in September 2021 inspectors were provided evidence of six audits. Some audits did not have actions plans identified to respond to areas of improvement identified. Some audits were seen to be infrequent or not taking place. Following a review of audits and management meeting minutes, inspectors found that while some information was collected, it was not sufficiently analysed to develop clear quality improvement plans with appropriate time lines and allocated to appropriate personnel.

Inspectors were told by the person in charge that there were vacancies for three whole time equivalent nursing staff within the staff team on the day of inspection. Inspectors were informed that the centre had experienced challenges in recruiting

nurses and had been unsuccessful in securing agency cover for these absences. As a result, members of the nursing management team were covering these duties and the centre were employing extra health care assistants on the rosters. Inspectors were not assured about the management of resources as the current arrangements depleted management time and nursing resources were not in line with the centre's statement of purpose. This depletion was evident on the day of inspection through a number of regulatory non-compliances. In addition, some staff and residents informed inspectors that at times residents had to wait for staff input.

Staff were supported to attend mandatory training within the centre. Refresher dates were seen to be scheduled on the centres training plan for all mandatory training except fire safety. Inspectors were told that the centre was arranging this with their new service provider. Staff reported that they were supervised within their work by members of the management team. However, inspectors found improvements were required in the induction of short-term staff into the centre. Inspectors were not assured that two staff nurses who had transferred from another centre on the day of inspection, had received a comprehensive induction to the designated centre.

Improvements were necessary to ensure the provider had submitted notifications in accordance with time frames specified in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013) to the Chief Inspector of Social Services.

An annual review report for 2020 was available to inspectors, and included consultation with residents and their families.

Regulation 15: Staffing

On the day of inspection, inspectors found that there was an insufficient number and skill mix of staff to meet the assessed needs of the 76 residents. Management staff were covering nursing roles, and as a result were limited in their ability to oversee the care provided. Nursing vacancies had not been covered and extra health care assistants and managers had to cover their roles.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to mandatory and supplementary training, which included infection control, safeguarding vulnerable adults, manual handling, fire training, and dementia care.

Overall, staff were appropriately supervised. Inspectors saw evidence where new

staff were trained and developed in their roles by means of a robust orientation programme over twelve weeks.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required regarding the management of resources. Evidence was seen in management meetings that nursing staffing vacancies had been discussed since September 2021. Inspectors were told that the provider had a start date for two nurses in December 2021. On the day of the inspection, nursing management and temporary shift cover from members of nursing staff from the other two designated centres within the provider group were covering these vacancies.

Inspectors found that a review of the management systems within the centre was required. For example:

- Inspectors did not see evidence that the analysis of all information discussed within management meetings was leading to quality improvement plans being developed and put into action. For example, there were no clinical hand-wash sinks in resident areas, inspectors were told that staff were washing their hands in resident sinks. This issue was raised in a management meeting but no action plan was devised to rectify the situation.
- Some audits did not have action plans developed to respond to areas for improvement. In addition, no audits were seen to take place on areas such as the environment and the premises.
- Improvements were required in the oversight of medicines management within the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

Inspectors found evidence where two notifications were not submitted to the Chief Inspector as required. For example:

- A notification in relation to a confirmed case of COVID-19 in the centre had not been submitted.
- A notification in relation to an allegation of suspected or confirmed abuse to a resident in the centre had not been notified. This notification was submitted following the inspection.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that residents living in the centre were observed to receive a good standard of care with mostly positive feedback provided by residents. Residents' had good access to visitors and social activities. Inspectors saw that residents were attentively cared for and attended to by staff. However, immediate improvement was needed in medicines and pharmaceutical services to ensure residents' safety. Other areas that required improvement were in the areas of individual assessment and care planning, access to healthcare, premises, infection control and fire precautions. Findings on the governance and management of the provider are in the proceeding sections of this report.

