Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Tara Winthrop Private Clinic
Name of provider:	Tara Winthrop Private Clinic Ltd.
Address of centre:	Nevinstown Lane, Pinnock Hill, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 May 2022
Centre ID:	OSV-0000183
Fieldwork ID:	MON-0035438

About the designated centre

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

Tara Winthrop private Clinic is situated close to the village of Swords, Co Dublin. The centre provides nursing care for low, medium, high and maximum dependency residents over 18 years old. The centre is organised into five units made up of 140 beds of which 112 are en-suite bedrooms. There are eight sitting room areas and six dining room areas and at least 15 additional toilets all of which are wheelchair accessible.
The centre is set in landscaped grounds with a visitor's car park to the front of the building. It is serviced by nearby restaurants, public houses, library, cinemas, community halls, the Pavilions Shopping Centre, a large variety of local shops, retail park and historical sites of interest and amenity such as Swords Castle, Newbridge House and Demense, Malahide Castle and Demesne.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	132

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 31 May 2022	09:20hrs to 19:00hrs	Jennifer Smyth	Lead
Tuesday 31 May 2022	08:35hrs to 19:00hrs	Margaret Keaveney	Support
Tuesday 31 May 2022	08:35hrs to 19:00hrs	Niamh Moore	Support

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, most residents were happy with the care and services that they received within Tara Winthrop Private Clinic. Inspectors observed that there was a relaxed and happy atmosphere within the centre and that residents were at ease in the company of staff, with many positive interactions seen. While most residents reported to be content, some residents reported that, at times, they were dissatisfied with the delays in staff attending to their care.

Following a short opening meeting, inspectors were accompanied on a tour of the premises by the person in charge and the assistant director of nursing. The designated centre is set out across two floors with a lift and stairs available between floors. Resident accommodation is divided into five units which are located on the ground and first floors, and are referred to as the Lambay unit, the Erris unit, the Shennick unit, the Columba unit and the Iona unit. Most units were set up separately with day and dining rooms. However the Columba and Iona units share the day and dining room space available.

Residents' bedrooms comprised of 82 single occupancy and 29 twin occupancy. Residents had access to either an en-suite or to a shared bathroom. Residents reported that they were happy with their rooms. Residents' bedrooms were seen to be personalised with their personal possessions which included personal photographs, and items such as ornaments and bed linen. Inspectors observed that the personal floor space and storage facilities for residents in the shared bedrooms was not adequate. Some resident bed spaces within the multi-occupancy rooms did not meet the required size of not less than 7.4 m2 of floor space. In addition, for many of the multi-occupancy bedrooms, the allocated floor space did not include the space occupied by a chair and personal storage space for each resident of that bedroom.

Overall, the premises was warm, clean and bright. There were several seating areas throughout the building, including some quieter areas where residents could spend time with visitors, in small groups or with staff. The reception area had a café shop that and inspectors were told the registered provider had plans to make this a more accessible coffee shop. Throughout the day, inspectors saw that some residents moved freely throughout their units chatting with each other and with staff, while others chose to remain in their bedroom. Residents also had was access to communal gardens from the ground floor

The inspectors spoke directly with 13 residents and three visitors, reviewed feedback from resident meetings and surveys, and also spent time observing staff and resident engagement. The general feedback from residents was that staff were kind and caring with comments such as "the staff are very good to me". However, five residents told inspectors that staff response times were slow when they needed assistance and while they felt that staff worked very hard to meet their needs, they

felt there was not enough staff. One resident reported that on one occasion, they had to wait for up to one hour for assistance after activating their call bell. Feedback from residents' meetings also reflected the fact that residents felt the centre was short staffed for some time. Inspectors were told that the registered provider had worked hard to recruit additional staff, who were in place from the week previous to this inspection and inspectors found sufficient staffing levels on the day of inspection.

Inspectors observed the lunch time dining experience in three units. Residents were offered a choice regarding the food they ate and where they wished to eat their meals. A menu was on display, and inspectors saw there were options available for lunch,time, dessert and for the tea time meals. Assistance provided by staff for residents who required additional support during meals was observed to be kind and respectful. Good interactions were observed between staff and residents. Most residents spoken with on the day of the inspection confirmed that they enjoyed the food on offer. However inspectors saw that staff used the dining rooms to take their breaks, thus this limited the time these areas were available for residents' use.

