



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

## Issued by the Chief Inspector

Name of designated centre:	Bandon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Hospital Lane, Cloughmacsimon, Bandon, Cork
Type of inspection:	Unannounced
Date of inspection:	21 April 2022
Centre ID:	OSV-0000557
Fieldwork ID:	MON-0036732

## About the designated centre

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

Bandon Community Hospital, established in 1929, is a single-storey building which had been extensively renovated. The designated centre is a Health Service Executive (HSE) establishment. It consists of accommodation for 25 older adults set out in 21 single en-suite bedrooms and two twin en-suite bedrooms. Communal areas include the day room, dining room, Bandon Suite relaxation area and the quiet room. Residents have access to an enclosed courtyard and an enclosed walkway. The centre provides 24 hours nursing care for long-term, respite and palliative care residents. The centre is supported by the Friends of Bandon Community Hospital who have raised money for the day-room refurbishment and many other aspects of the care setting.

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

Number of residents on the date of inspection:	20
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## 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
Thursday 21 April 2022	09:00hrs to 18:00hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that in general, residents were supported to have a good quality of life in this centre. The inspector met with almost all of the 20 residents living in the centre and spoke with six residents in more detail to gain an insight into their lived experience. The inspector also met with four visitors who were visiting during the inspection. All of the residents who spoke with the inspector were highly complimentary about the care and support provided, and described the staff as kind and caring.

On arrival to the centre, the inspector was met by the receptionist, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were implemented, prior to accessing the centre. The centre had a nice bright reception area with comfortable seating, lamps and a hall table that gave the reception a homely feel. Following an opening meeting, a staff nurse accompanied the inspector on a walkaround the centre, as the person in charge was on unplanned leave. The clinical nurse manager attended the centre later in the morning to support the staff during the inspection.

Bandon Community Hospital is a modern purpose built centre on the outskirts of Bandon town. The centre is single storey building. The inspector saw that the centre was bright and warm throughout. Residents' bedroom accommodation consists of 21 single rooms and two twin rooms. All bedrooms had ensuite shower and toilet facilities. The inspector saw that residents' rooms were bright, well maintained and personalised with residents' family photographs and memorabilia. Some residents had brought furniture from their own homes. All bedrooms had thermostatic controls and the inspector saw that these were set to meet the resident's individual preferences, with some residents enjoying very warm bedrooms. There was plenty room for storage of residents belongings and each room had a lockable storage space. One of the twin rooms was single occupancy on the day of inspection and this resident had easy access from their bedroom to sit in the patio outside their bedroom when they wished.

The inspector saw that the centre was clean throughout. There were sufficient cleaning staff working in the centre and staff spoken with were knowledgeable and demonstrated an awareness of the cleaning protocols in the centre. The inspector saw that there were plenty hand hygiene facilities throughout the centre and available to staff at point of care. The inspector observed that staff were wearing FFP2 masks in the centre in line with national guidance.

The centre had plenty communal spaces for residents' use. There was a large dining and recreation room. There was also an activities rooms that had an adjacent kitchenette. One resident used this room frequently throughout the day to make themselves hot drinks as they wished. There was also a sitting room and a lounge space with a fish tank, comfortable chairs and soft lighting where residents could sit

and rest in private if they so wished. The inspector was informed that plans were in progress to renovate the reflection room which was used for storage at the time of inspection as a further facility for residents to enjoy. The inspector saw that a number of residents were mobilising independently throughout the centre during the day.

Residents had easy access to outdoor spaces including an internal courtyard garden. This space was furnished with patio furniture and some raised flower bed plants, it also had an electronic retractable awning that could be used if it was raining.

The inspector met with one of the activities co-ordinators and an activities schedule was displayed on the notice boards throughout the centre with activities scheduled over seven days. Activities were provided by both the centre's staff and external staff. The centre had recently commenced a chair yoga programme two days a week and residents told the inspector they enjoyed these sessions. On the day of inspection, a lively balloon tennis session was ongoing in the morning followed by a quiz in the afternoon. Some residents enjoyed sitting in the recreational room reading the papers and watching the activities. Residents told the inspector that they enjoyed the activities and looked forward to them during the day. The centre had recently got wi-fi installed. A resident had extra television channels in their bedroom TV and enjoyed the variety it provided. Mass was live streamed daily on the television in the recreational room. A local priest also said mass in the centre once a week.

