



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

## Issued by the Chief Inspector

Name of designated centre:	Gowran Abbey Nursing Home
Name of provider:	Gowran Abbey Nursing Home Limited
Address of centre:	Gowran Abbey Nursing Home Limited, Abbey Court, Gowran, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	20 May 2021
Centre ID:	OSV-0000232
Fieldwork ID:	MON-0031597

## About the designated centre

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

Gowran Abbey Nursing Home is a purpose-built single-storey building that first opened in 2007. It consists of 51 single ensuite bedrooms. The provider is a Limited company called Gowran Partners. The centre is located on the outskirts of Gowran village, Co Kilkenny situated in a quiet cul-de-sac among 10 retirement houses for independent living. The location is convenient for access to the GP surgery, pharmacy, post office and shop. The centre provides care and support for both female and male adult residents usually aged 50 years and over requiring long-term care with low, medium, high and maximum dependency levels. Persons under the age of 50 years may be accommodated following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual, and that there is no adverse impact on them or other residents. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess a potential resident's needs to ensure the centre can cater for each individuals' needs. The centre currently employs approximately 64 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:	37
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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 20 May 2021	10:00hrs to 18:30hrs	Helena Grigova	Lead
Thursday 20 May 2021	10:00hrs to 18:30hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Overall, residents reported a good quality of life in a homely environment, and they were generally complimentary of the care in the centre. Inspectors spoke to six residents to gain a better insight into their lived experience in the centre. Residents also described heightened anxieties and the difficulties brought on by the COVID-19 pandemic and expressed relief to have had received their COVID-19 vaccinations.

Inspectors arrived unannounced in the morning and were welcomed by a clinical nurse coordinator who recorded the inspectors' temperature. Hand sanitiser and personal protective equipment (PPE) were available at the entrance to the centre. The centre's reception was welcoming and well decorated. There was information available relating to infection control, COVID-19 and making a complaint. Inspectors observed that anyone entering the centre had a temperature and symptom check completed. In discussion with staff, they confirmed the frequency of having their temperature and symptom checks taken when on duty and that the information was recorded. Records were available and viewed at the time of the inspection.

Gowran Abbey Nursing Home is a purpose-built independent residential home consisting of 51 single en-suite bedrooms. The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Through walking around the centre, inspectors observed residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety. Residents had access to two outside secure courtyards. The lounge areas were observed to be clean, warm and welcoming, and drinks were available for residents. The dining room was observed to be spacious, well presented and clean, and table settings were noted to be appropriate; napkins, condiments and cutlery were provided. Residents' seating in the dining room and sitting rooms was assigned, and residents were encouraged to maintain social distancing. The majority of residents reported satisfaction with the quality and quantity of food they were provided with. There was a rolling menu in place that included meal choices that were varied and nutritious. Staff were seen offering support and encouragement at meal times.

There was evidence that a varied programme of activities was available to residents in the centre. The person in charge informed inspectors that a social activity programme information leaflet was given to every resident at admission. Activities planned were clearly detailed on a notice board. The social activity coordinator described how they support and encourage residents to be involved in a range of activities. Activities included some unique activities invented by the centre; for example, the Boom box gems, Papa Paddy's bingo, Quick Fire quiz 'Lords vs Ladies', music and songs, current affairs and news discussions, memory time, pampering club or 'Gabby's auction' competition where residents could auction prices with the 'Gabby's currency'. Photographs were on display which had been taken at events

and birthday parties both inside and outside the centre. Activity staff also confirmed that they attended to residents on a one-to-one basis for residents who preferred to spend time in their room. Residents' meetings were held at the centre, and minutes were available to residents and for inspectors to review.

The oratory was in use by residents at the time of inspection. Inspectors saw that residents had access to daily mass available by video link to the local church. Members of the clergy from various religious faiths were available to provide pastoral and spiritual support to residents as necessary. Residents were also facilitated to exercise their civil, political and religious rights.

Inspectors observed that staff related to residents in a calm and kind manner on the day of the inspection. Residents were referred to by name, and there was obvious warmth between residents, staff and managers. The staff knew the residents and their individual personalities well, and residents were seen to be very comfortable with the staff and seem to enjoy being in the staff members' company. Inspectors saw that there were enough staff on duty to meet the needs of the residents in the centre.