A number of residents' care plans were reviewed and these records indicated that there was a pre-assessment in place before a person was a resident in the centre. Further comprehensive assessments and care plans were developed within 48 hours of admission to meet residents' assessed needs. Residents' needs were assessed on an ongoing basis using a number of clinical assessment tools. Care plan records reviewed showed that residents, and where appropriate their families, were involved in the care planning process with care plans detailing residents' preferences as to how they wanted to be cared for. For example, each resident had a life story completed in consultation with the resident or a family member. Nursing notes were found to be person centred and reflected the individual resident. Inspectors noted that some care plans were not reviewed within the last four months and some formal reviews did not include reviewing the residents' assessment.

Inspectors noted that eligible residents were facilitated to access the services of the national screening programme. The registered provider ensured that residents had appropriate access to some healthcare professionals through regular planned visits from a physiotherapist and access to a speech and language therapist seen on the day of inspection. However, access to all healthcare professionals was not always facilitated in a timely manner. In addition, the quality of food and fluid intake records needed to be further enhanced to ensure residents received a consistently high standard of evidence based nursing care.

Observations carried out in a unit for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) found that residents' were supported in a manner that preserved their dignity and autonomy. For example, where residents were displaying responsive behaviours, staff intervened in a person centred manner. There were a number of restrictive practices observed and reviewed by inspectors on the day of the inspection such as bedrails and monitoring devices. Records reviewed indicated that where residents had a restrictive practice in place, there was a care plan in place to evidence and guide staff for its use. Inspectors asked management to review the use of two

recliner chairs seen in use on the day of inspection.

A weekly schedule was displayed throughout the centre which recorded activities provided over seven days of the week. A record of activities was maintained, however it was noted, the record for activities over the weekend period was only recorded on three occasions. Inspectors found that it was clear that residents' rights were respected and that residents were being consulted about the running of the designated centre. Inspectors reviewed minutes of resident committee meetings and were told that the provider used the feedback gathered to improve services. For example, the provider responded to residents' requests for jugs of drinks available on tables in the dining room and a new bird feeder within the outdoor area.

The provider had arrangements in place to support residents to receive their visitors. Inspectors were told that visiting was occurring in line with the Health Protection Surveillance Centre (HPSC) guidance on COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs). Residents and visitors spoken with expressed satisfaction with the management of visiting within the centre.

Inspectors were not assured that the observed design and layout of the one multi-occupancy bedroom within the designated centre afforded each resident a minimum of 7.4 square metres of floor space, as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 S.I. 293 which is due to take effect on 1 January 2022. Inspectors observed that for one resident, their bedside locker was within another resident's bedspace, this was resolved on the day of inspection. In addition, one resident did not have access to the television within the current layout of this bedroom. On the day of the inspection, the management team were requested to review the layout of this rooms in order to ensure that they complied with the aforementioned S.I 293 by 1 January 2022.

Improvements to the oversight of the premises was required. Inspectors observed that a number of items were inappropriately stored in the bathroom, sluice room and within store rooms. Repairs to paintwork was required in a number of areas. In addition, the enclosed courtyard seen required maintenance and call-bell provision within this area also required review. A resident told inspectors that they had to bang on the window to alert staff when they wanted to go back inside.

A COVID-19 vaccination program had taken place, with vaccines available to both residents and staff. Inspectors were told that residents received their booster vaccination in October 2021. In addition, this year's influenza vaccination program was being organised. Inspectors found that further oversight was required in relation to infection control measures within the centre. For example, gaps were seen in monitoring logs for staff and inappropriate storage had the potential to lead to cross-contamination. A number of areas and items within the centre were seen to be unclean, there were also gaps evident in some cleaning schedules.

Inspectors followed up on the compliance plan from the last inspection relating to fire precautions. Inspectors reviewed evidence of recent fire evacuation drills and found that while there had been learning from these events, further improvements

were required relating to night time drills.

On the day of inspection, good practice was found in relation to the storage of controlled medicines. The press was doubly locked and the keys were in the possession of the nurse in charge. The medicine register was checked by two registered nurses on the commencement of each shift. The medicine fridge was locked, temperature checked twice daily, however some entries were missing. The person in charge told inspectors that a new prescription system was being introduced and the General Practitioner (GP) was reviewing this system as it was being introduced. However, inspectors found evidence where prescriptions for residents were out of date, this is further discussed in Regulation 29 Medicines and Pharmaceutical Services. Inappropriate storage was seen where an oxygen cylinder stored in the clinical room was not secured to the wall to prevent it from falling over, this was addressed on the day of inspection. In addition, there was no signage directly outside this door to alert to the storage of oxygen.

