



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

Issued by the Chief Inspector

Name of designated centre:	Carrigoran House
Name of provider:	Carrigoran House
Address of centre:	Carrigoran, Newmarket-on-Fergus, Clare
Type of inspection:	Unannounced
Date of inspection:	09 February 2022
Centre ID:	OSV-0000445
Fieldwork ID:	MON-0034409

About the designated centre

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

Carrigoran House is a two storey purpose built facility located in Newmarket-on-Fergus, Co Clare. Established in 1974 the centre is owned and managed by The Sisters of Charity of the Incarnate Word. The ground and gardens surrounding the home provide opportunity for residents to relax and walk in a safe and secure environment. As per the Statement of Purpose the centre aims to provide a safe, secure and caring environment for persons requiring residential care in the catchment area. The centre is registered to accommodate 109 residents in single and double bedrooms. The centre is divided into four units. St Joseph's and St Oliver's unit are located on the first floor and St Theresa's and St Mary's are located on the ground floor. Each unit is staffed separately and has a nursing station, kitchenette, sitting room and dining space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	104
--	-----

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 9 February 2022	09:00hrs to 18:00hrs	Sean Ryan	Lead
Wednesday 9 February 2022	09:00hrs to 18:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Overall, residents felt that this was a nice place to live and the inspectors found that the residents received a good standard of care and support that met their assessed needs. Residents' medical and healthcare needs were being met. Inspectors observed a relaxed and welcoming atmosphere. Residents appeared well groomed and were supported to maintain their own individual style and appearance. Residents spoke highly of individual staff members and were very appreciative of the care received. Inspectors observed group activities and found that they were interactive and engaging. However, inspectors also observed that the social care needs of residents who did not attend group activities were very limited and required review to ensure that the social care needs of all residents can be met.

This was an unannounced inspection. On arrival, the inspectors were guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness, hand hygiene, face covering and temperature checks. Residents and relatives who spoke with the inspectors said that they found these measures to be reassuring and necessary to ensure the safety of all persons in the designated centre. Residents said they had been kept up-to-date regarding the visiting restrictions and the COVID-19 pandemic. On the day of inspection, residents had completed the vaccination programme and the centre was nearing the end of an outbreak of COVID-19. The inspectors observed residents and visitors coming and going and both expressed their delight that normal visiting had resumed in the centre.

Following an opening meeting, the inspectors walked through each of the centre four units with the person in charge. The centre was bright and spacious and corridors had been recently painted. However, inspectors observed that there were numerous areas in the centre that were not clean. The person in charge introduced the inspectors to some residents and explained why inspectors were present in the centre. From the inspectors' observations and conversations with residents, visitors and staff, it was evident that the person in charge was well known by all and identified as the person responsible for the centre and the management of any issues that arose.

There was a relaxed and calm atmosphere in each of the four units. The inspectors spent time on St. Olivers, St. Josephs and St. Mary's unit. Staff were observed to be very busy assisting residents with their morning care needs. Inspectors overheard polite conversation between residents and staff as they discussed the weather, news and plans for the day. Staff were observed attempting to pace their work to facilitate time to engage with residents socially when providing assistance with care but once residents were assisted to dayrooms there was limited supervision or activities taking place in the morning. Inspectors were told that the communal day rooms were not consistently supervised in the morning and inspectors observed that

there was no call bell access in the day rooms for residents to call for assistance if needed.

The inspectors spent time in St. Teresa' unit, the dementia care unit. The communal room in this unit was supervised at all times. The atmosphere was observed to be very relaxed. Some residents were contently walking through the brightly decorated corridors while other were observed engaging in polite person-centred conversations with staff. While none of the residents met with were able to tell the inspector their views on the quality and safety of the service, the inspectors observed that the residents appeared content and relaxed in their environment. The provider had installed an interactive sensory projector for residents to use in the dayroom. The inspectors observed residents playing games on this piece of technology throughout the inspection and residents were observed laughing and enjoying each other's company during these activities.

