Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Edenderry Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ofalia House, St. Mary's Road, Edenderry, Offaly
Type of inspection:	Unannounced
Date of inspection:	04 January 2023
Centre ID:	OSV-0000525
Fieldwork ID:	MON-0038558

About the designated centre

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

The designated centre is located within walking distance from Edenderry town centre. The centre is a single-story premises and provides accommodation for 28 male and female residents over 18 years of age in single and twin occupancy bedrooms, most with full en-suite facilities. The centre is arranged into two separate areas, on either side of the nicely decorated reception area. Communal sitting and dining rooms are located in both sides of the centre and residents have access to two enclosed gardens. The centre provides long-term residential care, respite, convalescence, dementia and palliative care services. Nursing care is provided for people with low, medium, high and maximum dependency needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

How we inspect

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 4 January 2023	09:00hrs to 17:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents living in Edenderry Community Nursing Unit were supported to enjoy a good quality of life by staff who were attentive, kind and caring. The overall feedback from residents was that they were happy and felt safe living in the centre. Residents were complimentary of the health and social care they received.

The inspector was met by the assistant director of nursing on arrival to the centre. Following an introductory meeting, the inspector walked through the centre with the clinical nurse manager. The atmosphere in the centre was calm and relaxed for residents. Some staff were observed attending to residents requests for assistance while others were observed chatting to residents in the communal areas and providing refreshments. Some residents were observed watching television or listening to the radio in the comfort of their bedroom, while they had their breakfast. Staff were observed knocking on residents bedrooms doors prior to entering to provide assistance. Residents told the inspector that they felt that staff took their time when assisting them and that they enjoyed chatting to staff about local news and sports, as they assisted them with their care and tidied their room.

The inspector met with all residents living in the centre and spoke in detail to six residents about their experience of living in the centre. Some residents were living with dementia and while some were unable to detail their experience of the service, they were observed by the inspector to be content and relaxed in their environment and in the company of other residents and staff.

The inspector observed that the centre was divided into three units. This included Unit 1, Unit 2 and the High Dependency Unit. All areas of the centre were accessible to the residents. The centre had benefited from an ongoing programme of maintenance to ensure the premises met the needs of residents. Communal areas and residents bedrooms were spacious and were observed to be maintained in a satisfactory state of repair. Corridors allowed residents to mobilise safely with their mobility aids and through appropriately placed handrails. There were small seating areas located along some corridors for residents to sit and rest and view the enclosed garden. Some residents told the inspector that they would stop and rest in those areas during their walk to the dining room and commented that staff were always close by to offer assistance, if needed. Residents had unrestricted access to the garden area. The inspector observed that there were some areas of the premises that had gaps and holes in the ceilings where services such as pipes and wiring entered the attic spaces. Two fire doors were also observed to be held open by waste bins throughout the inspection while some doors did not close completely when released.

The centre was clean and bright in all areas occupied by residents and it was evident that management and staff made great efforts to create and maintain a homely atmosphere. However, some storage areas and equipment used by residents

were not clean. The inspector observed the cleaning procedure and engaged with housekeeping staff who described the procedures in place to minimise the risk of infection. Residents told the inspector that they were satisfied with the cleanliness of their bedrooms and that their bedrooms were cleaned daily by staff.

Residents' accommodation composed of eight single and 10 shared bedrooms. The inspector observed that bedrooms were large and spacious and contained appropriate seating and storage for residents. Each room was equipped with an overhead hoist to support the safe transfer of residents in their bedrooms. The residents who spoke with the inspector were happy with their rooms. There was sufficient space for residents to live comfortably, including adequate space to store personal belongings. There was access to a television in all bedrooms. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner.

The laundry facility was well-ventilated and was clean and tidy. Residents' personal clothing was laundered on-site. Residents told the inspector how staff took great care with their personal clothing and ensured that it was neatly put away in their wardrobes.

Throughout the day, residents were observed to be engaged in various activities including music, hand massage, and games that encouraged light exercise. The inspector observed that activities, designed to be enjoyed by residents who had communication difficulties or who were unable to participate in general group activities, were taking place. Residents told the inspector that they enjoyed a variety of activities and some residents told the inspector that chatting with staff and reminiscing was the most enjoyable activity they did.