Resident meeting minutes reviewed by inspectors recorded residents wishes relating to more choice regarding the limited menu at tea times and the temperature of food. One resident who chose to take their meals in their bedroom, spoke with inspectors, did complain, that "their food was sometimes cold". A quality improvement plan had been developed by the registered provider, to address residents' feedback on some areas of the service, such as a review of the food menus and also the activities available to residents.

Inspectors observed a resident's birthday being celebrated on the day of the inspection. This included staff and residents singing happy birthday to the resident and presenting them with a birthday cake. Inspectors observed limited group activities taking place on the day of the inspection. Although, there was an activity schedule displayed in each bedroom on each floor, inspectors observed limited group activities taking place on the day of the inspection as there was one staff member available to lead the activities on offer across the centre that day. Residents on the first floor spent the majority of their time in their rooms or sitting in communal areas watching television, with limited meaningful engagement.

During the course of the day, inspectors observed visitors arriving at the designated centre. One visitor was facilitated to support their relative whilst having their lunch. Inspectors spoke with visitors, who were all complimentary of the service. They felt there was good communication and were kept up to date at all times.

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

There were established management structures in the designated centre and management systems in place to monitor the quality and safety of the service delivered to residents. However on the day of inspection inspectors found that audits that had been used to to monitor the service did not address issues that had been found regarding the storage of equipment and the oversight of care planning.

Tara Winthrop Private Clinic Limited is the registered provider for Tara Winthrop Private Clinic. There were clear governance and management arrangements in place, with person in charge regularly meeting members of the registered providers' senior management team, such as the Chief Operations Officer and the Quality and Compliance Officer, to discuss resources and clinical care, and to escalate any issues in the centre. At the time of the inspection, the person in charge was supported in their role by two assistant director of nursing and four clinical nurse managers.

The team of clinical nurse managers completed audits on the clinical care delivered to residents and on the facilities available to them and their living environment. Audit results were discussed with the person in charge, who in turn reported them to the senior management team. However, inspectors observed that this management system, of monitoring the service provided to residents, required action. For example, inspectors reviewed a sample of audits completed and observed that some issues identified in the audits had not been actioned, such as inappropriate storage of residents' equipment in bathrooms. Inspectors also noted that some findings remained logged as open, in audits completed, although they had been addressed. The registered provider had not identified that the facilities for residents in multi-occupancy bedrooms impacted on their right to undertake all personal care activities in private.

The person in charge started in their role in March 2022, and had prioritised areas of the service that required action and improvement. They had identified that the recent high turnover of staff in one unit of the centre had impacted on meeting the needs of the residents living there. They had met with the residents and their families to discuss their concerns and to develop an action plans to address these concerns. These plans included improving staff training on communication and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and developing an improved social schedule for the residents living in the unit, including outings into the local community.

The registered provider had recently reviewed their comprehensive COVID-19 contingency and preparedness plan. An annual review report for 2021 was made available to inspectors. Residents and their families had completed surveys on the service in 2021, and their feedback was been included in the report. A number of quality improvement plans had been identified to address residents' feedback on some areas of the service, such as improving the clothes labelling system in the laundry, and a review of the food menus and activities available to residents.

The centre's staffing rosters for the week of and the week following the inspection

were reviewed, and both day and night staffing levels were examined. Sufficient staff were on duty to meet the assessed needs of the 132 residents in the centre Four clinical nurse managers worked supernumerary and provided support to staff Monday to Friday. Inspectors were also told that the registered provider was actively recruiting both nursing and health care staff to account for upcoming planned staff leave and ensure the continuity of good care to residents. On the day of the inspection, the number of activity staff allocated to meet the social and recreational needs of residents was found to be insufficient. This is further discussed below in this report, under Regulation 9: Residents' Rights.

The person in charge had developed a mandatory training plan for 2022 which included dates for mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse, and also in supplementary training such as in Managing Behaviours that Challenge and infection prevention and control practices. However, inspectors observed from staff training records that not all staff were up to date in mandatory training.

Inspectors observed that a staff induction and development programme was in place and being implemented.