The COVID-19 outbreak have undoubtedly had a tremendous impact on the staff in the centre. The staff members voiced their disappointment that the virus had entered the centre before Christmas and just a few weeks before the scheduled vaccination. They have described their experience as traumatic and said that they were committed to provide continuous care of their residents. The staff were emotional when talking about the exposure to critical events such as death, fear of being infected and infecting their families and its consequences on their own health. However, they've learned how to work closely together and support each other. The person in charge was present in the centre throughout the outbreak and ensured that staff had time to sit down and take a break. The staff recount that when residents passed away, they were never left alone. They've accommodated families to stay with them, providing them with necessary PPE equipment. The person in charge voiced how they've respected residents' choices and accommodated them with last rites.

The staff stayed committed in honouring all residents who sadly passed away in the centre during the pandemic and all front-line staff working through the pandemic. They had created a 'Memory tree' with the names of these residents written on hearts hanging from the tree. They keep a battery-operated candle in front of the tree in memory of these residents and front-line staff.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

## Capacity and capability

Prior to the recent COVID-19 pandemic, Gowran Abbey nursing home had a good level of regulatory compliance. The provider and the person in charge took appropriate steps to ensure sufficient resources were available to provide safe care in the event of a COVID-19 outbreak.

Gowran Abbey Limited is the provider for Gowran Abbey Nursing Home. There was a defined management structure within the designated centre. The person in charge was supported in her operational role by a clinical nurse coordinator, four clinical nurse managers and the wider nursing, care, household and catering team. The Provider Representative and Person in Charge met twice weekly to discuss any concerns and review day to day activities and services.

Inspectors acknowledged the significant efforts made by the provider to promote, maintain and maximise residents' safety during the recent COVID-19 outbreak. An outbreak of COVID-19 had been detected on 11 December 2020. While it may be impossible to prevent all outbreaks, careful management can mitigate the spread of infection and limit the impact of outbreaks on the delivery of care. However, despite local infection control efforts, the outbreak spread throughout the centre. A total of 48 confirmed cases were identified (31 residents and 17 staff members). Sadly six residents that contracted COVID-19 had died.

Two staff members had completed a COVID-19 compliance officer safety training course. The centre's outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. Records seen on the inspection indicated that the provider had actively engaged with Public Health and had followed the advice given during on-site visits from an infection control nurse. A significant amount of work had been undertaken by the provider in implementing multiple measures to manage the outbreak. Discussion with staff and review of documentation showed that regular management meetings were convened to oversee the management of the outbreak.

Inspectors saw that there was enough staff on duty to meet the needs of the residents in the centre. Staff spoken with told us that they felt supported by the management, and there was a good sense of teamwork in the centre and felt the staffing levels were adequate. But notwithstanding this, some improvements in the recruitment processes were necessary to reach compliance with the regulation. This is further discussed under Regulation 21: Records.

Mandatory training and training in relation to infection control required during the pandemic had been delivered to a number of staff. However, some training was overdue, and enhanced supervision was needed to ensure any new guidelines and procedures introduced were appropriately overseen and implemented, as further detailed under Regulation 16: Training and staff development.

There was a process for reviewing the quality of care and the quality of life for residents living in the centre. Nevertheless, the audit process, analysis, action plans and target dates for implementation required review to ensure the results of all audits conducted had a positive impact on the quality of care being delivered to all residents in the centre. This is defined under Regulation 23: Governance and

management.

There was an annual review in progress to review of the quality and safety of care delivered to residents in the designated centre during 2020. The last annual review was completed in June 2020, and it included consultation with residents.

Although the procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the centre's own policies and procedures, an area for improvement was identified on the day of the inspection. Opportunities for residents' feedback and to record concerns required improvement. This is outlined under Regulation 34: Complaints.

### Regulation 15: Staffing

There were sufficient staffing resources with the right skill-mix in place for the number of residents and the centre's layout. The person in charge informed inspectors that there were three staffing vacancies at the time of inspection. The provider was actively recruiting additional staff.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix had not been updated to reflect mandatory training that had been attended. Consequently, the provider did not have oversight of the areas mandatory training that was outstanding. An updated training matrix was submitted after the inspection. On review of the matrix, it was evident that the training programme, including fire training, safeguarding and responsive behaviour, had fallen behind schedule. Inspectors were informed that mandatory training sessions were scheduled.

Observations made by inspectors on the day found that staff were not implementing the centre's policies and procedures and were not consistently adhering to correct infection prevention and control guidance. Although staff had access to a wide range of training resources, there was a lack of oversight in staff practices, as further exemplified under Regulation 27: Infection Control, Regulation 29: Fire precautions and Regulation 26: Risk management.

Inspectors found that all staff was not familiar with the electronic nursing system used by the centre, and further support and education was required.