Residents were observed to have their individual style and appearance respected. Residents told the inspector that staff spent time with them in the morning supporting them to select their clothing and ensuring that they had everything they needed. Residents told the inspector that the management and staff were very open to feedback and residents felt that any concerns or complaints they may have would be promptly addressed.

Visitors were observed attending the centre and were encouraged to join residents for refreshments and snacks. Visitors complimented that quality of care provided to their relative by staff who they described as approachable, attentive and respectful.

The following sections of the report present the findings of this inspection in relation to the governance and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This unannounced risk inspection was carried out by an inspector of social services

to;

- monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).
- review the provider's application to renew the registration of the centre.
- follow up on the action taken by the provider to address issues of non - compliance found on the last inspection in February 2022.

The findings of this inspection was that there were effective systems in place to ensure residents received a safe and quality service. Those systems were implemented and monitored by a defined management structure that was responsible and accountable for the oversight of the quality and safety of person-centred care provided to residents. However, the inspector found that further action was required to achieve full compliance with regard to the management of records and infection prevention and control. In addition, risks such as fire safety risks, were identified and escalated to senior management for further action and assurance, however, action was not taken to address these risks within an acceptable time frame.

The Health Service Executive (HSE) is the registered provider of Edenderry Community Nursing Unit. Since the last inspection, the centres' management structure had been enhanced with the appointment of an assistant director of nursing to support the person in charge. An assistant director of nursing facilitated the inspection in the absence of the person in charge. Additional clinical and administrative support was in place in the form of clinical nurse managers and administration staff. The management team were also supported by a general manager who attended the centre regularly to provide governance support. There were effective lines of communication within the service, as evidenced by the records of quality & governance meetings taking place between the management of the centre and the provider's senior management team.

Management systems were in place to monitor the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits and monitoring of weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop improvement action plans. For example, an analysis of residents falls resulted in falls reducing actions being implemented such as increased supervision of residents by staff. The record of incidents evidenced a low incidence of falls in the centre and the inspector was informed that this was as a result of the implementation of quality improvement actions. However, the inspector found that improvement action plans were not consistently reviewed to ensure the required actions were completed. For example, the improvement actions arising from a fire safety risk assessment completed in May 2022 had not been satisfactorily progressed or reviewed and, there was no clear timeline for completion of outstanding actions.

Risk management systems were underpinned by the centre’s risk management policy that detailed the systems to monitor and respond to risks that may impact on

the safety and welfare of residents. An environmental risk register had been established to include potential risks to residents' safety.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

The policies and procedures, as required by Schedule 5 of the regulations, were reviewed by the inspectors. The policies had been reviewed by the provider at intervals not exceeding three years and were made available to staff.

A sample of staff personnel files were reviewed by inspectors. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on file prior to commencing employment. However, the staff training record was incomplete. This meant that the provider could not provide assurance that all staff had received training, commensurate to their role. The inspector found that these records were not managed in line with the regulatory requirements.

The directory of residents was appropriately maintained and contained the information required by the regulations.

The staffing levels were appropriate for the size and layout of the building and to meet the assessed needs of the residents. There was adequate nursing staff on duty supported by a team of healthcare staff. A review of the rosters found that there were adequate staffing in place to support housekeeping, catering and social care activities. However, rosters showed challenges in maintaining planned rosters with the centres own staffing resources, in response to planned and unplanned leave. Consequently, the service was dependent of the use of agency staff to maintain staffing levels.

A comprehensive training and development programme was in place for all grades of staff. Staff were facilitated to attend training appropriate to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility with regard to safeguarding residents from abuse, infection prevention and control and fire safety. There were arrangements in place to provide supervision and support to staff through senior management presence, induction processes and formal performance appraisals.

A centre-specific complaints policy detailed the procedure for making a complaint and set out the time-line for complaints to be responded to and the personnel involved in complaints management. The complaints procedure was displayed prominently in the centre and residents, visitors and staff were aware of the procedure. There had been one complaint recorded in 2022 and this was managed in line with the requirements of the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of healthcare and activities staff. The staffing compliment also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff spoken with demonstrated up-to-date knowledge pertinent to providing residents with safe quality care.