Inspectors also reviewed four contracts for the provision of services and found three of them to be in line with the regulations, with each outlining the terms and conditions of the residents' residency and details of the fees to be charged for additional services. However, the registered provider had not provided one resident with the new contract of care, developed following the inspection of August 2020. Inspectors observed that their contract did not clearly detail the fees for additional services.

Due to recent management staffing changes, the registered provider had updated the centres' complaints policy to accurately detail the personnel involved in the management and appeal of complaints received. However, inspectors observed that the complaints procedure, prominently displayed in the entrance foyer of the centre, had not been updated with these changes.

The inspectors reviewed the complaints logs and noted that ten complaints had been logged for 2022, five of which were investigated and closed, with the outcome and the complainants' satisfaction recorded. The five other complaint investigations were ongoing, and inspectors saw that the person in charge was engaging and meeting with the complainants to address these complaints.

Regulation 15: Staffing

The nurse and health care staff numbers and skill mix were appropriate to meet the requirements of residents.

There were a minimum of seven registered nurses on duty during the day and four

at night as confirmed by the person in charge and the staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps in some mandatory training were noted which could impact on the safe delivery of care to residents. For example, approximately 17% of staff had not received up-to-date training in fire safety and 11% had not received it in safeguarding adults from abuse.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was appropriate to meet residents' needs.While the registered provider had identified areas of the service which required action, inspectors found there were insufficient measures taken to address these findings. For example,

- Inappropriate storage of residents' equipment in communal bathrooms had been identified in environmental audits but inspectors observed that this practice continued, during their tour of the premises. This was a finding on a previous inspection.
- In falls audits, inspectors noted that a number of audit findings remained open a number months after the audits had been completed.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts of care between the resident and the provider and saw that contracts, agreed between the registered provider and residents, accurately set out the terms and conditions of their residency.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure on display in the centre was not effective as it did not contain the most up-to-date details of the personnel, whom residents and others could report their concerns or complaints to.

Judgment: Substantially compliant

Quality and safety

Residents had access to good quality health care and could receive visitors in the centre. However, action was required in respect to individual assessment and care plan,managing behaviour that is challenging,residents' rights, infection prevention and control practices and premises.

There was consultation with most residents in the organisation of the designated centre. However, not all residents had access to resident meetings. Action was required with individual assessment and care plans, health care, managing challenging behaviour, protection, residents' rights and premises.

There were care plans in place for residents, reflecting their health care needs, and the documents were reviewed at least every four months. However, inspectors found that while they were reviewed, they were not consistently updated to reflect the current needs of the resident.This is further discussed under Regulation 5: Individual Assessment and Care plan.

The registered provider ensured that residents had appropriate access to health care through regular visits from the house doctor who was employed Monday to Friday. A physiotherapist was employed Monday to Friday, access to a speech and language therapist, dietitian, occupational therapist and chiropodist was through a referral system.

A review of resident's records showed that two residents who were involved in a safeguarding incidents had no safeguarding care plan to protect the residents from similar incidents reoccurring. Inspectors were also not assured that all reasonable measures to protect residents were in place. This is further discussed under regulation 8: Protection.

Interactions observed between staff and residents were mostly person-centred and respectful. However, inspectors observed an incident on the day of inspection where a resident who was displaying responsive behaviour was not responded to in a manner that calmed the situation .This was discussed with nursing management on the day of inspection.This is further discussed under regulation 7: Managing behaviour that is challenging.

Residents had access to televisions, radios, newspapers and to the internet. Inspectors viewed evidence of regular resident meetings occurring within the

Lambay, Shennick and Erris units. However, residents in the Columba unit did not have resident meetings, therefore their voice was not evident in the designated centre.

There was an activity schedule displayed within the designated centre which detailed activities planned over seven days of the week. Inspectors observed a movie club and arts and crafts taking place on the day of the inspection. However, inspectors on reviewing records of activities and the activity staff roster, were not assured that all residents had sufficient recreational opportunities.

Inspectors observed many visitors on the day of the inspection. Residents and their visitors confirmed to inspectors that they had good unrestricted access and no restrictions to their loved ones. Visiting was seen to take place in residents' bedrooms and in smaller communal areas for those in shared bedrooms. Inspectors were told there were a number of smaller communal rooms which were also available for visiting in private.

