



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

Issued by the Chief Inspector

Name of designated centre:	Grange Con Nursing Home
Name of provider:	Grange Con Quarters Limited
Address of centre:	Carrigrohane, Cork
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0000233
Fieldwork ID:	MON-0035133

About the designated centre

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

Grange Con Nursing Home is a family run designated centre which is located in a rural setting situated a few kilometres from the urban area of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 24 residents. Residents' accommodation is on the ground floor and administration and managers' offices are located on the first floor. Bedroom accommodation comprises single, twin and multi-occupancy rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a dining room, conservatory and seating areas at the entrances. Residents have access to paved enclosed courtyards with garden furniture. Grange Con Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
--	----

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
Wednesday 2 February 2022	09:20hrs to 17:40hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents had a good quality of life in the centre. The inspector met with the majority of the 23 residents living in the centre on the day of inspection and spoke with six residents in more detail to gain insight into their lived experience. The inspectors met with three visitors during the inspection. Residents told inspectors that they were happy living in the centre and they were supported by kind and caring staff, who respected their opinions and choices. Relatives spoken with were complimentary about the care provided to their family member. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations and support decision making for renewal of registration. On arrival to the centre, the inspector was guided through the infection prevention and control procedures by the person in charge. An opening meeting was held with the person in charge who also accompanied the inspector on a walk around of the centre. During the walk around, the inspector observed that a number of residents were up and dressed and ready for the day's activities while some were being assisted by staff with their personal care. The inspector saw a resident enjoying a leisurely breakfast in the dining room. A number of residents were watching television or reading newspapers in one of the day rooms.

Grange Con Nursing Home is located in a scenic rural setting approximately six kilometres from Blarney and Ballincollig in Cork and is a family run nursing home. All residential accommodation is located on the ground floor with staff changing, staff dining facilities and management offices located on the first floor. The centre is registered for 24 residents and has nine single occupancy bedrooms, six twin room and one three bedded room. All the twin rooms and seven of the single bedrooms had ensuite toilet and shower facilities, while the remaining rooms had a hand wash basin. There were toilets and bathrooms in close proximity to the bedrooms without ensembles. The inspector saw that the majority of the bedrooms were spacious and six rooms had been recently painted, however some doors and furniture in residents' bedrooms were chipped and required repainting. Residents' bedrooms were personalised with family photographs, paintings and personal possessions. One resident's room was full of beautiful plants and flowers. The inspector saw that flooring was clean and well maintained in the communal rooms and corridors, however some flooring in a number of bathrooms while clean was stained and required attention.

The centre had two internal secure courtyard garden spaces that residents' living in the centre could access freely. These were seen to be well maintained and

decorated with bedding plants. The person in charge told the inspector they had plans to create an Easter tree in one of the courtyards.

The centre was warm, brightly decorated and generally clean throughout. Communal spaces in the centre comprised of two day rooms, a dining room and a sunroom. All these rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use. There were panoramic views of the surrounding countryside from the day rooms and sunroom. The corridors in the centre were decorated with pictures and paintings and had handrails to assist residents walking through the centre. The centre had features such as tables and lamps and an old fashioned sewing machine which made the centre feel homely. There were pictures of significant celebrations with residents on display. The inspector saw a number of residents chatting and discussing the news on the morning of the inspection in one of the day rooms.

Residents appeared to be well-cared for, neatly dressed and groomed according to their preferences. One resident told the inspector they were delighted the hairdresser had returned to the centre. The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. The inspector saw that many of the staff were local and were heard discussing local events and news from the community with the residents. Residents described person-centred and compassionate care and told the inspector that they were listened to and respected by the staff. The inspector saw that a number of residents were mobilising independently throughout the centre during the day. There was a varied and flexible activities schedule over seven day per week. A number of residents were seen to enjoy a music session with staff with old time music being played. During the afternoon of the inspection, a staff member had brought stones from a beach that residents were painting. The staff member told the inspector that residents had enjoyed the activity the week before and had their painted stones displayed in their rooms. A local priest said mass in the centre once a month, and residents were able to watch mass at other times as it was live streamed on the flat screen televisions in the day rooms. A musician attended the centre to provide residents with a live music session once a week. Resident's views were elicited via the residents committee and via surveys. There was evidence that appropriate actions were taken following suggestions made by residents. The inspector saw a number of thank you letters and cards from residents and their families on a display board thanking staff for the care received.

The inspector saw that lunch in the dining room was a sociable and enjoyable experience for residents. The inspector observed that if residents wished to eat their meals in their rooms, their choice was respected in the centre. There were two sittings for the lunch time meal and the evening meal in the centre. Staff were aware of residents' likes and dislikes and were seen providing assistance in a discreet manner. Residents and staff were seen to have lively chats during mealtimes. There was two choices available for the lunch time meal and desert and lunch offered to residents both appeared and smelled appetising. Residents told the inspectors they always got a choice of meals and were complimentary about the food.