Arrangements were in place for the ongoing supervision of staff through daily senior management support and supervision.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The management of records was not in line with the requirements of the regulations. For example;

- The training records reviewed by the inspector were not kept in a manner

that was accessible and did not accurately reflect the training attended and completed by staff. For example, training records were not updated following completion of safeguarding training.

- Records of residents nutrition and hydration were poorly maintained as evidenced by significant gaps in the records.
- Records as set out in Schedule 2 of the regulations were not kept in the designated centre. For example, some staff personnel files did not contain a full employment history, details and documentary evidence of qualifications and two written references. The inspector acknowledges that this information was retrieved from an off-site location during the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not ensure that the service had sufficient staffing resources to maintain consistent healthcare, housekeeping and catering staffing levels in line with the centres statement of purpose. For example, there were six healthcare assistant staff vacancies on the day of inspection. Consequently, the service was dependent on agency staff to maintain staffing levels.

The inspectors found that management systems were not adequately robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example:

- The systems to monitor and improve the quality and safety of the service were not effectively implemented. This was evidenced in the fire safety action plan that detailed that six of the 29 actions identified had been completed. There was no plan or timeline in place to review the outstanding actions.
- Fire risks that were escalated to senior management had not been addressed. This included risks associated with a shutter in the kitchen, a fire door and fire stopping in the attic area.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frames

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. There was evidence that complaints were analysed for areas of quality improvement and that the learning was shared with the staff.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies require under Schedule 5 of the regulations were in place. A review of the policies was underway, in line with the three year time frame set out in regulations.

Judgment: Compliant

Quality and safety

The inspector found that the management systems described in the capacity and capability section of this report supported the provision of person- centred, high-quality and safe care to the residents, in an environment that met their individual and collective needs. Residents reported their satisfaction with the care they received, appropriate access to healthcare and the provision of meaningful activities. The findings of this inspection supported this. However, further action was required with regard to infection prevention and control practices, and action was also required to ensure residents were protected from the risk of fire through compliance with Regulation 28: Fire precautions.

A review of fire precautions found that arrangements were in place for the testing

and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The provider was found to be proactive in identifying the fire safety risks in the centre and had a fire safety risk assessment completed in May 2022. While some actions had progressed, there was no time line for completion of outstanding fire safety works. Furthermore, action was required to ensure full compliance with the regulations and ensure resident safety in the event of a fire. For example, some fire doors did not close completely when released and this compromised the function of the fire doors in containing the spread of smoke and fire in the event of a fire emergency. Further findings are detailed under Regulation 28: Fire precautions.

The provider had taken action to improve infection prevention and control measures in the centre since the previous inspection. This included the installation of additional storage shelves to facilitate effective cleaning of storage areas. However, there were areas of the premises and residents equipment that were visibly unclean and this is further discussed under Regulation 27: Infection control.

A sample of residents' assessments and care plan records were reviewed. Residents physical, psychological and social care needs were comprehensively assessed on admission to the centre using validated assessment tools. The outcome of the assessments informed the development of care plans that provided guidance to staff on the appropriate delivery of care to the residents.

Residents had access to medical and healthcare services. Systems were in place for residents to access the expertise of health and social care professionals such as dietitian, speech and language, physiotherapy, occupational therapy and tissue viability services.

Residents were provided with a choice at their mealtimes and received meals, snacks and refreshments at reasonable times and in line with their dietary needs as detailed in their individual care plan. Staff demonstrated and appropriate awareness of each residents nutritional needs and the supports in place to ensure residents needs were met.

The was an ongoing initiative to reduce the use of restrictive practices in the centre through ongoing assessment of resident's needs. This had contributed to eliminating the use of bedrails in the centre. Residents were provided with unrestricted access to all internal and external communal spaces. Staff demonstrated an appropriate awareness of national guidelines with regard to promoting a restraint free environment.

