



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

## Issued by the Chief Inspector

Name of designated centre:	Glendonagh Residential Home
Name of provider:	Glendonagh Residential Home Limited
Address of centre:	Dungourney, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	04 May 2023
Centre ID:	OSV-0000229
Fieldwork ID:	MON-0040004

## About the designated centre

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

Glendonagh Residential Home is located near the village of Dungourney in East Cork. It is set on well maintained, extensive grounds. The centre is registered as a designated centre under the Health Act 2007 for the care of 42 residents with 24-hour nursing care available. The centre is registered to provide accommodation for 42 residents over two floors. There is a specific nine bedded dementia care unit for residents who required additional support called the Orchard unit. Care is provided by a team of nursing staff who are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	39
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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 May 2023	09:30hrs to 18:30hrs	Mary O'Mahony	Lead
Thursday 4 May 2023	09:30hrs to 18:30hrs	Robert Hennessy	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that Glendonagh Residential home was a nice place to live in and residents living there felt their rights were supported. Staff promoted a person-centred approach to care and were observed by inspectors to be kind and caring towards residents. Survey results were seen by inspectors confirming that residents were overall satisfied with the care and accommodation. Throughout the day inspectors spoke with seven residents in detail and met with all residents: however a number of residents voiced concerns regarding staff turnover and lack of meaningful activities in the centre.

The designated centre is located near the village of Dungourney in spacious rural grounds, with adequate car parking spaces for staff and visitors at the front of the building. On the days of inspection there were 39 residents in the centre and three vacant beds. Inspectors arrived unannounced on the day of inspection and followed the infection control protocol in place. Following an introductory meeting with the person in charge inspectors were accompanied on a tour of the premises and external patio and garden areas. The residents' accommodation in the centre was located over two floors, while staff facilities were located on the ground floor. The registered provider had continued to upgrade the premises. Large picture windows had been replaced in a number of areas, painting had been renewed, new bedroom furniture and suitable pictures had been purchased and shower rooms had been improved.

There were well maintained large gardens surrounding the building which gave residents the opportunity to walk outdoors in the grounds in good weather. There were ample seating areas provided for residents and the enclosed patio gardens provided a lovely additional setting for residents to sit outside. There were well maintained potted plants in this area and residents said it was used for private visits with family as well as by a staff member, who played guitar for residents on summer evenings. Access to all outdoor spaces was seen to be encouraged. Ramps had been created for wheelchair users to support their access to the garden benches in the large, extensive gardens.

Residents were seen walking or being wheeled on wheelchairs to the dining room for breakfast, dinner and tea. Inspectors spoke with all residents who were in the dining room and with five residents in more detail. They stated that they enjoyed the sociability of dining together. Food was varied and nicely presented. Meals looked appetising. Residents spoken with at dinner time were very complimentary about the portions and said that the staff took note of their meal choice daily. Where residents requested help from staff to access drinks and food, they were seen to respond without delay. Residents were delighted with the additional snacks and drinks provided by staff from the well stocked tea trolley during the day.

Residents and staff were seen to interact with each other in a relaxed manner. Inspectors observed that residents' bedrooms were nicely decorated with soft

furnishings, ornaments and photographs. A number of residents told inspectors that they had previously lived in the locality and they had access to their visitors regularly. Residents made positive comments to the inspector about living in Glendonagh, such as "staff are kind" and it is "a homely centre'. Residents added that some staff were personally known to them, which added to their feelings of loss when familiar staff left to work elsewhere. Inspectors saw that, generally, there was a good level of compliance with infection control guidelines around the centre. Throughout the day staff were seen to wash their hands and to use the hand sanitising gel provided.