Visitors were made welcome in the centre and the inspector saw a number of visitors meeting with residents in their bedrooms or in the sunroom throughout the day. Relatives were complimentary about the care and attention staff gave to their families members. One relative told the inspector that their family member's condition had improved since coming into the centre. Staff told the inspector how much the residents had missed their visitors during the recent COVID-19 pandemic restrictions and were glad that visiting had resumed.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The management systems in place in this centre contributed to the the delivery of good quality care to the residents. While the systems in place were good, they required strengthening in order to ensure that risks were promptly identified and addressed. This was particularly relevant in relation to systems in place for infection control. This is discussed further in the Quality and Safety section of the report. There were sufficient resources to provide care in line with the centre's statement of purpose and the centre had a history of generally good compliance with the regulations. The inspector saw that improvements required from the previous inspection in June 2021 had been addressed and completed.

Grange Con Nursing Home is operated by Grange Con Quarters Limited who is the registered provider. There are four company directors, one of whom is the person in charge and another company director works as the operations manager in the centre. There is a clearly defined overarching management structure in place. The person in charge is supported in her role by a full time assistant director of nursing and a team of nurses and health care assistants. The centre also has catering and housekeeping staff. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge was supportive of their individual roles and had a visible presence within the centre daily.

The person in charge demonstrated good knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life. The management team held formal management meetings each month and minutes reviewed by the inspector indicated that key issues relevant to the running of the centre were discussed and actioned. The inspector was informed that following engagement with an external consultancy and training company, a new format for clinical governance meetings was being trialled

in the centre for 2022. The person in charge held regular staff meetings in the centre to ensure effective communication with staff.

There were systems in place to monitor the quality and safety of the service. The person in charge collected and monitored key metrics such as falls, residents' weights, wounds, antimicrobial usage, medication management and restrictive practices. The management team had developed a schedule of audits for the centre that included monitoring of hand hygiene, care planning, falls prevention and medication management. Audits reviewed by the inspector saw that quality improvement plans were developed with a time frame for actioning same included. For example audits of falls conducted in the centre indicated that action plans were put in place to improve the safety of care provided to residents. While environmental infection control audits carried out at the centre indicated 100 % compliance, these levels of compliance were not supported by the inspection findings and required review. This will be discussed under regulation 23.

A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents and included a quality improvement plan for 2022.

The registered provider ensured that the number and skill mix of staff were appropriate to meet the assessed needs of the 23 residents living in the centre. There was one nurse on duty 24 hours a day with four care assistants for the morning shift and three care assistants rostered until 22.00hrs. However, the inspector found that management of workload required review to ensure that staff were available to meet the residents needs at all times. This is addressed under regulation 15.

Records viewed by the inspector confirmed that there was a high level of training provided in the centre. Training courses were face to face or online through an external training company. All staff had received up-to-date mandatory training specific to their roles. A review of a sample of staff files showed that the provider had a robust induction process in place for new staff. The inspector was given assurances that vetting disclosures were in place for staff.

The provider had updated the complaints policy following the last inspection to include an appeals procedure. There was good oversight of complaints management in the centre. The arrangements for the review of accidents and incidents within the centre were robust. Required notifications were submitted in line with statutory requirements.

The management team and staff in the centre had managed to keep the residents living in the centre free from COVID-19 infection by the time of the inspection which is commendable. Up to date guidelines were available to staff in the centre and the centre had an up to date contingency plan should an outbreak of COVID-19 occur.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation were submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse who had the required qualifications, management experience and experience of nursing older persons specified in the regulation. She demonstrated good knowledge regarding her regulatory responsibilities and was seen to be engaged in the effective governance and operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

Based on the size and layout of the centre, and having regard for the assessed needs of the residents, the inspector was assured that there was a sufficient level of staffing with an appropriate skill-mix working in the centre. However, a member of staff on night duty was allocated to laundry duties in the centre. This meant that there was one member of staff in the centre during this time. The provider provided assurance to the inspector that this would be reviewed to ensure there are two staff members in the centre at all times to meet the needs of residents and to respond should an emergency occur.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles by the person in charge and the assistant director of nursing.

Judgment: Compliant

Regulation 19: Directory of residents

Information required to be maintained in the directory of residents was available for the inspector to view in the centre. This directory contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector and all records viewed were well maintained. A sample of three staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that a current compliant certificate of insurance was in place at the centre.