Regulation 17: Premises

The registered provider needs to further improve the décor of the centre to promote a safe and comfortable living environment for all residents. For example:

- There was inadequate storage for equipment and products. For example, healthcare products and items were stored inappropriately in sluice and shared bathrooms. Four communal bathrooms seen by inspectors had no toilet roll holders instead these items were stored on top of the toilets.
- Signs of wear and tear were visible on paintwork which decreased the homely environment.
- The outdoor smoking area required urgent remedial attention. There was moss covering pathways and cigarette butts on the ground. There was no call-bell within this area to alert staff when a resident was finished smoking. A gas outlet was also situated within this area without a no smoking alert sticker visible. This area also was the residents' designated smoking area and no risk assessment had been completed regarding what distance from the gas outlet would be safe to smoke.

Judgment: Substantially compliant

Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement:

- Inappropriate storage could lead to a risk of cross contamination. For example:

- supplies were stored on the floor in sluice rooms which did not allow for adequate cleaning of these rooms and presented a risk of cross contamination.
- clean incontinence wear stored out of packets
- Hoist slings were stored on hooks in a store room and hanging off hoists. Inspectors were informed by the person in charge that slings were single use, however on the day inspection staff were observed moving from room to room with hoist slings. Inspectors were told that while slings were shared among residents, staff were aware of which sling to use for each resident. The procedure for cleaning of slings reported to inspectors was not appropriate for good infection control. There was no written cleaning schedule available.
- Inspectors observed poor hand hygiene practices and face masks not being worn correctly by some staff members.
- A review of the cohorting of staff was required to ensure that measures in place mitigated against the potential spread of infection within the centre and across other centres. For example, staff from different floors were coming to the clinical room to retrieve supplies and two staff members from another nursing home were transferred on the day of the inspection.
- The oversight of cleaning schedules required review as a number of areas and items within the centre were seen to be dirty, for example all four medication trolleys were not visibly clean and prescriptions stored in plastic folders were unclean and had a sticky residue.
- There were gaps seen in staff monitoring logs to identify signs and symptoms of COVID-19.
- Refresher training with regard to single use items such as wound dressings was required as staff spoken with were unable to identify the single use symbol.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were not assured of the oversight of medicines management within the centre. Due to the serious concern in relation to medicine management, inspectors issued an urgent action plan to the provider. Inspectors reviewed a sample of 21 prescriptions and found that 19 of these were out of date from October 2021 and one had no prescriber signature. In addition, there was an incomplete signature on the prescription for each listed medicine, where one initial was provided for the full prescription. Immediate improvements were required to ensure that medicine was administered in a safe manner.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors found that improvements were required in the formal reviews of care plans. For example:

- A care plan seen had not been reviewed since June 2021.
- In three residents' records seen, assessments were not reviewed in conjunction with the review of their care plans.
- A care plan of a resident had not being updated with recommendations made by the physiotherapist following a fall in July 2021.

Judgment: Substantially compliant

Regulation 6: Health care

Improvements were required to ensure each resident had access to appropriate medical and healthcare. For example:

- While, a resident who had reported weight loss, had a food and fluid intake chart maintained, this chart was not completed in full with the total daily intake not recorded.
- Access to a dietitian was not evident in two care plans with an identified dietary requirement. One resident who was reported to have recorded weight loss had not being reviewed by a dietitian since October 2020. Another resident on a weight reducing diet had not been reviewed by the dietitian since May 2018.
- Inspectors were informed that the GP had recently recommenced visiting the designated centre due to COVID. Prior to this virtual consultations were held for residents. GP visits took place twice weekly, with most visits occurring virtually and in person visits for urgent cases. On the day of inspection, one resident told inspectors it had been a long time since they were last reviewed by a GP. Records reviewed showed this resident was last reviewed in person in February 2020, while a virtual review took place in April 2021.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed monitoring documentation and found that the provider was reviewing restraints within the designated centre on a regular basis. Inspectors found that for residents who had a physical or environmental restraint such as a

sensor alarm, care plans were seen which evidenced their use.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents to engage in recreational opportunities, and to exercise their religious rights. Residents had access to radio, televisions and activity provisions.