Arrangements were in place for the service to provide compassionate end-of-life care to residents in accordance with resident's preferences and wishes. There was a dedicated palliate care suite in the centre to provide residents with privacy during their end of life. Staff had access to specialise palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and

responding to allegations of abuse. Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables. The provider supported a number of resident in the centre to manage their pension and welfare payments and the process as described to the inspector was in line with the Department of Social Protection guidelines.

Arrangements were in place for residents to receive visitors in either their private accommodation or in designated visitor areas. Visits were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and national guidance on visiting was being followed.

Residents rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. There were opportunities for residents to participate in meaningful social engagement and activities through one to one and small group activities in each of the three communal rooms. Residents could choose what activity they wanted to attend or could choose to remain in their bedroom and watch television or chat with staff. Residents had access to religious services and could access mass daily via video link.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate visiting in the centre. Residents could meet their relatives and friends in the privacy of their bedrooms or in designated visiting areas in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with appropriate facilities within their bedroom accommodation for the safe storage of their personal possessions and clothing. Each residents was provided with lockable storage in their bedroom.

Residents clothing was laundered on-site and systems were in place to ensure residents clothing was identifiable to minimise the risk of items of clothing become lost or misplaced.

Judgment: Compliant

Regulation 13: End of life

Resident's end of life care needs and wishes were assessed on admission to the centre and reviewed as part of the overall care plan review process.

There was a multidisciplinary approach to the decision making process regarding residents advanced care requirements and evidence that the resident's wishes in this regard were respected.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained and met the requirements of Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a choice of meals from a menu that was updated daily and displayed for residents to view. Residents confirmed that they could request other meals such as salads or sandwiches if they preferred something that was not on the menu.

Residents dietary needs were recorded in their care plans and detailed the dietary requirements of residents such as those who required modified consistency diets or diabetic diets. Systems were in place to ensure healthcare and catering staff were aware of individual residents dietary requirements.

Residents were appropriately assessed with regard to their risk of malnutrition and systems were in place for monitoring of residents nutritional and weight status. Staff were aware of the appropriate referral pathways to ensure residents had access to specialist services such as dietitian and speech and language services.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by:

- Equipment used by residents were not cleaned to an acceptable standard. For example, wheelchairs, commodes and hoists were visibly unclean.
- Clinical care equipment such as oxygen concentrators that were documented as cleaned were visibly unclean on inspection.
- The storage of mobility aids, hoists and urinals in a bathroom presented a risk of cross contamination and infection to residents.
- The management of storage areas impacted on effective cleaning of the areas. For example, areas such as store rooms and treatment rooms were were overstocked with boxes and therefore could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the registered provider to ensure full compliance with Regulation 28, Fire precautions in the centre. This was evidenced by:

- There were gaps and holes in areas where services were penetrating the ceiling. For example, there were large gaps in the dirty utility and electrical switch room.
- Fire evacuation drill records did not provide assurance that adequate arrangements had been made for evacuating residents from the designated centre in a timely manner. Fire drill records evidenced that only a small number of staff had been facilitated to taken part in a fire drill evacuation.
- Poor practices were observed where fire doors were being kept open by means other than appropriate hold open devices connected to the fire alarm system.

While the provider had completed a fire safety risk assessment of the centre, the corresponding action plan did not detail the time frame for completion of fire safety

works. This is actioned under Regulation 23: Governance and Management.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection were personalised and updated regularly and following a change in residents assessed care needs. Care plans detailed the interventions in place to support residents and manage identified risks such as the risk of malnutrition, impaired skin integrity and falls. There was sufficient information to guide staff in the provision of healh and social care to residents based on their individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to general practitioners (GP), geriatrician and psychiatry of later life specialists. Services such as speech and language therapy and dietetics were available when required. Physiotherapy services were provided on a weekly basis. The inspector found that the recommendations of health and social care professionals were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre and there was no resident using bedrails in the centre on the day of inspection.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider supported a number of residents to manage their pension and welfare payments. There were systems in place to safeguard residents monies and goods handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents right's were upheld in the centre and their privacy and dignity was respected.