The inspectors spoke with a number of residents who expressed their satisfaction with the quality of care they received. Residents told the inspectors that they were happy with the length of time it took to have their call bell answered when seeking assistance and that staff were kind, polite and respectful. Visitors whom the inspectors spoke with were equally complimentary of the quality of care and staff and were confident that any issues or concerns they may have would be promptly addressed and resolved by the management team.

Residents were encouraged to personalise their bedrooms with personal items of significance such as ornaments and photographs. There was adequate storage for clothing and each resident had access to a lockable storage cabinet. Residents' laundry was managed on-site. The laundry facilities were managed appropriately to ensure residents clothing was managed with care and minimised the risk of clothing becoming misplaced. Residents were satisfied with the laundry service.

A detailed activity schedule was on display on each unit and in resident's bedrooms. Resident could attend a variety of group activities in the centres activities room or sensory room. Residents told the inspectors that they were kept informed about changes that occurred in the centre through residents forum meetings and monthly newsletters. There was a resident notice board that displayed the activities schedule, complaints procedure, advocate details, infection prevention and control updates and the annual review of the quality and safety of the service for 2020. The notice board also contained information on falls prevention initiatives in the centre such as portable falls detection devices which promoted residents independence and sense of security when mobilising.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations and to follow up on the actions taken to address non-compliance found on the previous inspection in March 2020. Overall, the inspectors found that this was a

well-managed centre where residents were supported and facilitated to have a good quality of life.

The inspectors found that the majority of the required improvements with regard to the premises, and its impact on resident's privacy and dignity, had been completed by the registered provider with the installation of new showering facilities on each of the four units. However, inspectors found that the management systems in place required strengthening to ensure the service provided was safe, appropriate, consistent and effectively monitored. For example:

- The systems in place to monitor, evaluate and improve the quality of the service required improvement with regard to infection prevention and control and the cleaning and maintenance of the premises.
- The monitoring and oversight of staffing resources allocated to cleaning and the supervision of residents required review.

Carrigoran House is the registered provider of the centre. The senior management was based full time in the centre and supported the person in charge. The management structure was clear with the management team consisting of a person in charge, an assistant director of nursing and clinical nurse managers. The management team had a positive attitude and were committed to ensuring residents received a good quality of care in a safe environment. A team of activity, catering, domestic, administrative and maintenance personnel provide further support to the centre.

On the day of inspection, there were 104 residents accommodated in the centre across four distinct units. The team providing direct care to residents consisted of a registered nurse on each unit supported by a team of healthcare assistants. While inspectors were assured that residents received a good standard of care from a team of dedicated staff with the appropriate skill mix, inspectors were not assured that the staffing numbers were sufficient to meet the supervision needs of residents on three units when taking into account the occupancy of each unit and residents dependency needs. The management team informed inspectors that a review of the staffing needs on each unit had been completed and that the need for additional staffing had been identified. Additionally, the allocation of staff to housekeeping was not adequate considering the size and layout of the centre.

An effective training and induction programme was in place to support staff in their delivery of safe care to residents. All staff had completed an induction period and staff were supported to attend education and training relevant to their role. Some gaps were identified in the training records for cardio-pulmonary resuscitation, fire safety and dementia awareness training and the person in charge had scheduled training for staff for some of the outstanding training courses. Staff were knowledgeable with regard to the centres' fire safety procedures, infection prevention and control measures, that included the centres COVID-19 outbreak management plan, safeguarding of vulnerable people and safe manual handling practices.

Staff were supervised in their roles by the person in charge, assistant director of nursing and clinical nurse managers. The inspectors reviewed staff files that contained probation reviews and annual appraisals where good practice were identified and supports were put in place to assist staff in areas for improvement. In all staff personnel files reviewed, the information required by Schedule 2 of the regulations were in place.

