



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

## Issued by the Chief Inspector

Name of designated centre:	Skibbereen Residential Care Centre
Name of provider:	Skibbereen Residential Care Limited
Address of centre:	Baltimore Road, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	22 February 2022
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0036146

## About the designated centre

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

Skibbereen Residential Care Centre provides long-term residential care and respite for residents over the age of 18. The needs of residents range from low-dependency convalescence to full-time nursing care in relation to illness and age-related conditions, such as dementia. The premises are a single-storey building completed in 2004 and located on the outskirts of Skibbereen town in county Cork. The centre is purpose built and contemporary in design with accommodation and facilities in keeping with those set out in the statement of purpose. The centre is registered to provide accommodation for up to 50 residents, comprising 34 single and 8 twin-bedded rooms - all equipped with en-suite facilities, personal storage and furniture as required. Facilities include communal indoor recreation areas for residents as well as direct access to a secure, paved outside area with seating and raised planters. The centre also provides an oratory and private visiting space. Residents are provided with relevant information about the provision of service at the centre, and regular meetings and satisfaction surveys take place for feedback. Information on how to raise any concerns is on display for ease of reference along with contact details for independent advocacy arrangements.

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

Number of residents on the date of inspection:	49
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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
Tuesday 22 February 2022	09:10hrs to 18:00hrs	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, in general, residents had a good quality of life in the centre. The inspectors met with the majority of the 49 residents living in the centre on the day of inspection and spoke with seven residents to gain insight into their lived experience. The inspector met with three visitors during the inspection. Residents told inspector that they were happy living in the centre and they were supported by kind and caring staff, who respected their opinions and choices. The inspector observed that some improvements were required to ensure residents' safety 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 to inform decision making for the renewal of registration of the designated centre. On arrival to the centre, the inspector saw that there was clear signage to guide staff and visitors on the infection prevention and control procedures prior to entering. The inspector was guided through the infection prevention and control procedures by a member of staff. The person in charge was on unexpected leave on the day of inspection and a clinical nurse manager was in charge of the centre along with the operations manager. One of the company directors was present in the centre on the day of inspection and the assistant director of nursing also attended the centre during the inspection to support the clinical nurse manager while the person in charge was absent. The inspector was accompanied by a member of staff on a walk around the centre. The inspector was informed that an outbreak of COVID-19 was suspected as a small number of residents had symptoms and were undergoing testing to confirm this. During the walk around the centre, the inspector saw that a number of residents were being assisted with personal care while others were up and dressed and ready for the days activities. Residents with suspected COVID-19 were in isolation with transmission based precautions.

Skibbereen Residential Care Centre is a modern purpose built centre located on the outskirts of Skibbereen town. The centre has a bright welcoming reception area that was decorated with orchid plants, a large mirror, comfortable seating and a fish tank. During the day the inspector saw a number of residents resting in the reception area and chatting with staff as they passed. The activities schedule for the day was also displayed on a large white board in reception.

The centre had an internal secure garden area that was furnished with well-maintained seating and tables and raised bedding plants. This garden area was easily accessible to residents living in the centre but due to the weather conditions was not being used by residents on the day of inspection.

The centre is registered to accommodate 50 residents; in 34 single rooms and eight twin rooms all with en suite shower and toilet facilities. The registered provider had applied to add an extra single en suite room to the number of beds registered in the centre as part on the renewal of registration. This room was formerly a hair dressing

room and was converted to a single en suite bedroom in 2021 to provide an isolation room should residents in one of the twin rooms require isolation. The inspector saw that this room was finished to a high specification with en suite shower and toilet facilities, call bell, television and plenty storage for residents belongings.

There was plenty communal spaces for residents' use with a large dining room, television room, large lounge room and library. These rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use. The centre had adapted one of the sinks in the assisted bathroom so that it could be used by the hairdresser on her weekly visits.

During the inspection the inspector saw that many of the residents' bedrooms were homely and personalised with family pictures, books, personal belongings and in some residents, rooms, paintings created during art sessions in the centre. However the inspector observed that a number of walls and woodwork in residents' bedrooms required repainting and renovation. The inspector also saw that curtains in some of the twin rooms required replacement and adjustment to ensure residents privacy could be maintained at all times.

The centre had two sittings for the lunch time meal and the inspector saw that it was a sociable experience for residents. A number of residents also chose to eat in their rooms if that was their preference. The inspector saw that staff provided assistance with eating and drinking to residents in a discreet and unhurried manner. Residents were very complimentary about the food and choices available in the centre. The lunch time meal looked appetising, including the texture modified lunches. There were plenty of drinks and refreshments provided to residents during the day.