- Residents were consulted for their feedback on the quality and safety of the service.
- Residents were supported to exercise their choice with regard to how to spend their day.
- Residents were provided with meaningful activities facilitated by activities and healthcare staff.
- Residents were supported to exercise their religious beliefs and were facilitated to attend religious services.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially 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 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially 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 Edenderry Community Nursing Unit OSV-0000525

Inspection ID: MON-0038558

Date of inspection: 04/01/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: 1. Training Matrix has been converted to digital form which is colour coded to highlight individual training requirements and reflect all staff's training attendance. The matrix will be updated regularly to ensure oversight of all staff mandatory and professional development training needs. 2. Increased vigilance with monitoring / recording resident's nutrition and hydration intake. An audit of the food and fluid intake records will be completed to ensure consistent best practice in monitoring dietary needs and fluid intake of residents. 3. Reintroduce safety pause to enhance quality of care- 13/02/2023 4. Staff files are being revised to ensure all required documents are in place as per schedule 2 regulation by 28/2/2023. All records required by Schedule 2 will be securely maintained on site.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. An action plan with a schedule of priorities and timeframes is in place to address the fire safety issues identified following a report issued by a contracted fire safety consultant. All required structural fire safety upgrades will be completed by Quarter 3 2023.	

2. Two actions identified as a high priority will be completed by 28/02/2023 and the 14/4/2023 respectively. In the intervening period until the works are completed for the two high priority issues additional fire safety checks are being completed.

3. The staffing resource in line with the Statement of Purpose is being actioned to ensure continuity of care. One permanent HCA is due to commence in post 09/03/2023 and a further two HCA posts are being progressed currently. A permanent staff nurse is commencing in post on the 13/03/2023 and further posts are being filled on a permanent basis to further reduce our reliance on agency staff.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. The nurse in charge/CNM is monitoring on daily basis to ensure all equipment is cleaned to an acceptable standard as per IPC protocol- ongoing

2. An equipment audit template will be implemented for CNMs to monitor and ensure IPC standards are upheld. Any action plans from the audit identified will be followed up immediately.
Daily walk around of the Centre by the nurse managers will include visual checks of cleanliness of equipment and all areas.

3. The storage of equipment to include mobility aids, hoists and urinals will be reviewed to mitigate the risk of cross infection.
The volume of items held in store rooms and the treatment room will be reviewed to ensure free space to allow for effective cleaning.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. An action plan with a schedule of priorities and timeframes is in place to address the fire safety issues identified following a report issued by a contracted fire safety consultant. All required structural fire safety upgrades will be completed by Quarter 3 2023.

2. Two actions identified as a high priority will be completed by 28/02/2023 and the 14/4/2023 respectively. In the intervening period until the works are completed for the two high priority issues additional fire safety checks are being completed. A staff member

is rostered to work in the kitchen until 21:00 hrs. All electrical appliances are shut off at the main isolator switches when the kitchen is closed. Additional safety checks are now being completed in these areas by night duty staff to ensure increased vigilance to mitigate the risk of fire until the fire shutter is insitu.

3. Thirteen actions have been completed and an additional four actions in the fire risk assessment will be completed by the 28/02/2023. A further plan to address remaining deficits identified in the fire risk assessment will be complete by the end of Quarter 3 2023.

4. Fire evacuation drill schedule has been planned for the year. First drill completed on 31/01/2023. A record of each staff member's participation will be maintained to ensure all staff partake including regular agency staff in a fire safety evacuation drill to reinforce their knowledge from their annual refresher fire safety training. The schedule of planned fire drills for 2023 will simulate a variety of scenarios to ensure all residents can be safely evacuated in line with the policy of progressive horizontal evacuation for the Centre.

5. Safe practice regarding fire doors kept open inappropriately has been addressed and actioned immediately post inspection. Same continues to be monitored.

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 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	28/02/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	21/02/2023
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	31/05/2023
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/09/2023

	management systems are in place to ensure that the service 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.	Substantially Compliant	Yellow	01/02/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/02/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/02/2023
Regulation 28(2)(i)	The registered	Substantially	Yellow	30/09/2023

	provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		