Policies and procedures were available which provided staff with guidance in the safe and effective delivery of care to the residents. The Inspectors reviewed the policies required by the regulations and found that all policies were in place and available and accessible to staff on each unit.

The Chief Inspector was notified of an outbreak of COVID-19 in the centre in December 2021. On the day of inspection, 13 residents had recovered from COVID-19 and visiting has resumed in the centre. Public Health had assisted in the management of the outbreak through providing guidance and support and the management team had acted to implement the centres outbreak management plan. The centres' outbreak management plan defined the arrangements that were instigated during the outbreak and the management team reported that the plan had worked well in practice.

Information arising from complaints, residents' feedback and surveys and incidents were used to inform quality improvement initiatives. Systems were in place to ensure the safety and wellbeing of residents and a risk register was maintained to identify risks to residents and the controls in place to mitigate risk of injury or harm. Incidents involving residents were recorded and analysed and learning was shared with staff to prevent recurrence. Some improvement was required to ensure that notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame. Audits were completed with regard to falls, hand hygiene and the quality of resident and staff interactions examining the quality of communication in the centre. However, inspectors found that deficits identified through the auditing system did not always have a corresponding time-bound action plan to address the deficit identified. Additionally, the audit system did not include audits of infection prevention and control practices or environmental hygiene and as a result management had not identified that the building was not clean.

There were good systems of communication and minutes of quality management meetings were made available to the inspectors. Meetings were held on a monthly basis where quality of care performance indicators were analysed and discussed in addition to risks such as COVID-19 and fire safety. There was evidence that action plans were developed following these meetings and actions plans were kept under review by the management team. There was an annual review of the quality and safety of care delivered to residents completed for 2020. The annual review for 2021 was at an advanced stage but was not yet completed.

The person in charge was responsive to the receipt and resolution of complaints and maintained a complaint register. The complaints procedure was prominently displayed at the entrance to the building and on each of the four units and identified

the process for making a complaint and the key personnel involved in complaints management. Residents and staff, who spoke with the inspectors knew how to make a complaint. Records of complaints reviewed indicated that complaints were managed appropriately with some improvement required to ensure the complaints management system was implemented at all times.

Regulation 15: Staffing

The centre did not have adequate numbers of cleaning staff available for the size and layout of the building to ensure the environment and residents equipment was appropriately cleaned and as a result the centre had not maintained a high standard of cleanliness to provide a safe environment.

This was evidenced by:

- There were four cleaning staff allocated to clean the building from Monday to Friday. The staffing allocation was reduced to two staff at weekends and inspectors were informed that this resulted in a reduced cleaning schedule further compounded by the requirement for cleaning staff to complete laundry duties on weekends.

Inspectors found that residents were left unsupervised for long periods in dayrooms in the morning.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors observed gaps in the training records for staff with regard to:

- Fire safety training.
- Dementia awareness & supporting residents with responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
- Cardio-pulmonary resuscitation.

Judgment: Substantially compliant

Regulation 21: Records

There were effective record-keeping and file-management systems in place to ensure records were maintained, securely stored and retrievable.

Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Nursing records were maintained on an electronic system that was made accessible to the inspectors for review. Daily health and social care needs were documented in the electronic system for each resident.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the governance and management systems were not effectively monitored. For example:

- The auditing systems did not include a review of the infection prevention and control measures or environmental and equipment hygiene.
- The systems of risk identification had not identified a number of risks observed by inspectors on the day of inspection with, for example, no call bell access for residents in the communal day rooms or means to call for assistance in the event of an emergency.
- The complaints management system was not consistently implemented.

The provider did not ensure adequate resources were in place to ensure effective cleaning of the premises or supervision of residents in communal areas.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit statutory notifications to the office of the Chief Inspector. One notification, as required by Schedule 4 of the regulations, had not been notified within the required time frame. This notification was received following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints management system in place met the requirements of the regulation. A complaints procedure was displayed prominently in the centre and detailed the process for making a complaint and the personnel involved in the management of complaints.