Visitors were welcome within the centre and residents could chose to receive their visitors in communal areas, privately in their bedrooms or within the centres designated visiting rooms.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors reviewed records of fire evacuation drills and found that they did not prepare for a scenario of the evacuation of a full fire compartment, particularly with the residents' highest dependency levels and night time staffing levels.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for St. Patrick's Care Centre OSV-0000179

Inspection ID: MON-0034735

Date of inspection: 04/11/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Three overseas recruited staff nurses are due to commence a four days of induction training on the 13th of December 2021. Both local and overseas recruitment of staff nurses is on-going.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Further plan to get vacant SN post filled 2. Install clinical hand wash sinks in residents' areas 3. Recent audits fail to identify deficits 4. Improve medicines oversight in the care centre <p>Actions and Response:</p> <ol style="list-style-type: none"> 1. There are hand wash facilities throughout the centre. A brief discussion took place in relation to hand wash sinks on corridors which was seen in a new facility recently constructed. No action plan was required. 2. Re-education of staff nurses about their clinical link duties including auditing. The Care Manager and the Assistant Care Manager reviewed their weekly routine and allocated time to validate audits conducted by the staff nurses. 3. All Kardexes due for review were reviewed and signed by the GP. The Assistant Care Manager (ACM) was also assigned to provide oversight in medication management of the care centre in collaboration with the GP and Pharmacist to ensure consistency. Weekly 	

follow-up checks of kardexes due for review is included in ACM's routine.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The HIQA statutory notification guidelines were reviewed by the Care Manager and the Head of Services-Care. The Care Manager was also advised to discuss incident notifications with the Head of Services-Care if in doubt so advice can be provided.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. Not enough toilet roll holders and storage in toilets
2. Storage - all items which were found in areas where they were not supposed to be stored
3. Signs of wear and tear, paint work needed on walls
4. Moss covering pathways and cigarettes butts on the ground
5. A gas outlet was also situated within this area without a no smoking alert sticker visible. This area also was the residents' designated smoking area and no risk assessment had been completed regarding what distance from the gas outlet would be safe to smoke.

Actions and Response:

1. Toilet roll holders were ordered and will be installed in all assisted bathrooms.
2. An additional room was identified as PPE storage area. Free standing shelves were purchased for storage and facilitate easy auditing of stocks and access for effective cleaning of the room.
3. A gradual re-painting plan of walls in the care centre is in place. A staff member is allocated weekly to work on the repainting.
4. Housekeeping supervisor to increase frequency of environmental checks and follow-up. Daily allocation of staff member to clean designated smoking areas in place.
5. A review of smoking areas has been conducted and the courtyard outside the dining room is now identified as a no smoking area.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Items inappropriately stored in the bathroom, sluice room and within store rooms. 2. Incontinence wear stored in open packets 3. Sharing of hoist slings for each resident and no cleaning schedule or record. 4. Poor staff hand hygiene practices and use of mask. 5. Review of staff cohorting; staff from first floor goes to treatment room to collect treatment supplies and 2 staff from other nursing home was transferred on the day. 6. Additional oversight in cleaning, medication trolleys are not visibly clean. 7. Gaps were seen in monitoring logs for staff <p>Re-education of staff about use of single use items (e.g. wound dressing packs) and symbol of single use items.</p> <p>Actions and Response:</p> <ol style="list-style-type: none"> 1. Inappropriately stored equipment were removed and additional shelves for storage now in place. 2. IPC link nurse conducted training for all clinical staff on proper storage of clinical items. 3. Additional slings were purchased and all residents requiring lifting hoist has individual slings labelled with their identifier and stored in their bedrooms. Cleaning of slings schedule is also added in the daily Carer's checklist. 4. All staff were re-educated on 5 moments of hand hygiene and the proper use of PPE including waste management by the IPC link nurse. 5. We are planning to build additional storage and shelves on the first floor to minimise the need for staff assigned in first floor to gather supplies from the clinical room in ground floor. The transfer of staff from the other two care centers of Cowper Care is assigned as the next solution should in-house staff fail to cover unexpected staff shortage (e.g. cover sick leave). Risk assessment has been conducted and transfer of staff from the other care centres of Cowper Care is deemed less risky as tight COVID-19 precautionary measures are consistent across the group. The next option is to get staff from agencies. 6. Environmental cleaning schedule-signing sheet are checked regularly by housekeeping supervisor and on-going support of the in-house managers to ensure full compliance. 7. The clinical manager on-duty are allocated to monitor and follow-up daily compliance in staff COVID-19 symptom monitoring log. The Care Manager and the Assistant Care Manager to provide daily oversight. The Assistant Care Manager also conducted education on disposable or single use clinical items with all the staff nurses. 	
Regulation 29: Medicines and	Not Compliant