During the morning, the inspector saw a member of the catering staff taking orders for the day's lunch time and evening meal from residents, where a choice of main course for each meal was offered and recorded. The inspector heard a number of residents opt for a chicken curry that wasn't on the menu but this was facilitated. Residents could choose whether to dine in their bedrooms or in the dining and recreational room. The inspector observed the dining experience for residents living in the centre. Staff offered discreet support and encouragement to those residents who were not able to eat independently. The inspector saw that two residents who didn't require assistance were sharing a table and chatting together. However, one resident was half way through their lunch when the other resident was served which was not reflective of a social dining experience. While there were two hot trolleys in the centre to keep food warm once transported from the kitchen, the inspector saw that lunches were removed from a hot trolley and taken on an open trolley to residents bedrooms, increasing the likelihood that the meal would be served cold. There were two choices for the lunch time meal and while the fish option looked appetising, the chicken and ham in a mushroom sauce meal was poorly presented. The inspector saw that the menu plan for the centre included three vegetables for the days menu, however only one, carrots was served with the lunch time meal. Over half the residents who spoke with the inspector at length complained about the quality of food served. Residents outlined how there was mash potato every day and how they would love more variety. One resident told the inspector that they always opted for the fish option as it was the best of the choices available and they had never eaten so much fish. Some residents complained that the tea was sometimes cold as well. This was also reflected in residents surveys completed in the centre

where residents had raised these issues regarding the quality of food provided.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. The centre's receptionist or in their absence, a staff member, ensured that visitors were signed in and completed safety checks in line with national guidance. Visitors were highly complimentary of the care given to their relatives and were happy with the visiting arrangements in place.

The inspector observed some lovely person centered interactions between residents and staff during the inspection, and it was obvious that staff knew residents well and residents knew staff. Residents reported that they felt safe in the centre and were well cared for by a team of staff who were respectful to their needs and wishes. Residents appeared to be well-cared for and neatly dressed according to their preferences. A number of residents were recovering from a recent COVID-19 infection and told the inspector they were tired after their infection but that they were being helped greatly with their recovery by staff. However the inspector found that staff needed to ensure call bells were available to residents at all times. The inspector saw that in one room a resident's call bell was slightly detached from the wall unit and therefore did not ring when the resident pressed it, this was addressed by staff immediately when brought to their attention. The inspector heard two residents calling for assistance and noted that their call bells were not within easy reach. This was also immediately addressed by staff.

Residents views on the running of the centre was sought through residents meetings and surveys. Management in the centre told the inspector that they were working to improve the quality of food and the dining experience in response to feedback from residents.

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

## Capacity and capability

Overall, the inspector found that while improvements to some management systems had been sustained following the last inspection, action was required by the registered provider to ensure further management systems were implemented. This was to ensure residents rights were promoted at all times especially in relation to food and nutrition, oversight of training and fire safety which is outlined under the quality and safety section of this report.

This inspection was carried out to monitor compliance with the regulations. The inspector also followed up on the action taken by the provider to address the non-compliance found during the last inspection of the centre in June 2021. The areas of

review included governance and management, training and staff development, complaints procedure, assessment and care planning and residents' rights. This inspection found that while a number of areas for improvement identified had been addressed by the provider other areas for action were identified in this inspection.

Bandon Community Hospital is operated by the Health Service Executive, who is the registered provider. Clearly defined management structures were in place, to enable accountability and responsibility for the service. The organisational structure within the centre was clear, with roles and responsibilities understood by the management team, residents and staff. The management team operating the day to day running of the centre consists of a person in charge who is supported in this role by a clinical nurse manager and a team of nurses, healthcare assistants, multi-task attendants, catering and administration staff. Both the person in charge and clinical nurse manager worked Monday to Friday in the centre. At operational level, the person in charge reported to a general manager in the HSE and also had the additional support of a human resources department, infection prevention and control specialist and fire and estates. The general manager was in regular contact with the centre and held weekly meetings during the COVID-19 pandemic with the centre and other HSE centres. Governance meetings such as quality and safety meetings were also held regularly with the other HSE centres in the area. Records of these management meetings provided to the inspector showed that issues were discussed, and corrective actions were implemented as required.