Through a review of complaints received by the centre in 2021, the inspectors were assured that complaints were acknowledged and responded to by the person in charge. However, the record of one complaint was incomplete and the status of the complaint had not been recorded in line with the centres complaints management system. This is actioned under Regulation 23: Governance and Management.

Judgment: Compliant

Quality and safety

Inspector's found that resident's felt safe and were supported and encouraged to have a good quality of life in this centre. Residents reported that they felt the care and support they had received was of good quality. Inspectors found that improved oversight was required in infection prevention and control and the overall maintenance of the premises to ensure residents were provided with a safe and quality service.

The layout of the premises supports the needs of the residents and provided adequate indoor private and communal space and unrestricted access to pleasant outdoor areas. Significant investment had been made in the premises in that the provider had extended the premises and there were an additional eight shower rooms. The main corridors had been recently painted and new curtains were in place along corridors. Inspectors acknowledge that works completed were finished to a high standard. Notwithstanding this positive addition to the building, the inspectors found evidence that the building was in need of upkeep and repair. Inspectors found that the condition of resident furniture and equipment, the flooring and the standard of cleaning was not maintained to an appropriate standard required and it impacted on effective infection prevention and control measures in the centre. The findings were discussed with the senior management who had identified the risk and was in process of addressing the findings. The detail on the non-compliances are outlined under Regulation 17: Premises.

The centre had been through a difficult and challenging time during the outbreak of COVID-19 which had affected both the resident and staff. Inspectors acknowledge that the outbreak had been contained and had not spread throughout the centre. Proactive measures to minimise the risks had been taken such as the increase in the staffing allocated to the cleaning of the building during the outbreak. Inspectors observed many good examples of infection prevention and control practices on the day of inspection that included:

- Wall mounted digital thermometers at the entrance to the centre.
- Alcohol hand sanitisers placed throughout the centre.
- Adequate stocks of personal protective equipment.
- Twice daily symptom and temperature checks of residents and staff.
- A colour coded cloth and mop system that utilises one cloth per room.
- Staff demonstrated an understanding on the centres cleaning procedure and policy.

Nonetheless, inspectors found that the centre was not visibly clean on the day of inspection. This meant that inspectors were not adequately assured that infection prevention and control standards were robust to ensure the safety of residents in the centre.

The inspectors reviewed resident files. In the main, care plans were found to be individualised and person-centred. The electronic documentation system in place was clearly laid out and the information was easily retrieved. Residents had access to medical and allied health care supports. Assessment and care plan updates were undertaken and outcomes discussed with residents and their representatives.

Each resident's needs were assessed on admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. These assessments informed care plans to meet each resident's needs. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences. Daily monitoring such as frequency of showers, food and nutritional intake and temperatures checks were all recorded. The inspectors reviewed wound management and documentation and found evidence of good practice that ensured healing of wounds had occurred.

Residents rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. While some residents that attended the large activities room were observed to be engaged in activities throughout the day, residents who chose to remain in their bedroom on in the units dayrooms did not have equal access to the activities. Residents were familiar with the activity schedule on display and could choose what activity they wanted to attend or could choose to remain in their bedroom and watch T.V or chat with staff. Residents had access to religious services and could access mass daily via video link.

Residents had access to an independent advocacy service and at the time of inspection residents were using this service.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. The centre was facilitating visiting in line with the current COVID-19 Health

Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that the premises were not kept in a good state of repair. This was evidenced by:

- The floor in some communal resident sitting rooms and bedrooms was badly damaged and in need of replacement.
- Multiple armchairs were in a poor state of repair. Inspectors acknowledge that some of these were removed during the inspection.
- Multiple sideboards in kitchenettes were damaged and could not be effectively cleaned.