Overall inspectors found the premises was clean, of sound construction and kept was in a good state of repair externally. However, some further action was required to ensure that the internal premises conformed with all areas as per Schedule 6 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013. For example, while storage in store rooms was well-organised, there was in appropriate storage observed found on corridors throughout the inspection day. This is further discussed under Regulation 17:Premises.

Inspectors were not assured that the observed design and layout of some of the multi-occupancy bedrooms within the designated centre met the criteria of Regulation 17: Premises. The layout of the multi-occupancy bedrooms also impacted on residents' right to privacy and to retain control over their belongings. Inspectors were told on the day of the inspection that the registered provider intended to review the layout of these bedrooms, to ensure that they complied with Regulation 17: Premises. a review was going to be conducted by the registered provider to come in to compliance.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements and the centre's visiting policy were in line with the current guidance.

Judgment: Compliant

Regulation 17: Premises

Action was required to the premises to ensure that it promoted a safe and

comfortable living environment for all residents. For example:

- Two outdoor areas used by residents to smoke did not have accessible emergency call alarms or fire extinguishers which were located indoors.
- Inappropriate storage of residents' equipment in communal bathrooms had been identified in environmental audits but inspectors observed that this practice continued, during their tour of the premises. This was also a finding from a previous inspection.
- Inappropriate storage was observed on corridors such as bins for used incontinence wear and laundry trolleys. These were seen on the premises walk during the morning time and again at 17:30pm.
- Some bathroom doors did not have appropriate signage in place to promote the independence of residents. There was no signage on doors to identify the purpose of the room to allow residents to clearly know the purpose and use of the room.
- A number of bathrooms across the designated centre had a damp smell which had not been identified on environmental audits. Management on the day could not explain or identify the cause of the smell.
- Inspectors viewed 30 bed spaces from 15 twin bedrooms and found they did not have an area of 7.4 m2 of floor space for each resident which included a bed, a chair and personal storage space. For example, some spaces measured between 4.06m2 and 6.92m2.These rooms were not configured to ensure that residents could access their belongings in private.In addition, many spaces viewed did not include a chair.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

• Although, an assessment was carried out on each resident prior to admission to the centre. However, this assessment was not sufficiently comprehensive. For example, it had failed to identify that one resident recently admitted, had previously displayed responsive behaviours. Therefore staff had not developed a care plan to manage their behaviours which they continued to display on admission.

• The inspectors reviewed a sample of three care plans and found that care plans were not prepared within 48 hours of admission to the designated centre.

Gaps were identified in care plans where residents' assessed needs were not met, for example:

• One resident was not weighed at monthly intervals as recommended by the

dietitian despite having lost 2.7kgs on their last weight recording. There was also no record of this resident being referred back to the dietitian.

• Records of fluid and diet intake and output were inaccurate as they output were estimated. For example, for one resident their fluid intake was higher than the output.There was no action taken to address this with the resident, when the overall balance was recorded.

• One residents current mobility status was not accurately reflected in their care plan. Their mobility status was recorded as unable to walk in their care plan. However,they were also recorded as being at risk of an absconsion risk. Staff also reported that they could mobilise by pushing their wheelchair.

While there was access to the occupational therapist, this was delayed by several months. For residents requiring specialised seating, their care plans did not contain their seating recommendations prescribed by the occupational therapist nor when they were last assessed
• Two residents had 1:1 supervision as part of their care plan, this was not happening in practice.

• Residents who had difficulty communicating verbally or where English was not their first language did not have sufficient supports in place. A resident was reliant on staff members who spoke their language to translate, however when staff were not available, no alternative communication support was available for the resident.

• Another resident who had difficulty in expressing his needs verbally had no visual supports for example pictorial cards.

• Two residents care plan records examined who had pressure ulcers or who were identified as high risk of pressure damage, had gaps in their two hourly repositioning records.

Judgment: Not compliant

Regulation 6: Health care

Residents were provided with access to general practitioners (GP) two GP's visited the centre on a Tuesday and a Wednesday or as required. There was also a geriatrician and psychiatry of old age service available to residents if required through referral .They had access to allied health care services, either privately or through referral to community services.These services included, amongst others, speech and language therapy, dietetic, chiropody and occupational therapy. Residents who were eligible were seen to have access to the National Screening Programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors were not assured that staff had the skills appropriate to their role to respond and manage behaviour that was challenging. For example;

• Inspectors observed that the staff's response to a resident who displayed responsive behaviours was not in line with their care plan. This caused the situation to decline rather than to provide assurance and calm.