A group of residents were seen in a sitting room carrying out chair based exercises to music, discussing the news and singing their favourite songs during the day of inspection. Residents said it was lovely to have easy access out to the spacious and nicely planted gardens. A number were seen to be accompanied outside for walks and trips on the day of inspection. One resident really enjoyed knitting and said this "passed the time" during the day. Two residents stated that they would like more activity however. Bingo was a favourite activity but was not available every week, which they would have enjoyed. Inspectors observed that there were times during the day when there was little interaction between staff and residents which was particularly apparent for those residents with dementia who would have benefited from one to one attention.

Residents who spoke with inspectors said that they were happy with the visiting arrangements. Visitors spoken with said that communication with staff was relatively good. Residents told inspectors that they felt their opinions were sought at residents' meetings and in surveys, however they felt their wishes regarding additional activities were not always acted on.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

On this inspection the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were clearly defined. The management team had continued to recruit staff, improve the premises and maintain an effective management team. Despite these positive findings further improvements were required in maintaining staffing levels particularly for night time, staff supervision and in quality and safety aspects such as fire safety, notifications, infection control and care planning.

Glendonagh Residential Home Ltd, is a limited company comprised of two directors both of whom are engaged in the management of the centre. One director was present in the centre four days a week and works from home on the fifth day. This

meant she was available for oversight of all aspects of the centre. The person in charge was experienced in the role. She was supported by a clinical nurse manager (CNM), a senior nurse and an administration manager. There was a new system of supervision, staff meetings and delegation set up. For example, household staff reported to the administration manager, the catering and maintenance staff reported to the director and the clinical staff were line-managed by the person in charge.

The annual review of the quality and safety of care had been completed for 2022 and the actions which were identified formed part of an action plan for quality improvement. A quality management system, which included a schedule of audits, was in place to ensure that the service provided was safe and effective. Key performance indicators were collected weekly and audited, such as falls, the use of restraints and infections. The recording and trending of incidents and complaints formed part of the quality improvement plan.

Staff received training according to their duties and roles. Staff spoken with were aware of the actions to take to keep residents safe and were generally seen to demonstrate good practice in protection and rights promotion. Nevertheless, additional specific training requirements were detailed under Regulations 5 and 7 in this report.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies, and documentation required under Schedule 2, 3, and 4 of the regulations were seen to be maintained in good order and easily retrievable for inspection purposes.

#### Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements and was supported by a newly appointed clinical nurse manager (CNM). She was aware of her responsibilities under the regulations and was known to staff and residents.

Judgment: Compliant

#### Regulation 15: Staffing

There were concerns voiced to inspectors regarding staffing levels and turnover of staff.

Concerns were seen to have been raised by residents at residents' meetings, in the complaints book and in information received prior to the inspection relating to

perceived staff shortages.

Health care assistant (HCAs) staff spoken with stated that they felt they were very busy particularly when trying to support and induct large groups of new staff while also attending to their own assigned duties. Two residents spoken with felt "more could be happening" in relation to activities particularly in the mornings. Ten hours of staffing duties were assigned to activities weekly as well as input from an enthusiastic health care assistant who played music in the afternoons and external sources such as musicians and zumba class. This issue was particularly relevant currently as the experienced member of staff assigned to coordinate activities was leaving for a new post elsewhere.

Inspectors found that the staffing levels after half ten at night were inadequate to provide supervision and attend to the care needs of residents particularly taking into account the size and layout of the building over two floors. There was one nurse and two care assistants on duty after half ten each night. This meant that whenever residents required two people to meet their care needs there was only one staff member available to supervise the other 38 residents over two floors and the diverse corridor layout. On the day of inspection there were 10 residents who had been assessed as having maximum needs and 17 residents with high care needs, which indicated that the majority of residents required a very high level of care.

The provider undertook to roster an additional staff member until half twelve at night to address the needs of residents and staff.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The training matrix indicated that appropriate and mandatory training sessions were undertaken by staff.

Training was scheduled throughout the year and this schedule was seen by inspectors to be verified on email by external trainers.

Staff appraisals, induction records and probationary meeting records were available in staff files.