There was no emergency call facilities accessible from communal rooms used by residents. Management confirmed that these rooms are not supervised when in use by residents. In the event of an emergency, staff would have to use a call facility from within a nearby resident bedroom which would bring staff to the attention of that room and not the communal room where the emergency is occurring.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The system of risk identification and management required improvement and this is actioned under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

Inspectors observed the following risks that had the potential to impact on infection prevention and control measures in the centre. These risks included:

- Hand hygiene gel dispenser trays had layers of accumulated dirt and were not visibly clean.

- Resident hoists were not visibly clean. In addition, slings were shared between residents which is an infection risk.
- The cleaning of residents assistive equipment was not supervised and equipment was not consistently cleaned after each.
- There were multiple pieces of furniture such as armchairs torn and surfaces with exposed chipboard that were damaged and could not be effectively cleaned or decontaminated.
- There was a build up of dirt and dust noted along a resident corridor.
- Kitchenettes, and their equipment, on each unit were not cleaned to an acceptable standard.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The centre had an electronic care planning system. Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed that informed the care plans.

Judgment: Compliant

Regulation 6: Health care

Inspector's found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). The GP services in the centre had been maintained throughout the pandemic with on site GP available a minimum of four days a week.

Visiting by health care professionals had resumed at the time of inspection. Services such as tissue viability nurse specialists, speech and language therapy and dietetics were available when required. The inspectors found that advice given was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from the risk of abuse. Staff were appropriately trained in recognising and responding to allegation

of abuse and training records confirmed that all staff had up-to-date safeguarding training. Systems were in place to ensure incidents involving residents were recorded by the clinical team and reviewed by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to information and news, a selection of newspapers and Wi-Fi were available. There were pictures along corridors of group activities that had been organised in recent months. The residents that attended were observed to enjoy same.

However, all residents did not have equal access to the robust activity schedule in place. Inspectors observed long periods in communal dayrooms where staff were not available to supervise residents or provide meaningful engagement and activities on three of the units.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carrigoran House OSV-0000445

Inspection ID: MON-0034409

Date of inspection: 09/02/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: There is ongoing recruitment with adverts posted on a variety of social media platforms.</p> <p>RN's</p> <ul style="list-style-type: none"> • Since the inspection two new nurses have commenced duty. • A further three nurses due to start by 31/07/22 <p>Housekeeping</p> <ul style="list-style-type: none"> • Two new housekeeping staff started on 28/02/22. This has increased the housekeeping team to 9 staff members. • The weekend roster now has 3 housekeeping staff rostered with no overlapping of laundry duties, with the goal to increase to 4 staff by 30/09/22 (subject to availability and successful recruitment). <p>Supervision in the Day Rooms</p> <ul style="list-style-type: none"> • A company has been on site to access the requirements to retrofit call bells in Day Rooms. This work will be completed by 30/06/22. • In the interim a log book was implemented in each unit on the 11/02/22 to ensure the Day Rooms are checked every 15 minutes by staff. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

Fire safety training:

- 53 have been trained including staff that were due over the next couple of months. All annual fire training is now complete.

Dementia awareness and Responsive behaviour training

- Training was scheduled for the 8th & 9th of March was delivered by an in-house qualified trainer. Training completed 09/02/22.

- All the staff in the Dementia unit have completed the online Understanding Dementia Course.

- Dementia Awareness training and Encouraging Positive Behaviours will be scheduled for once a month starting on 18/05/22. The training will be delivered by an in-house qualified staff member in Dementia.

This training will be completed for all staff on 31/05/23.

Cardio-Pulmonary Resuscitation

- Training for CPR was scheduled for 11/02/22 and was delivered by our in house BLS instructor.

- A total of 21 staff members on days and nights have been trained. Training is scheduled every month until all staff are trained.

This training will be completed by 31/12/22.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Auditing systems

- The auditing systems for Infection prevention and control measure, environmental and equipment hygiene have been reviewed and updated to include action plans and outcomes. Updated on the 14/02/22

Infection and Prevention control measures

- Two new housekeeping staff started on the 28/02/22 which has increased the team to 9 staff members. The weekend roster now has 3 housekeeping staff with no overlapping of laundry duties, with the goal to increase to 4 staff by 30/09/22 (subject to availability and successful recruitment).