• One resident with a bed alarm, had no formalised risk assessment carried out on implementing this restrictive practice, to ensure that it was appropriate to the resident's needs.

• Staff did not follow the care plan for a resident who became distressed. Measures were set out in the care plan to prevent this resident's anxiety increasing. However systems were not in place to prevent this resident getting more distressed.

Judgment: Not compliant

Regulation 8: Protection

The registered provider failed to take all reasonable measures to protect residents from abuse. For example;

Solicited information received by the chief inspector was followed up during inspection. Safeguarding plans had not being developed for two residents to ensure the safety of other residents within the designated centre.
While there was a safeguarding plan in place for a resident who displayed inappropriate behaviours. This contained guidance on the management of these behaviours,however this guidance was not effective, as a number of incidents of inappropriate comments were made on the day of inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors were not assured that all residents were provided with adequate opportunities to participate in activities in accordance with their interests and capabilities. There was evidence of the lack of opportunity to participate in

recreation in the gaps in activity records. For example:

- On the first floor, a number of residents were observed to be in bed throughout the day of the inspection with no activity provided. In the absence of a dedicated activity worker, a member of management stated that a staff member was assigned to do activities daily. However from the activity records reviewed for both units upstairs, Columba and Iona, residents were not afforded opportunities for meaningful engagement. Staff informed inspectors that although they were assigned to carry out activities, they did not have the time to carry out meaningful activities, they relied on the television as a source for entertainment.
- A resident on the Erris unit informed inspectors that there was 'no activities happening and they would like to see more activities'. Another resident stated they would like to see more outings arranged from the centre.
- Records for three residents reviewed from the previous two days, showed the residents had not participated in any activity. On reviewing another two resident records, their activities included watching television and listening to music.
- Resident meeting minutes from Shennick March 2020 stated that there was no activity provided while the coordinator was on holidays.
- There was no consultation with residents through residents' meetings in the Columba and Iona units.

In addition, resident meeting minutes from May 2022 in the Lambay unit recorded that residents would like more activities, for example the opportunity to avail of going out into the garden when the weather is good. Residents also were recorded to be disappointed that there is no longer a bus for external outings from the nursing home.

Judgment: Not compliant

Regulation 27: Infection control

Inspectors were not assured infection control practices were in line with health surveillance protection survey guidance.

- The current layout of the laundry did not fully support the functional separation of the clean and dirty phases of the laundering process.
- Further supervision was required to ensure that staff were wearing personal protective equipment (PPE) correctly. Inspectors observed PPE such as masks were used inappropriately during the course of the inspection. For example, three staff were seen to wear their masks with their nose exposed and on two occasions staff were seen with their face masks at their chin.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant
Regulation 27: Infection control	Substantially compliant

Compliance Plan for Tara Winthrop Private Clinic OSV-0000183

Inspection ID: MON-0035438

Date of inspection: 31/05/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - Full review to be undertaken of any outstanding mandatory training required for all staff and implementation of training programme. This will be completed by September 30th 2022.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - Review to be undertaken of current audit process and practice within the Centre - Following review, revision of audits to ensure evidence of evaluation and actions where applicable against the audit findings. - Any training needs identified through this review will be actioned. These actions will be completed be December 31st 2022.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints	