Overall, the inspector found that there were adequate resources in the centre, to ensure the effective delivery of care to residents, in line with the centre's statement of purpose. The staffing number and skill mix was appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. Training was being monitored by the management team, however, some mandatory training had expired, which is discussed further under regulation 16.

The provider had management systems in place to monitor the quality and safety of the care through a regular schedule of audit and close monitoring of risks to residents. The person in charge collected key clinical performance indicator data on falls, weight loss, wounds, infections and frailty. These were monitored and reported through the local governance structures. The inspector saw that clinical audits were undertaken in relation to quality of life, recording of responsive behaviour care plans, compliance with hand hygiene and management of falls. Action plans were developed where required to drive improvement. The person in charge also conducted audits of call bell response times and findings indicated that these were responded to promptly, however the inspector saw that oversight was required to ensure that call bells were within easy reach of residents at all times. This is discussed under regulation 23

From monitoring of feedback from residents, the management team were aware of residents' dissatisfaction with the standard of food provided to residents. In response to this a number of initiatives had been undertaken. An external consultant was arranged to provide training on improving food presentation and consistencies. This training had been provided to some of the catering staff in September 2021



and March 2022 with further training planned. Breakfast times had been reviewed and staff break times changed to ensure there were enough staff available to assist residents who required it. However, the inspector found that progress with driving this improvement was slow to date considering the size of the centre. This will be discussed further under regulation 18.

The inspector saw incidents were well managed in the centre and accurately recorded. The management team were correctly submitting the required notifications to the Chief Inspector, within the required time frames. Complaints were recorded and managed in line with the regulations. The system for ensuring contracts were agreed required action to meet the requirements of the regulation as discussed under regulation 24.

### Regulation 15: Staffing

From a review of the staffing rosters and from the observations of the inspector, it was evident that the number and skill mix of staff was appropriate to meet the needs of the residents living in the centre. There was a minimum of two nurses on duty 24 hours a day.

Judgment: Compliant

### Regulation 16: Training and staff development

As found on the previous inspection, a number of staff were overdue training on managing responsive behaviour with 37% requiring this training. The person in charge provided assurances that this would be addressed in the weeks following the inspection.

Judgment: Substantially compliant

### Regulation 21: Records

A sample of three staff files reviewed showed that they met the requirements of Schedule 2 of the regulations. The inspectors found that records were well maintained and stored securely in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that the oversight of management systems required improvement to ensure services provided were appropriately monitored and that they met the regulations, for example;

- oversight to ensure call bells were working correctly and within easy reach of residents at all times.
- the system to oversee the dining experience and the quality of food served to residents required action.
- the system for ensuring residents' contracts met the requirement of the regulations was not in place.
- ensuring mandatory training was completed.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

From review of a sample of three contracts, it was evident to the inspector that while all the contracts were signed and agreed in writing, one contract did not include the fees to be charged and two contracts did not include the room number or indicate the number of occupants of the resident's room as required in the regulation to provide the terms on which the resident shall reside in the centre.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

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

Judgment: Compliant

## Regulation 34: Complaints procedure

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

and included the outcome and any areas for improvement identified. For example, the provider was working to improve the quality of food and the dining experience for residents.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations and these were kept under regular review by the person in charge in line with the regulations.

Judgment: Compliant

#### Quality and safety

The inspector found that in general, residents were supported to have a good quality of life which was respectful of their choices. Residents' needs were being met through good access to health care services, opportunities for social engagement and a well maintained premises. However, the inspector found that action was required in relation to fire safety and food and nutrition as outlined under the relevant regulations.

Residents' nursing and health care needs were assessed and met to a very good standard. Residents were assured of timely access to medical, health and social care professionals as needed. Local general practitioners attended the centre and provided good support to residents and to staff and records indicated that residents were reviewed regularly. There was good access to health and social care professionals to meet residents' needs as well as access to a specialists in elderly medicine and psychiatry of old age. Residents told the inspector they felt safe living in the centre and staff who spoke with the inspector were aware how to identify, report and respond to abuse.

The centre had a risk management policy that set out the specific risks as required by the regulations and the controls in place to mitigate such risk. There were systems in place to manage risk and as part of the risk management strategy the person in charge maintained a risk register, which was monitored as per the centres policy.