- A Scrubber dryer and a buffer machine was purchased on the 14/02/22 to clean and buff the floors. The maintenance department is now responsible for the cleaning of floors in the corridors, lobby and all Day Rooms. The housekeeping team will be responsible for the floors in the resident's rooms.

- ADON will become supernumerary when new CNM has been recruited and will be responsible for Infection Prevention and Control. IPC audits were reviewed and updated to include action plans and outcomes.
- Construction Company was on site and clinical basins ordered for 4 nurse's stations. To be installed and completed by 31/05/22 (subject to availability of all components and labor as per current market)
- The Centre was deep cleaned including the resident's hoists on 10/02/22
- Furniture that was worn or torn and cannot be effectively cleaned has been removed from circulation. 100 armchairs and 100 chairs have been ordered from an Irish based Medical Furniture Company. Over the next 8 months the company will provide the chairs in batches of 20, first consignment arriving on the 20/05/22
- 7 Air purifiers are insitu around the Nursing Home since Nov 21.
- 6 Disinfectant handheld sprayers which are battery operated touchless devices have been procured for each housekeeping trolley. These are onsite since Nov 2021.
- A construction company was on site to view the 3 kitchenettes and make recommendations for repairs or replacement. The work on the floor will commence on the 19/04/22 and completed by 17/05/22. The cupboards in the Kitchenettes will be replaced, starting on the 09/05/22 and completed by 30/06/22(subject to availability of materials and labor as per the current market)
- Schedule has been put in place for cleaning of resident's assistive equipment

Furniture

- A full visual environmental inspection was conducted and any furniture that was damaged, worn or torn was removed from circulation.
- 100 armchairs and 100 chairs have been ordered from a Medical Furniture company. Over the next 8 months the company will provide the chairs in batches of 20, first assignment arriving on the 20/05/22

Environmental and equipment hygiene

- Housekeeping audits were reviewed and updated to include action plans and outcomes
- The housekeeping daily work schedule was reviewed and revised.
- Two additional staff have been hired.
- The housekeeping staff roster has been revised and there is a staff assigned to the evening and increased to three staff at the weekends.
- We are working towards increasing the staff to four at the weekends (subject to

availability and successful recruitment)

- Housekeeping completed a deep clean of the centre including all the mobile equipment.
- A Scrubber dryer and a buffer machine was purchased on the 14/02/22 to clean and buff the floors. The maintenance department is now responsible for the cleaning of floors in the corridors, lobby and all Day Rooms. The housekeeping team will be responsible for the floors in the resident's rooms.
- A company were on site on the 28/02/22. To quote for resurfacing and polishing floors. This work will start on 16/05/22 and be aimed to be completed by 13/06/22.
- A flooring specialist company were on site for the kitchenettes. This work is due to commence on 19/04/22 and due to be completed by 6/05/22.
- A full visual environmental inspection was conducted and any furniture that was damaged, worn or torn was removed from circulation.

Call bell system in Day Rooms

- A company has been on site to access the requirements to retrofit call bells in Day Rooms. This work will be completed by 30/06/22.

Complaint's system

- The PIC gives a commitment that the complaints procedure will be implemented consistently going forward.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The PIC gives a commitment that all statutory notifications to the office of the Chief Inspector will be submitted within the required time frame.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Floors

- A Scrubber dryer and a buffer machine was purchased on the 14/02/22 to clean and

buff the floors. The maintenance department is now responsible for the cleaning of floors in the corridors, lobby and all Day Rooms. The housekeeping team will be responsible for the floors in the resident's rooms.

- A company was on site on the 28/02/22. To quote for resurfacing and polishing floors. This work will commence on the 16/05/22 and be completed by 13/06/22
- A flooring specialist company were on site for the kitchenettes. This work is due to commence on 19/04/22 and due to be completed by 16/05/22.