Issues related to specific training were addressed under regulation 5 and referred to under Regulation 7 also, in this report.

Judgment: Compliant

### Regulation 21: Records



The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were available to inspectors and they were securely stored.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

### Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored. More robust systems were required to ensure additional oversight. The outstanding issues referenced below, were described further under the specific regulations.

**Fire safety management issues:**

Oversight of fire safety issues required action as identified under Regulation 28.

**Oversight of infection control:**

Some aspects of infection control required action as addressed under Regulation 27

**Care planning:**

Additional information was required to ensure care plans had all the required information to direct safe care as highlighted under Regulation 5 and Regulation 7.

**Notifications:**

Oversight of the submission of three day notifications to the regulator needed to be strengthened.

**Staffing:**

Staff roles in the centre needed to be more clearly defined and supervised giving staff details of their responsibilities in areas of care provision as described in detail under regulation 15.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was made available to inspectors. However additional information was required under Schedule 1 of the regulations in relation to the fire precautions and associated emergency procedures in the designated centre. This

information was added during the inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents had not been reported within the required timeframe under the regulations.

Two incidents which required a specific notification to the Chief Inspector within a three day period had not been submitted. These were submitted following the inspection.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre.

These were seen to have been updated every three years or when there were new developments, such as, the addition of COVID-19 guidelines to relevant policies.

Judgment: Compliant

## Quality and safety

Overall residents in Glendonagh were found to be supported to have a good quality of life which was respectful of their wishes. There was timely access to healthcare services. A human rights-based approach was promoted and residents spoken with said that staff were kind and caring. While findings on this inspection generally demonstrated good compliance with the regulations, there were some aspects of staffing, infection control, responsive behaviour care planning, activities and fire safety that required action as outlined under the specific regulations.

Care plans in general were informative and person centred. They were maintained on the computerised system and were updated on a four monthly basis. Members of the multi-disciplinary team, for example the physiotherapist had inputted advice for staff in providing best evidence-based care. Residents had been consulted in the development of their care plans which were found to reflect residents' social and

medical needs. Inspectors were assured that residents' health needs were met to a good standard. There was weekly access to general practitioners, (GPs) who were described as supportive. Systems were in place for referral to specialist services. On admission a comprehensive assessment was carried out for each resident which was then used to set out individualised plans of care for each identified need. Despite elements of good practice there were some specific aspects of the care plans reviewed that required action, as highlighted under Regulation 5.

Following findings on the last inspection a number of premises improvements had been undertaken and these were welcomed by residents. In addition, fire safe doors (specifically designed doors which inhibit the spread of smoke or fire for periods of 30 or 60 minutes) had been serviced. However, there were a number of aspects of fire safety management, which had yet to be actioned, as highlighted under Regulation 28.

The safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training, the types of abuse and their related responsibilities.

Residents' nutritional and hydration needs were met. Home baked desserts and cakes were a welcome addition after meals and the kitchen was well equipped. Systems were in place to ensure residents received a nutritious menu based on their preference and specific requirements such as, gluten free or modified diets. Residents' nutritional status was assessed monthly using the malnutrition universal screening tool (MUST) and a dietitian was consulted if there was any evidence of diminished food intake or risk of malnutrition.

Residents were consulted about aspects of the running of the centre as evidenced by the minutes of residents' meetings as previously described. In addition informal discussions were held daily with the management and care team. A number of these conversations were seen to be facilitated during the inspection day.

## Regulation 11: Visits

Visitors were seen arriving at the centre throughout the day. One resident was seen celebrating their birthday with their family in a morning visit which was a joyous occasion. A lovely cake was brought in by the family and was shared by all at tea time. The family told inspectors that visitors were always welcomed and communication with management was good.

Judgment: Compliant

## Regulation 17: Premises

The premises had been improved and well maintained since the last inspection.

The provider described the programme of renovations, with a number of windows having been replaced in the back of the building last year.