Residents appeared to be well-cared for, neatly dressed and groomed according to their preferences. Inspectors observed staff interact with residents in a kind and respectful manner and it was evident that the staff knew the residents well. The inspector saw staff guide residents gently to their rooms or communal spaces during the day.

Visiting was in place in the centre in line with national guidance. Visitors were known to staff who welcomed them and actively engaged with them. Visitors were seen to come and go during the day. The inspector saw visitors signed in to the centre and underwent screening procedures for COVID-19. Visitors and residents told the inspector that they were happy with the arrangements in place for visits.

There was a varied activities schedule available every day that included baking, art sessions, bingo, poetry and short stories sessions, group exercises and live music sessions. On the morning of the inspection, the inspector saw a lively bingo session underway and in the afternoon an external musician entertained the residents in the lounge with a broad range of songs. The inspector saw that residents really enjoyed these sessions. The centre was also visited by the county library service every two weeks and a resident told the inspector how this was a life saver during the pandemic where the latest books were available to residents who liked to read. A

number of residents told the inspector that they also enjoyed the arts and crafts sessions in the centre and had learned new skills in creating artwork since admission. Residents' art works were displayed in a number of rooms. Mass was held on site in the centre once a month and residents told the inspector that the rosary group prayers were important to them. Residents were seen reading local and national newspapers and residents who chose to use laptops and electronic devices had access to the internet.

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

## Capacity and capability

It was evident to the inspector that the registered provider, management and staff provided a good standard of care and quality of life to residents living in the centre. However, the inspector found that improvement to management systems was required to improve the safety of residents and staff. In particular, the systems in place with regard to oversight of infection control.

Skibbereen Residential Care Limited is the registered provider for Skibbereen Residential Care Centre and is registered to accommodate 50 residents. There are two company directors both of whom are involved in the management of the centre as well as one other designated centre. There were clear lines of accountability with each member of the team having their role and responsibilities defined. The centre had an operations manager and an administrator who were involved in the management of the centre. The person in charge was supported in her role by an assistant director of nursing, a clinical nurse manager and a team of nurses, health care assistants, catering staff, activities staff and housekeeping staff.

The person in charge was recently appointed to the centre and met the requirements of the regulations in relation to management experience and qualifications. The assistant director of nursing was available to deputise for the person in charge when required and was undertaking a management qualification at the time of the inspection. The management team held regular meetings and a review of minutes of these meetings indicated that key clinical and operational issues were discussed and actioned.

The provider had comprehensive 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, infections, medication management, and restrictive practices. The management team had developed a schedule of audits for the centre that included monitoring of environmental and equipment hygiene, falls, compliance with care plans, medication management, compliance with nutritional screening and

call bell response times. In general while there was good compliance with audits, implementation of action plans arising from findings from some audits such as environmental and equipment hygiene required improvements as outlined under regulation 23. As part of the centre's quality improvement plan for 2022, a new compliance monitoring system was in the process of being implemented with the aim of streamlining the governance systems in the centre.

Staff were seen to be knowledgeable about residents' needs. There was a comprehensive programme of both online and face to face training available for staff at the centre that included manual handling, managing responsive behaviour, safeguarding vulnerable adults, infection control, and fire safety. All housekeeping staff working in the centre were provided with specific training on cleaning and decontamination by an external provider. As found on the previous inspection, improvements were required in relation to recruitment practices, this is discussed under regulation 21.

There were sufficient staff available to meet the needs of residents. There was a minimum of two nurses on duty over 24 hours and night time staffing levels were sufficient to facilitate two separate care teams to operate to allow for cohorted care.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the electronic incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre. Minutes of these meetings reviewed by the inspector indicated that action was taken where residents raised issues. For example, changes to the way in which meals were distributed were put in place in response to concerns regarding cold meals.

An annual review of the quality and safety of care provided to residents for 2021 was in development at the time of the inspection.

#### 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 15: Staffing

Based on the assessed needs of the 49 residents living in the centre and the size and layout of the centre, the inspector was assured that there was a sufficient level of nursing, health care assistants, activity staff available in the centre on the day of inspection. There were two nurses on duty in the centre 24 hours a day. The centre had two housekeeping staff rostered to cleaning duties from 9-5pm every day.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was a comprehensive schedule of both face to face and online training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed training in infection prevention and control and specific training regarding correct use of personal protective equipment (PPE) and hand hygiene. The inspector reviewed training records and the training matrix and saw that staff working in the centre were up to date with their training in fire safety, safeguarding of vulnerable adults and responsive behaviour in line with the centre's own policy. Staff were appropriately supervised and supported to perform their respective roles by the person in charge, assistant director of nursing and clinical nurse manager.

Judgment: Compliant

## Regulation 21: Records

A review of a sample of staff files found that there were not two written references for all employees and not always a reference from last employer. One staff member's vetting disclosure was dated four days after employment commenced.