Furniture

- 100 armchairs and 100 chairs have been ordered from a Medical Furniture company. Over the next 8 months the company will provide the chairs in batches of 20, first assignment arriving on the 20/05/22

Kitchenettes

- A construction company was on site to view the 3 kitchenettes and make recommendations for repairs or replacement. The work on the floor will commence on the 19/04/22 and be completed by 17/05/22. The cupboards in the Kitchenettes will be replaced, starting on the 09/05/22 and completed by 30/06/22 (subject to availability of materials and labour as per the current market)

Call bell system in dayrooms

- A company has been on site to assess the requirements to retrofit call bells in dayrooms. This work will be completed by 30/06/22.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

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

- Two housekeeping staff have been hired increasing the housekeeping team to 9. The housekeeping staff roster has been revised to reflect 3 housekeeping staff on duty at week-ends with no overlapping of laundry duties, with the goal to increase to 4 housekeeping personnel. This will be implemented by 30/09/22 (subject to availability and successful recruitment).
- A Scrubber dryer and a buffer machine was purchased on the 14/02/22 to clean and buff the floors. The maintenance department is now responsible for the cleaning of floors in the corridors, lobby and all Day Rooms. The housekeeping team will be responsible for the floors in the resident's rooms.
- ADON will become supernumerary when new CNM has been recruited and will be responsible for Infection Prevention and Control. IPC audits were reviewed and updated

to include action plans and outcomes.

- Construction company was on site and clinical basins ordered for 4 nurse's stations. To be installed and completed by 25/05/22 (subject to availability of all components and labor as per current market)
- The centre was deep cleaned including the hoists on 10/02/22 by the housekeeping team. The maintenance department will be responsible for cleaning the hoists weekly. Healthcare staff will wipe hoists daily should there be any spills.
- Furniture that was worn or torn and cannot be effectively cleaned has been removed from circulation. 100 armchairs and 100 chairs have been ordered from an Irish based Medical Furniture Company. Over the next 8 months the company will provide the chairs in batches of 20, first consignment arriving on the 20/05/22
- 7 Air purifiers are insitu around the Nursing Home since November 2021.
- 6 disinfectant sprayers are a handheld, battery operated touchless cleaning/disinfecting devices have been procured for each housekeeping trolley. These are onsite since November 2021.
- A construction company was on site to view the 3 kitchenettes and make recommendations for repairs or replacement. The work on the floor will commence on the 19/04/22 and be completed by 17/05/22. The cupboards in the Kitchenettes will be replaced, starting on the 09/05/22 and completed by 30/06/22. (subject to availability of materials and labor as per the current market)
- Schedule has been put in place for cleaning of resident's assistive equipment

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Activities

- An internal audit was conducted to identify the residents who's social care needs were limited.
- The activity daily schedule has been reviewed to include more individual based activities and social engagement for residents who do not attend daily group activities.
- Revisions include but not limited to the introduction of allocated time in the morning to bring residents to the sensory room for stimulation and additional activities to take place in the day rooms in the morning to engage all residents.
- Another interactive Sensory Projector for residents to engage with will be installed in St

Mary's and St Joseph's rooms. Two brackets will be installed in St Josephs and St Mary's to ensure optimum number of residents will benefit from the activity, expected delivery date for this is 30/04/22.

Supervision in the Day Rooms

- A company has been on site to access the requirements to retrofit call bells in Day Rooms. This work will be completed by 30/06/22.
- In the interim a log book was implemented in each unit on the 11/02/22 to ensure the Day Rooms are checked every 15 minutes by staff.

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.	Not Compliant	Orange	30/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2022
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 effectively monitored.	Substantially Compliant	Yellow	30/03/2022
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	30/06/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within	Substantially Compliant	Yellow	09/02/2022

	3 working days of its occurrence.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	23/02/2022