Furniture and fittings had been replaced.

Access to outdoor space from many areas of the centre was seen to be encouraged.

Overall, the premises met the residents' needs in a comfortable and home-like way.

Judgment: Compliant

### Regulation 20: Information for residents

Information leaflets, an information booklet and residents' meetings were held to keep residents up to date with community and centre developments and local news. Access to advocacy services was facilitated and information about these services was clearly displayed.

Judgment: Compliant

### Regulation 26: Risk management

The risk register and risk management policy was up to date.

New risks had been added as required which indicated a proactive approach to risks, which were re-assessed and managed appropriately.

Judgment: Compliant

### Regulation 27: Infection control

Inspectors found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018): The following areas required action:

- There were no suitable hand washing sinks separate from residents' sinks or sluice room/work area sinks, for staff use. The hand wash sinks in use did not comply with HBN-10 guidelines for such sinks.
- Staff knowledge in infectious conditions and antimicrobial stewardship

required development in line with national policy on the judicial use of antibiotics and recording of same.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had not taken adequate precautions against the risk of fire as evidenced by:

- Fire evacuation plans required review. For example instructions seen related to having four staff on night duty however only 3 staff were rostered after 22.30.
- Oxygen warning signs were not present on the door of the office where oxygen was stored. Oxygen cylinders were also stored in unsuitable locations externally, some of these were moved to more suitable locations while the inspection was taking place.
- There were holes present in the ceiling in the basement area that needed to be "fire stopped" to prevent the spread of fire or smoke into roof spaces.
- Additional areas that required action were staff gaining experience in fire evacuation using SKI sheets and the fire evacuation chair.
- The personal evacuation plans (PEEPS) available required additional detail, and individual plans to be developed, to assist staff in the specific and speedy evacuation of residents in the event of fire.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines were managed well.

Good systems were in place for the ordering, storage, disposal and administration of controlled medicines.

Staff were trained in this aspect of care and the pharmacy staff were supportive of safe medicine management in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Inspectors found that care plans in relation to residents with the behaviour associated with the behaviour and psychological symptoms of dementia (BPSD) or other responsive behaviours were inadequate to guide staff practice. The sample of care plans seen for this aspect of care lacked evidence of best practice and detail in how to appropriately manage and recognise when behaviour escalation was likely. This appeared to be impacted on by the fact that training in this aspect of care was held on an online forum without discussion and classroom interaction explaining best evidence based practice.

Judgment: Substantially compliant

### Regulation 6: Health care

Health care was well managed in the centre:

A review of residents' medical records in the above care plans found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. This included advice from the dietitian, the speech and language therapist (SALT) and the physiotherapist.

Pressure ulcers and other wound care was seen to be carried out in line with professional guidelines from the tissue viability nurse (TVN).

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

While staff had received training in the management of responsive behaviour the training was accessed on line and did not include discussion on best evidence strategies.

This was addressed and actioned under Regulation 5: care planning, and was discussed at the feedback meeting as to the impact on the care needs of residents with dementia. The person in charge stated this training would be reviewed in order to improve staff knowledge and strategies.

Judgment: Compliant

### Regulation 8: Protection

There were good systems in place to protect residents:

- The majority of staff were appropriately trained in safeguarding.
- Residents and relatives felt that the centre was a safe place.
- Receipts were maintained for any money used on behalf of residents.
- There was an ethos of respect for residents apparent in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

While residents' rights were well protected in general, inspectors found:

- a lack of activities was apparent on certain times of the day of inspection. Resident confirmed this with inspectors and stated that they were occasionally "bored".