pharmaceutical services	
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>1. There are 19 outdated kardexes and no signature of prescriber. These kardexes are being used by SN during medication rounds.</p> <p>Actions and Response:</p> <p>1. All outstanding kardexes (19) have been reviewed and signed by the GP. A multidisciplinary team meeting was held on the 05/11 to discuss the raised issues, and the GP agreed to resume regular visits in the care centre. The Care Manager will oversee consistency of provision of clinical care to all residents in collaboration with the GP.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>1. A resident care plan has not been reviewed since June 2021.</p> <p>2. 3 residents care plans were not reviewed and assessments does not correspond with care plans.</p> <p>3. Care plan not reflecting the recommendations of physiotherapist in July 2021</p> <p>Actions and Responses:</p> <p>1. Care plans audits schedule was in place, however audit was not completed as per schedule.</p> <p>2. Since the 4th of November, additional hours were allocated to complete all pending assessments and care plans. Care plans have been re-allocated and provision of protected time given to staff nurses to complete the outdated care plans. The Assistant Care Manager has been following-up all assessments and care plans. Furthermore, the schedule of care plan review has been updated and posted on staff notice board for easy access and also communicated to all relevant staff during handover and meetings.</p> <p>3. The relevant individual care plan of the resident was updated reflecting the recent recommendations of the physiotherapist.</p>	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	

1. The need to improve quality of food and fluid intake documentation.
2. 2 residents who are losing weight were not reviewed by dietitian, last review was 2018 and 2020.
3. Inconsistent GP visits

Actions and response:

1. Re-Education and training provided to all care staff members, team leaders and staff nurses to ensure full compliance on monitoring and documenting fluid and food intake including the daily recording of calculation of the total intake and total output.
2. All new admissions and residents with the risk of weight loss has been referred to Dietician. A list has been created to ensure all residents with high risk of malnutrition are reviewed by Dietician at least once yearly or 6 monthly as needed. Referrals are in progress and all reviews will be completed by the end of December 2021. GP is involved in this plan to ensure required supplements or advice are prescribed or recorded.
3. Multidisciplinary team meeting was held with the GP on the 5th November 2021 and regular GP visit in the care centre was agreed to resume. Furthermore, other options to improve access to GP services are being explored.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. No simulated fire drill was conducted in one full compartment with highest dependency level and night staffing ratio.

Action and response:

1. Night time simulated fire drill with evacuation was conducted on the 23rd of November in the biggest compartment with the highest dependency level in the care centre. Series of fire drills in the next 6 months are plan based on night time staffing so staff members get more familiar with fire emergency procedure

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	13/12/2021
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	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	13/12/2021

	effective delivery of care in accordance with the statement of purpose.			
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	13/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2021
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	Substantially Compliant	Yellow	23/11/2021

	case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Red	05/11/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	05/11/2021
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.	Substantially Compliant	Yellow	31/12/2021
Regulation 6(1)	The registered	Substantially	Yellow	31/12/2021

	<p>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.</p>	Compliant		
Regulation 6(2)(c)	<p>The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.</p>	Not Compliant	Orange	13/12/2021