Judgment: Compliant

Regulation 23: Governance and management

Management oversight of infection control required review to ensure that that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of four contracts and saw that they outlined the occupancy of the resident's room and any additional fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and floor plans were updated for the renewal of registration and contained all the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained a record of all incidents that occurred in the centre. Notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector. Incidents such as falls were regularly analysed and reviewed to identify any trends and minimise the risk of recurrence at the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaints procedure was displayed at reception included the nominated complaints officer and appeal's process. Residents who spoke with the inspector were aware how to raise a concern or make a complaint. It was evident to the inspector that the management team were responsive to complaints and concerns raised by residents and their relatives. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to-date.

Judgment: Compliant

Quality and safety

Residents were supported to live a good life in this centre and care provided was appropriate and person centered. Good oversight of care standards was evident and residents had good access to medical and health care services. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to infection control and fire safety. These will be addressed under the relevant regulations.

The inspector observed that residents received a comprehensive assessment of their health, personal and social care needs on admission to the centre. The inspector was assured that resident's medical and health care needs were being met. A local GP provided a comprehensive service to the centre and visited weekly and more frequently as required. Residents were provided with access to health and social care professionals in line with their needs. Residents had good access to health care services including physiotherapy, dietitian, speech and language therapy and opticians.

Staff were seen to be respectful and courteous with the residents. Staff who spoke with the inspector showed they had the necessary knowledge and competencies required to care for residents with a variety of needs and abilities. Staff knew the residents well and this was evident in their communication and respect shown to the residents.

Overall the inspector saw that the centre was clean. The person in charge had implemented cleaning schedules for environment and equipment and frequently touched surfaces. Findings from the previous inspection in regard to infection control had been addressed such as flooring in the sluice room had been replaced, and a storage rail for bedpans and urinals had been installed in the sluice room.

The inspector acknowledges that residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic. Management and staff in the centre had been successful in preventing an outbreak in the centre by the time of the inspection. The centre had a COVID-19 resource folder, and an updated COVID-19 contingency plan. Over 96% of staff and residents opted to be vaccinated against COVID-19. There was close monitoring of residents for signs and symptoms of COVID-19 in the centre and staff were required to check their temperatures twice daily in line with national guidance. The inspector saw that staff were wearing FFP2 face masks in line with national guidance. However, the inspector found that some improvements were required in relation to cleaning processes and other areas of

practice that may increase risk of cross infection in the centre. These are outlined under regulation 27.

There was a programme of renovations underway at the centre to further improve the premises, the inspector saw that six bedrooms had been recently painted and flooring had been replaced in the sluice room and chemical store room. While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example storage space was limited and facilities for and access to dedicated clinical hand hygiene sinks in the centre were not sufficient. These are discussed under regulation 17.

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Staff who spoke with the inspector were aware of the fire compartments in the centre and these were clearly displayed on fire plans through out the centre. Staff were knowledgeable about what to do should a fire occur. Residents had Personal Emergency Evacuation Plans (PEEP's) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting.

The provider had undertaken fire safety drills and evacuations of compartments with simulated night time staffing levels regularly at the centre. However evacuation of the largest compartment in the centre had not been simulated, this was undertaken the day following the inspection. The provider submitted the records of this fire drill after the inspection, which provided assurances regarding timely compartment evacuations. Other areas for improvement in relation to fire safety are discussed under regulation 28.

Residents had the opportunity to meet at regular resident's meetings and discuss their concerns. A varied schedule of activities were provided in the centre every day and residents could choose to participate in these activities if they so wished.

Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines, and there were robust procedures in place on entering the centre. Many visitors were seen coming and going on the day, with visits taking place both indoors in residents rooms, and in the sun room which was designated as a visiting area in the centre. There was sufficient space and time allowed for residents receive their visitors in private. Visitors confirmed that they were communicated with by management, in relation to any changes to the visiting procedures.

Judgment: Compliant

Regulation 13: End of life
From review of a sample of care plans it was evident that staff had actively engaged with residents to elicit their end-of-life care wishes.
Judgment: Compliant
Regulation 17: Premises
The inspector observed that there were a few issues with the premises that required action; <ul style="list-style-type: none"> • Some of the paintwork on doors and furniture in residents' rooms was chipped and required attention. • Flooring in a number of the en suites while clean was stained and required replacement or repair. • Storage in the centre required review as a vacuum cleaner was seen to be stored in the linen press and the cleaning trolley was stored in the laundry.
Judgment: Substantially compliant
Regulation 20: Information for residents
The inspector reviewed the residents' guide and found it included all the required information and was available for residents.
Judgment: Compliant
Regulation 26: Risk management
The registered provider had a risk management policy that met the requirements of the regulation. A COVID-19 contingency plan was in place to prevent and manage an out break should it occur. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre.
Judgment: Compliant

Regulation 27: Infection control

The inspector found a number of issues which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example:

- The availability of PPE (personal protective equipment) and alcohol hand rub required review to ensure that staff had access to these at the point of care. The person in charge told the inspector that more dancicentres had been ordered to address this.
- The inspector observed that mop heads were not changed between rooms and therefore increased the risk of cross infection
- chemicals used in the centre for cleaning required review to ensure that a neutral detergent was used for environmental cleaning in line with national guidance.
- Resident toiletries were stored on the sink in a shared room resulting in a risk of cross contamination
- Nebuliser masks were seen uncovered in shared residents' bedrooms which could lead to cross contamination
- Alcohol gel was located at hand wash sinks, which had the potential risk that this may be inappropriately used instead of liquid soap for hand washing.
- Clinical hand wash sinks in the centre did not comply with current recommended specifications
- While the laundry had a segregated clean and dirty areas, the cleaning trolley for the centre was stored in the clean area.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were required in relation to the following;

- Daily checks of fire exits and escape routes were not consistently completed and recorded to provide assurance that these routes are unobstructed
- The inspector saw that two sets of fire doors in the centre did not close completely once magnetic door holders were released, these were adjusted and corrected during the inspection.
- The inspector saw that there was no signage in place to indicate where an oxygen concentrator was in use to alert staff in the event of fire. This was immediately addressed by the person in charge during the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident's needs were assessed using a wide variety of validated assessment tool's which were kept under review. Residents care plans were updated regularly as required by legislation and thereafter to reflect residents' changing needs. The inspector saw that from each resident' care plan reviewed, residents were comprehensively assessed within 48 hours of admission with relevant care plans to support resident's needs. A sample of care plans showed that residents were risk assessed for clinical risk such as malnutrition, falls, and pressure ulcer formation.

Judgment: Compliant

Regulation 6: Health care

From a review of a sample of residents' records, it was evident to the inspector that residents were provided with a good standard of health care. The general practitioner routinely attended the centre and was available to residents Monday to Friday and regular medical reviews were evidenced in care plans. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatrist as appropriate. The provider employed a physiotherapist, who attended the centre once a week to provide assessment and treatment for residents who required it.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans. Management and staff promoted the principles of a restraint free environment and the person in charge said that they try not to use any restraint measures except when alternatives and other interventions had failed. There were minimal levels of restraint seen and the number of residents using bed rails in the centre had reduced. One resident had bed rails at night.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place. All staff were up to date with safe guarding training. The reporting system in place was clear, and ensured any disclosures or suspicions were escalated and investigated. The inspector saw that staff were respectful and kind when providing assistance and when interacting with residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. Residents living in the centre had access to independent advocacy. A member of the care staff team was assigned to facilitate activities in the centre such as arts and crafts, bingo and music and gentle exercise sessions. A musician attended the centre once a week to provide live music for residents. Residents had access to religious services and clergy of their own faith. Mass was held in the centre by a local priest once a month and residents could watch religious ceremonies on the smart TVs in the centre if they wished. On the day of inspection, a number of residents were participating in an arts session in the afternoon and an old time music session. Residents had access to TV, newspapers and the internet if they wished.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grange Con Nursing Home OSV-0000233

Inspection ID: MON-0035133

Date of inspection: 02/02/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In line with regulation 15(1) the staff have been organized to carry out the laundry duties before 22.30 to ensure there are always no less than two staff members in the centre to meet the needs of residents and to respond should an emergency occur.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: In line with regulation 23 and current infection control guidelines, management have researched and are currently reviewing the practices of infection control within the centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The maintenance schedule is behind due to Covid restrictions however progress has been made with painting and redecorating since recommencing last year. Certain works have been prioritized and hope to be up to date in the coming months. Flooring in some areas is scheduled to be replaced.</p>	

A new location for a storage area of the cleaning trolley and vacuum cleaner is being designated.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

There have been more danicentres located within the centre.

Alcohol hand rub bottles have been removed from the hand wash sink area and will be replaced in every bedroom to wall mounted dispensers.

The cleaning chemicals and mop head system is currently being updated in line with national guidance.

Storage units to replace open shelving in shared bathrooms is being put in place.

Policy is updated regarding the storage of unused nebulizer masks.

Clinical hand wash sinks will be considered when carrying out any future renovation or works to comply with current recommended specifications.

A new designated area for the cleaning trolley separate to the laundry is planned.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Daily checks of fire exit, and escape routes continue to be completed and audited to maintain a consistent record as set out in regulation 28(1)(c)(ii).

Fire doors continue to be checked weekly and adjusted accordingly as per records in line with current regulation 28(1)(a).

Where oxygen is in use staff are advised to immediately put signage in place as per the current policy.



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	15/02/2022
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.	Substantially Compliant	Yellow	31/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/07/2022

	provided is safe, appropriate, consistent and 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.	Not Compliant	Orange	31/07/2022
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	15/02/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/02/2022