This had a particular impact on those with dementia who were seen to lack meaningful engagement.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Glendonagh Residential Home OSV-0000229

Inspection ID: MON-0040004

Date of inspection: 04/05/2023

## 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: Glendonagh is committed to ensuring there are sufficient staff with the appropriate skill mix on duty, both day and night, at all times. We have a dedicated person whom oversees recruitment and is supported by another member of staff due to the onerous yet imperative nature of staffing. Current labour shortages along with unprecedented high levels of sick leave have and continue to be a huge challenge hence Glendonagh is not currently operating at full capacity with its residents. This is reviewed on a rolling basis. Given the 3% increase in our rate for care over the past 18 months and the exponential cost increases in staffing and all costs associated with care and the facility Glendonagh has ensured it has offered every benefit possible to attract and retain good staff. Activities – Glendonagh has a dedicated Activities Co-ordinator whom oversees all elements of Activity requirements. She is further supported by management and a varied selection of external providers. At present varied activities are carried out every afternoon and the co-ordinators task is to ensure we are meeting the resident’s needs. During morning time residents are encouraged to discuss the headlines from the daily new papers provided along with prayer, music and encouragement in regards hobbies such as knitting. Supplementary to the activity co-ordinators role we also have regular professional entertainment along with numerous adhoc entertainment. These range from qualified gym instructors to musicians.</p> <p>We have also starting hosting family days with 3 taking place in 2022.</p> <p>Please note due to a resignation we have a new activities Co-ordinator in place whom will bring renewed energy and experience to the role.</p>	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staffing: Please refer to previous response in regards Reg 15. In regards our staffing structure we have clearly defined roles within Glendonagh and supporting documentation which details the responsibilities of each role. In addition, each role has a clearly defined training and oversight programme which is overseen by experienced team members and management.</p> <p>Please refer to Reg 31, 27, 28, 5 below for further detail</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We endeavour to send any notification on the day of the event and will continue to ensure the correct up to date notifications are sent at all times.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Glendonagh has reviewed putting additional hand washing sinks in our main corridor areas for staff use and we feel at this time they would provide more of a risk to our residents than additional benefit to our staff in regards Infection Control. Specialist flooring would need to be removed, breaks in our hand rails put in, obstacles in our corridors in regards wheelchair use and most concerningly the additional risk of slip should a resident use these incorrectly. Glendonagh is carrying out a review of all sinks in the 4 staff toilets located around the building along with the 2 sluice rooms and dedicated hand wash points already in operation.</p> <p>Please note we have a HBN-10 compliant sink in the nurses' station.</p> <p>Staff knowledge of conditions and antimicrobial stewardship is being reviewed to ensure all staff are competent on these. Training will be documented to ensure evidence of their knowledge.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Glendonagh strives to ensure compliance with by daily, weekly, monthly and quarterly checks, ensuring all staff are trained by an external dedicated fire safety company on an annual basis and with the additional support of numerous specialised fire safety companies –</p> <p>In regards our night Team Glendonagh aims to have 4 staff members on site when at full capacity and all documentation will be updated to reflect this.</p> <p>Oxygen sign was put back up on the door and this signage added to the list of daily safety checks that are carried out every morning throughout the whole facility The two small holes in the ceiling of the basement are due to a leak and will be repaired shortly, this was noted within the maintenance book at the time of inspection.</p> <p>All staff are trained in regards the use of ski sheets and the fire evacuation chair as part of their annual fire safety training Glendonagh is reviewing the required PEEP sheets</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>Care plans are maintained on a daily basis. Residents and their care plans are allocated individually to our nurses, to ensure direct responsibility. Allocations are done at point of admission to ensure full oversight. Care plans are supported by continual training, to ensure they are in line with the evolving requirements of our resident. In addition, all care plans are reviewed by management on an ongoing basis to ensure they are kept in order, a full review of which is carried out.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Please refer to Reg 15 which details the activities currently in place in Glendonagh.</p>	

## 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	31/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/12/2023

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	23/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	23/06/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting	Substantially Compliant	Yellow	23/06/2023

	equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/06/2023
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	23/06/2023
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	31/12/2023
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	Substantially Compliant	Yellow	31/12/2023

	the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	23/06/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	23/06/2023