procedure:
-To ensure the complaints procedure is effective within the centre, the displaying of correct information was addressed. This was completed on June 1st 2022.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- Review of the feasibility of an outdoor emergency call bell or outdoor storage for fire safety equipment will be conducted. This will be completed by August 31st 2022.
- There is a commitment to review the storage of resident belongings within bathrooms throughout the facility. Any equipment will be relocated as required. This will be completed by August 31st 2022.
- Areas of storage for use for items such as incontinence wear bins and laundry trollies during off peak times of use will be identified within available space in each unit and a process for adherence to the use of these areas will be introduced. This will be completed by October 31st 2022.
- Signage will be placed on the bathroom doors that do not have a sign. A commitment is made to ordering the new signage by August 31st, but delivery of these items will depend on supplier provision.
- Ventilation throughout the centre is being reviewed by the maintenance team and a phased replacement plan is in place where applicable. This process has commenced in July 2022 and completion will be in alignment with external resource provision.
- Shared bedrooms and the access of all residents to their own private space within this room will be reviewed and where required the configuration of privacy curtains will be realigned to meet the standard of minimum floor space for each resident while ensuring access to their belongings in private. This process has commenced in July 2022 and the timeline for completion will be influenced by the external provision of any required equipment. The progress of this process will be monitored on a monthly basis by the SMT.
- A review of all rooms to ensure there is an allocated chair for each resident within the floor space will be completed. This process has commenced in July 2022 and the timeline for completion will be influenced by the external provision of any required equipment. The progress of this process will be monitored on a monthly basis by the SMT.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A review will be undertaken of the pre assessment process and the supports in place for families and the resident to support them through the assessment process. This will be completed by October 31st 2022.
- There will be a focused audit conducted for the month of August on all new admissions to ensure that assessments are completed within the timeframe as laid out in Regulation 5. There is an ongoing commitment to increased frequency of audit. This focused audit will be completed by August 31st 2022.
- There will be review of the assessment, care planning and review processes including all Activities of Daily Living within the home to ensure that they accurately reflect the resident's current condition and care needs. This will be supported through staff training and supervision. This will be completed by October 31st 2022.
- MDT recommendations to support the resident's care will be clearly documented within the resident's care plans, and where necessary will be escalated to Senior Management if there is external delays in service provision that is out of the control of the Centre. This will be addressed, as above, through scheduled audit, training and development and ongoing review. The structure to support this will be in place by December 31st 2022 but will require ongoing review.
- A review will be undertaken of alternative communication resources that will support and protect the privacy of resident's who require translation support. This will be evaluated and where possible implemented by December 31st 2022. An immediate action was the provision of picture boards for the resident to support his communication needs.
- A review of all resident's with communication difficulties will be undertaken and communication tools provided and added to their plan of care where applicable. This will be completed by October 31st 2022.
- There is a commitment to the review of all supporting documentation attached to all relevant care plans i.e turning records for resident's at risk of developing pressure ulcers. This will be achieved through scheduled audit, training and development and ongoing review and feedback. This will be completed by December 31st 2022.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
- Training is provided by our Advanced Nurse Practitioner in Managing Behaviours that are Challenging. Ongoing support for staff to ensure that they have access to care plans to understand the differing needs, triggers and de-escalation methods for all residents. This will be monitored through audit and review of incident reports and nursing documentation. Ongoing supervision by the Senior Management Team. This will be implemented by December 31st 2022 and will require ongoing review.
- Review of the nursing documentation including restrictive practice to ensure that appropriate assessments are completed for each individual resident to inform the relevant care plans to be activated will be completed and ongoing support for staff to

complete this will be provided by the Senior Management Team.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: - All staff to undertake Safeguarding training by August 31st 2022. - Supporting informal education and training about the importance of documentation and escalation in relation to any safeguarding concern will be completed by December 31st 2022.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: -The instigation of resident forum meetings within one unit has commenced in July 2022 and ongoing review of the format and method of delivery will be completed in conjunction with the residents. -An external agent has been brought in to review the structure of activity provision within the centre and their recommendations will be implemented by September 30th 2022.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: -The Senior Maintenance team will review the current layout of the laundry process to support the laundry function of the separation of clean and dirty laundry. This will require external support due to the physical reconfiguration of the building infrastructure. Evaluation of the progress will be made to Group Management in November 2022. -Immediate action was taken to address the staff who did not adhere with correct PPE use, and communication was issued to all staff verbally at handovers about the appropriate use of same. -Standard precautions training has continued to be provided for all staff. Any incorrect use is managed through ongoing supervision by the management team in real time.

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	30/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2022
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.	Not Compliant	Orange	31/10/2022
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	Substantially Compliant	Yellow	31/12/2022

	effectively monitored.			
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	30/11/2022
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	01/06/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/12/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an	Substantially Compliant	Yellow	31/12/2022

	appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/08/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	31/12/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/12/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Not Compliant	Orange	30/09/2022

	accordance with their interests and capacities.			
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	31/07/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2022