Judgment: Substantially compliant

## Regulation 22: Insurance

The registered provider had in place a contract of insurance that met the requirement of the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

Management oversight of infection control practices and records management required improvement to ensure the service provided is safe, appropriate, consistent and effectively monitored. For example repeat findings were found on audits of environmental and equipment hygiene undertaken in the centre with little evidence of improvement between audits.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. The statement of purpose was updated on the day of inspection to reflect the room numbers in use in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and included the outcome and any areas for improvement identified.

Judgment: Compliant

## Quality and safety

In general, the inspector found the care and support provided to the residents of this centre to be of a good standard. Residents generally enjoyed a good quality of life in which their rights were upheld. However, improvements were required in relation to infection control, premises and fire safety which are discussed under the relevant regulations.

From a review of a sample of care plans, it was evident that residents had a comprehensive assessment of their health, personal and social care needs undertaken on admission using validated tools and care plans were developed based on these assessments. The inspector saw that care plans were person centred and detailed to provide good guidance on the care needs of residents.

Residents had good access to medical care and records indicated that residents were reviewed regularly. A local general practitioner (GP) attended the centre one day a week or more frequently as required. Residents also had good access to health and social care professionals such as dietetics, physiotherapy, occupational therapy and speech and language therapy. A consultant with expertise in psychiatry of old age attended the centre as required to review residents. Where medical or specialist practitioners had recommended specific interventions, nursing and care staff implemented these.

Where residents were predisposed to significant episodes of responsive behaviours, they were responded to in an appropriate manner by staff, and care plans were comprehensive and person centred. Restraint was being effectively monitored by the management team and low levels of bed rail usage was evident.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

Visiting was facilitated in the centre in line with national guidance during the COVID-19 pandemic and residents and visitors told the inspector that they were happy with

the arrangements in place.

The inspector reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting. Daily and weekly fire safety checks were maintained. Annual fire training was completed by staff and staff who spoke with the inspector were knowledgeable as to actions to take in the event of a fire. A member of staff who had completed fire warden training was the nominated lead for ensuring that fire drills were undertaken in the centre. Personal emergency evacuation plans were in place for residents. The provider had ensured that a fire safety risk assessment of the centre was undertaken and was in the process of implementing the actions required following this assessment at the time of inspection. However, some improvements were required in relation to fire safety which are outlined under regulation 28.

The centre was observed to be generally clean on the day of the inspection. Residents were monitored for any signs and symptoms of COVID-19 and staff temperature checks were monitored twice a day. The centre had a nominated infection control champion where a staff member noted to have good compliance with infection control practices acted as a role model encouraging staff to comply with good infection control practices. The assistant director of nursing was the nominated infection control lead for the centre. Staff were observed to be wearing FFP2 masks in line with national guidance on the day of inspection. Residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic. On the day of the inspection, the centre was at the start of a COVID-19 outbreak. Management and staff were in the process of implementing their comprehensive COVID-19 contingency plan. The management team were in liaison with public health and the HSE in regard to the management of the outbreak and transmission based precautions were in place for suspected residents. However, the inspector found that some improvements were required in infection control practices, which are outlined under regulation 27.

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. Residents were complimentary about staff and their care. Staff knew the residents well and this was evident in their communication and respect shown to the residents.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Improvements in relation to medication management identified during the previous inspection had been addressed in the centre.

## Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting

arrangements were taking place in line with the current public guidance. The inspector observed visitors arriving to the centre during the day. Residents and visitors told the inspector that they were happy with the arrangements in place.

Judgment: Compliant

### Regulation 17: Premises

There was a number of areas for improvement identified in relation to the premises. For example;

- Walls and doors in some of the residents' bedrooms were chipped and marked and required renovation  
Privacy curtains in the twin rooms required review so that they could go fully around each residents bed to ensure privacy and dignity of residents.
- Storage required review as the inspector saw a large number of wheelchairs and specialist chairs stored in one of the communal rooms. Hoists were stored in the assisted bathroom.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met and regular nutritional assessments were in place in accordance with the residents care plan. The lunch time meal was observed to be an enjoyable experience. Meals were served in two sittings in the spacious dining room in an unhurried and enjoyable social manner. Residents were all very complimentary about the food and choices available, including modified diets. Assistance was offered in a discreet and dignified manner where required.

Judgment: Compliant

### Regulation 20: Information for residents

The centre had a resident's guide available for residents. It contained information as required in the regulation such as the complaints procedure, visiting arrangements and a summary of the service and facilities available for residents.

Judgment: Compliant

### Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. There was a process in place for investigation of serious incidents.