Judgment: Not compliant



## Regulation 21: Records

Inspectors requested staff files of most recently employed staff. We reviewed five staff files, of which four were from the staff employed during the year 2018 and 2019. It was noted that four staff did not have garda vetting disclosures completed prior to commencing their employment in the centre as required by the regulations. This was discussed in detail with the person in charge, and it have been addressed on the day of the inspection.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The oversight of the service required action and significant improvements were required concerning governance and management, including:

- Inspectors received five audits for review. One of the audits was an overview of the dependency levels of residents living in the centre. Four other audits have been carried out, such as a weight audit, a falls audit and a wound audit. Inspectors noted that the analysis of falls and wounds were completed with an action plan addressed to the resident who experienced a fall or required a pressure ulcer/wound management in the centre. However, action plans in these audits did not address measurements applicable to all residents as a precaution to prevent falls and pressure ulcer/wound occurrence. Furthermore, the person responsible and the time-bound when these actions were achievable were not clearly outlined in the audit analysis. The environment and equipment hygiene audits were also not routinely undertaken. Inspectors noted that the audit schedule was not defined for 2021.
- Overall the management systems for monitoring the quality and safety of care delivered to residents required improvement to ensure continuity in oversight of the practices, including infection prevention and control, and adequate supervision and guidance for staff working in the centre, as previously outlined under Regulation 16: Training and staff development.
- A review of the management of the outbreak, which occurred in December 2020, including lessons learned to ensure preparedness for any further outbreaks, had not been compiled at the time of the inspection.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The registered provider had not ensured that all resident's complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint were fully and correctly recorded and that such records were in addition to and distinct from a resident's individual care plan.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

Inspectors were informed that the policies required by Schedule 5 of the regulations had recently been updated in line with regulatory requirements. However, the updated versions of these policies and procedures were not available to view on the inspection day.

Judgment: Substantially compliant

#### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life. Residents' needs were being met through good access to healthcare services and opportunities for social engagement that met their needs.

Inspectors recognised some examples of good practice in the management of COVID-19. The provider was endeavouring to improve current facilities and physical infrastructure at the centre through ongoing maintenance. For example, four additional hand-wash sinks had recently been installed on the corridors. Sufficient supplies of personal protective equipment (PPE) were available, and efforts have been made to de-clutter the centre. Additional porta-cabin have been placed in the grounds to accommodate changing areas for staff to change at the beginning and end of their shifts. However, the provider needed to provide greater assurances relating to the effectiveness of the controls and measures implemented to date to limit the transmission of infection. By way of example, damage from wear and tear was visible throughout the centre. While efforts to integrate infection prevention and control guidelines were supported by mandatory infection prevention and control education, barriers to effective hand hygiene practice were identified. Inspectors observed inappropriate PPE use during the inspection.

Cleaning specifications and checklists were in place and were monitored by the facilities manager. Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. The centre had also purchased a fogging-type disinfectant machine. Inspectors were told that this was intended to

supplement existing cleaning procedures but did not replace the need for manual cleaning. Despite the infrastructural and maintenance issues identified under Regulation 27: Infection Control and Regulation 17: Premises, a good standard of cleaning was observed on the day of inspection.

Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance that was issued on 23rd March 2021. Visiting was facilitated in the designed visiting area in the conservatory at the entrance. In order to facilitate, the schedule visits were limited to 45 minutes. Inspectors were informed that both residents and families had voiced a preference for this arrangement over the option of receiving visitors in their bedrooms without time limits.

Care plans reviewed were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs; for example, recommendations from the speech and language therapist (SALT) or dietician were included. Residents' nutritional needs were identified through assessment and care plans, detailing the support residents need to meet their nutritional needs. Residents' weights were kept under review and checked monthly to identify any resident who had lost weight. Three wound care records were reviewed. Both records evidenced a wound care plan, assessment, photograph of the wound and evidence of wound dressing as directed by the tissue viability nurse. However, more attention was required to the personal and social care plans for residents to ensure the care plans were detailed enough to guide staff. This is further outlined under Regulation 5: Individual assessment and care plan.

There was a risk management policy in place which reflected the requirements of the regulations, including the management of specified risks. Nevertheless, the COVID-19 risk assessments required an update to reflect the latest HPSC, HSE and Department of Health guidance.

On the day of inspection, inspectors followed up on areas of non-compliance relating to fire precautions from the previous inspection. Inspectors also requested additional documentation was sent in following the inspection. Further improvements were required to ensure that residents were protected from the risk of fire and adequate operational precautions had been taken. This is discussed in detail under Regulation 29: Fire precautions.