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:

Hand washing facilities in the centre required review; for example:

- there was no hand wash sink in one of the dirty utility rooms,
- the clinical hand wash sink in the treatment room did not comply with current recommended specifications.
- the hand gel dispenser in one of the dirty utility rooms was empty on the day of inspection.

Some equipment in place for residents' use was worn and torn and therefore could not be effectively cleaned for example; bed bumpers in use in a number of bed rooms and a number of specialist chairs in use required repair.

- One of the surfaces on the medication trolley was chipped and could not be effectively cleaned
- Two commodes were observed to be unclean.
- Nebuliser masks were seen uncovered in shared residents' bedrooms which could lead to cross contamination.

One of the centre's bedpan washers was out of order and it was not clear to the inspector for how long. This had the potential to impact on effective cleaning of equipment in the centre. The inspector was informed that this was fixed the day after the inspection.

Oversight of cleaning processes required improvement; the inspector observed that cleaning equipment was not clean and staff were using 70% alcohol wipes inappropriately throughout the centre for cleaning equipment and surfaces. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore, alcohol wipes can damage equipment with prolonged use.

Judgment: Not compliant

### Regulation 28: Fire precautions

The following improvements were required to bring the designated centre into compliance with Regulation 28 and to ensure that all fire safety risks were identified and managed so that residents were adequately protected in the event of a fire emergency;

- the actions required from the fire safety risk assessment completed in February 2022 need to be implemented
- on the day of inspection, the inspector noted a fault alert on the fire alarm system, this was addressed during the inspection by the provider. A prompt response to any faults alerted through the fire alarm system is required

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The centre maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. The findings from the previous inspection had been actioned: controlled drugs were stored appropriately, fridge temperatures were being recorded and medication records were signed by the GP.

Judgment: 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. There was evidence that the care plans had been discussed with residents or relatives if appropriate. The inspectors saw that from a sample of care plans reviewed, residents were comprehensively assessed within 48 hours of admission with relevant care plans developed to support residents' needs. A sample of care plans showed that residents were risk assessed for clinical risk such as malnutrition, falls, continence and pressure ulcer formation.

Judgment: Compliant

### Regulation 6: Health care

There was a good standard of evidence based health care provided in the centre. A local general practitioner routinely attended the centre to assess and treat residents as required. There was evidence of ongoing referral and review by health and social care professionals such as dietitian, speech and language therapist and podiatry. A physiotherapist was on site one day a week to provide assessment and treatment to residents who required it.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with management 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. Staff promoted the principles of a restraint free environment and the assistant director of nursing said that they try not to use any restraint measures except when alternatives and other interventions had failed. Restraint was being effectively monitored by the management team and there were low levels of restraint seen. Five residents were using bedrails at the centre on the day of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. The centre employed two staff who facilitated activities such as bingo, baking, arts and crafts and group exercise sessions for residents living in the centre. Residents told the inspector that they loved the activities such as the art and crafts and especially the music sessions that were held in the centre where external musicians attended the centre each week. The inspector saw residents participating and enjoying a lively bingo session and a live music show on the day of inspection. Residents had access to media such as radio, television and newspapers. Residents had access to religious services and clergy of their own faith. Mass was held in the centre once a month facilitated by a local priest.



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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially 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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Skibbereen Residential Care Centre OSV-0000280

Inspection ID: MON-0036146

Date of inspection: 22/02/2022

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: References are sought for each employee before commencement of employment. Unfortunately the employee file in question was missing one despite numerous reminder letters to the previous employer on file. We will endeavor to obtain two references for all employees including one from the most recent employer.</p> <p>Garda Vetting is undertaken before commencement of employment. This employee had relocated to the area and began induction training on the day Garda vetting was applied for. Going forward we will ensure vetting is in place before commencement of induction training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Repeat findings were found recently on audits as there was some staining of equipment parts that cannot be removed. Once this was identified new equipment was ordered immediately and has since arrived to replace the stained items.</p> <p>Quality audits are completed on a monthly basis and findings are actioned as soon as possible.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Repainting of identified areas has commenced.</p> <p>We have sourced a supplier and work on replacing the dividing curtains will begin soon.</p> <p>A specific area has been identified for wheelchair storage and hoists are no longer stored in the assisted bathroom</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: All items highlighted during the inspection process have since been rectified.</p> <p>The sink in the clinical room has been adjusted to comply with current recommended specifications.</p> <p>The issue with the medication trolley has since been rectified</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire panel is now checked on a daily basis for faults.</p> <p>Work is underway to action the findings of the fire risk assessment</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 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	05/06/2022
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 Inspector.	Substantially Compliant	Yellow	01/04/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	01/04/2022

	effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	18/04/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/04/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/07/2022