## Regulation 11: Visits

There were arrangements in place for residents to receive their visitors in an entrance/ foyer of the designated centre. All visits were pre-arranged in advance. Visitors were asked to complete a COVID-19 questionnaire and had their temperature taken upon arrival. The staff was also committed to ensuring residents and their families remained in contact by means of video and telephone calls as appropriate.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Laundry practices were of a very high standard. All items were clearly labelled and ironed.

The person in charge confirmed that the centre was not operating as a pension agent for residents living in the centre.

Judgment: Compliant

### Regulation 13: End of life

Residents had the end-of-life care plans with information regarding their wishes and preferences. There was evidence that residents' families were involved on each resident's behalf with making the decisions documented by their GPs regarding their resuscitation procedures. Residents had access to community palliative care services, and measures were taken to ensure they did not experience pain or discomfort, including with anticipatory prescribing in place.

Judgment: Compliant

### Regulation 17: Premises

- The 'dirty' utility rooms were small-sized, poorly ventilated and did not facilitate effective infection prevention and control measures. For example, there was no sluice hopper in the 'dirty' utility rooms.
- There was a lack of storage space resulting in the inappropriate storage of equipment and supplies; for example, clinical equipment and supplies were stored in the hairdresser's room.
- Access to hand-wash sinks in a dirty utility room and the cleaner's room was obstructed by the equipment.

Judgment: Substantially compliant

### Regulation 26: Risk management

While the risk register was populated with several risks with responsibilities assigned for controls to be implemented, the risk associated with a PPE overuse by staff was not identified. Furthermore, the COVID-19 risk assessments had not been updated to take into account the latest HPSC, HSE and Department of Health guidance.

Judgment: Substantially compliant

### Regulation 27: Infection control

A number of issues that had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example:

- Some surfaces and finishes were poorly maintained and, as such, did not facilitate effective cleaning.
- An unclean commode basin was observed in a sink in one of the 'dirty' utility rooms.
- Two cleaning trolleys were visibly unclean.
- Linen trolleys were dual-purpose and transported both clean and contaminated linen.
- Spray bottles containing a chlorine solution were insufficiently labelled.
- Inspectors observed inappropriate use of PPE by several staff members on the day of inspection.
- New staff hand-wash sinks had been installed on each corridor; however, these should be risk assessed as they did not comply with current recommended specifications for clinical hand-wash sinks.

Judgment: Not compliant

### Regulation 28: Fire precautions

There are some areas of concern regarding the adequacy of fire safety precautions in the centre that required an immediate action plan:

- The centre's training records at the time of the inspection indicated that 10 staff members were out-of-date with refresher fire safety & and evacuation training. The person in charge provided inspectors with the booking date for the next training and drill. This is addressed under Regulation 16: Training and staff development.
- Inspectors observed that oxygen concentrators were stored inappropriately. Assurance was required in relation to the appropriate storage of oxygen concentrators with an appropriate risk assessment. Also, there was no cautionary signage in place to alert people of the risks associated with oxygen

- cylinders or concentrators.
- Personal emergency evacuation plans required improvements to ensure that accurate information is available in the fire safety folder with appropriate aids suitable to evacuate the resident safely.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of personal care plans found that the interventions needed to meet each resident's needs were not clearly described in person-centred terms to reflect their individual choices and preferences. Additionally, the level of assistance required to meet the need of the resident was not clearly outlined.

The majority of resident care plans provided detail setting out how to meet residents social and nursing care support needs. A small number of residents did not have a detailed activities care plan in place, which would direct staff on how to support residents with their social care needs and interests.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents continued to have good access to their doctor and other health care professionals throughout the COVID-19 pandemic. Access to dietitian, speech and language therapists (SALT) and tissue viability nursing (TVN) was achieved through telephone or online consultation. There were established links with a consultant geriatrician and psychiatry of old age. Notes and instructions from these healthcare services were evident in the care and support plans where required. Both residents and staff had a high uptake of COVID-19 vaccinations, and routine swab testing for COVID-19 was taking place on the day of inspection for all staff.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Some residents with dementia experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The centre had two in house psychiatric nurse's responsible for residents behavioural care plans.

Inspectors found that the behavioural support plans demonstrated effective strategies to provide the staff team with sufficient knowledge to manage the residents' behaviour. There was evidence of the use of Antecedent Behavior-Consequence (ABC) charts in an effort to identify potential environmental factors contributing to a particular behaviour. Residents also had good access to psychiatric review.

Judgment: Compliant

### Regulation 9: Residents' rights

There were facilities in place for recreational activities, with residents observed to be participating in small group activities whilst adhering to social distancing protocols. They were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers, local and national, and access to the internet.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Gowran Abbey Nursing Home OSV-0000232

Inspection ID: MON-0031597

Date of inspection: 20/05/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Refresher training was delayed due to Covid-19 Guidelines; however, all staff have since received Mandatory Training updates.</p> <p>All staff have attended enhanced Infection Control Training provided by HSE CHO5/ DPH, HIQA (on-line), and other external providers in addition to internal updates - this training will continue.</p> <p>Staff attend supervisory meetings on each shift during which they will continue to receive appropriate guidance and training, and they will be supported concerns in relation to Covid-19, nursing home policy, and also rationale for use of PPE</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All staff working in the centre have up to date garda vetting disclosures, and re-vetting of all staff takes place every two years.</p> <p>Recruitment Policies have been updated / enhanced to ensure that compliance with Regulation 21 is maintained.</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>Individual audit records are being reviewed to include additional policy related information e.g. KPI's, identified person responsible, measurements and timeframes, all of which adhere to SMART guidelines. Measurements applicable to 'all residents' in relation to falls prevention and wound care/prevention are included in the center's relevant policies. Individual resident's audits will continue to reflect required interventions and utilised for learning outcomes in relation to other residents if indicated.</p> <p>Additional guidance and supervision for staff will continue to be given as indicated.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The centre has a robust complaints policy and will continue to review this to ensure continued compliance with Regulation 34. As indicated by inspectors on the day of inspection, 'individual opinions expressed by residents' will also be recorded as complaints in addition to any received formal/informal concerns/complaints received.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Schedule 5 and other Policies are now duplicated and copies available for immediate access by all staff. Plans are in place to facilitate uploading electronic copies of Policies to our E-Nursing Programme for ease of access by all staff.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

Staff have been given additional guidance on equipment accessibility and safe storage.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Covid-19 Risk assessments have been updated and include identified potential risks associated with the use of PPE by staff and all other persons.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> <li>• Carpets were removed from all communal areas and replaced with suitable flooring in 2020 / 2021.</li> <li>• A rolling Cap-ex plan is currently being prepared in relation to a phased replacement of flooring and other furnishing as/if required.</li> <li>• Staff will continue to receive appropriate guidance and training and will continue to be supported with their concerns in relation to Covid-19 and the use/over-use of PPE.</li> <li>• A revised equipment cleaning schedule has been implemented in relation to cleaning equipment/trolleys.</li> <li>• There are no clinical hand-washing sinks in resident's rooms which have en-suite facilities for residents - i.e. personal shower, multi-use sinks, and toilet. Hand sanitising units are available in each room for staff.</li> <li>• Hand wash sinks were installed in February 2020 during the first Covid-19 lockdown - and local HSE IC advice indicated they were fit for purpose - should this cease to be the case, following receipt of further advice and clarification, the provider will arrange for them to be removed in a timely manner.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff received Fire Safety and Evacuation Training in February, August and September 2020. Refresher training due in February 2021 was delayed due to Covid-19 Guidelines;	

however, all affected staff have since received refresher training as scheduled. All mandatory training will continue to be booked as required.

The personal emergency evacuation plans of two identified residents have been updated and adequately reflect all required information. Additional signage recommended by the inspectorate team has been addressed.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

The CNM has commenced working with nursing and care staff to ensure care plans contain more integrated/ cohesive information in relation to social care activities and other care needs.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	19/06/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	24/06/2021
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	30/11/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief	Substantially Compliant	Yellow	23/05/2021

	Inspector.			
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	24/06/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	15/07/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	16/08/2021
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	Not Compliant	Yellow	24/06/2021

	implemented by staff.			
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 equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	24/06/2021
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	24/06/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	24/06/2021
Regulation 34(1)(d)	The registered provider shall	Substantially Compliant	Yellow	24/06/2021



	provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.			
Regulation 34(1)(e)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall assist a complainant to understand the complaints procedure.	Substantially Compliant	Yellow	24/06/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	24/06/2021
Regulation 34(1)(g)	The registered provider shall	Substantially Compliant	Yellow	24/06/2021

	provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.			
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	24/06/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	24/06/2021
Regulation 04(2)	The registered	Substantially	Yellow	22/05/2021

	provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Compliant		
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	30/09/2021