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

Residents' hydration and nutrition needs were assessed and regularly monitored. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents had access to snacks and drinks as required throughout the day. However aspects of the quality of food, serving of meals were required to be addressed, which is discussed further under regulation 18.

The inspector reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting. Daily and weekly fire safety checks were maintained. Annual fire training was completed by staff and staff who spoke with inspectors were knowledgeable as to actions to take in the event of a fire. Simulation of evacuations of the largest compartments in the centre were undertaken with night time staffing levels. Emergency exits were clearly displayed and free of any obstruction. Each resident had a personal emergency evacuation plan, however, some areas pertaining to fire safety required to be addressed, this is discussed further under regulation 28.

The centre was observed to be clean on the day of the inspection, and there was evidence of good oversight of cleaning within the centre. Cleaning staff were knowledgeable about cleaning practices required during and outside of an outbreak. The centre experienced its second COVID-19 outbreak during March and April 2022 which affected both residents and staff. During the outbreak, the management team implemented their contingency plan and were supported with both remote and onsite infection prevention and control expertise. The inspector saw evidence that the outbreak had been declared over by the local public health department the day before the inspection.

In general residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected, for example, some residents liked to eat in their rooms and others liked to eat in the day room. Residents could choose how and where to spend their day. Regular resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. However as outlined previously the quality of food impacted on residents' choices as discussed under regulation 18.

## Regulation 11: Visits

Visiting was facilitated in line with the most recent national guidance. The inspector saw that a number of visitors were coming and going on the day of the inspection and visited residents in their bedrooms. Residents and visitors who spoke with the inspector were satisfied with the arrangements in place for visiting.

Judgment: Compliant

### Regulation 17: Premises

The inspector saw that the design and layout of the centre was appropriate to meet the needs of residents. The centre was well maintained and nicely decorated with ample communal and private spaces for residents use. There was easy access to outdoor secure spaces and some residents could access the outdoor spaces from their bedrooms.

Judgment: Compliant

### Regulation 18: Food and nutrition

From the observations of the inspector and from feedback from residents, the following issues in relation to food and nutrition are required to be addressed;

- the temperature of the food and drink provided to all residents needs to be consistent, some residents complained that the tea was sometimes cold and some complained that their main meal was cold.
- food is required to be served in a means to provide residents with a social dining experience, for example residents sitting together were not served their meals at the same time.
- while residents were offered a choice at meals, there was little variety or choice to the vegetables served with the main meal for example mashed potato was served everyday and carrots were on the menu five days out of seven.

Judgment: Substantially compliant

### Regulation 26: Risk management

A risk register was maintained which contained an assessment of individual clinical and non-clinical risks. The risk management policy was reviewed and it contained details of the specified risks as detailed in the regulation.

Judgment: Compliant

## Regulation 27: Infection control

The inspector found that there were effective infection prevention and control procedures in place at the centre. The provider had ensured that staff had access to expert infection prevention and control advice, when required. The inspector saw that the environment and equipment in use in the centre was clean on the day of inspection. Staff were knowledgeable on effective cleaning practices in the centre. Staff had been provided with fit testing for FFP2 masks and staff were seen to be compliant with appropriate PPE use and hand hygiene on the day of inspection. The inspector saw that there was good monitoring of standard and transmission based precautions and high compliance reported in audits were reflected in the findings of the inspection. The registered provider implemented the centre's contingency plan for managing a COVID-19 outbreak during a recent outbreak in the centre and had engaged with the local public health department.

Judgment: Compliant

## Regulation 28: Fire precautions

Oversight of the integrity of fire doors required action. The inspector found one fire door had a gap that may not deter smoke in the event of a fire. The integrity of a fire door in one of the sitting rooms could not be assured as it was damaged. The provider assured the inspector that a new fire door was ordered and a temporary repair was implemented as an interim measure until the door was sourced. Further controls were put in place to reduce the risk by the provider including not using the room until the door was replaced.

The inspector saw that there was no signage in place to indicate where an oxygen concentrator was in use to alert staff in the event of fire. This was immediately addressed by staff during the inspection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

It was evident to the inspector that there were improvements in care planning and assessment since the last inspection. The inspector found that care plans were reviewed and updated in accordance with the regulations, the changing needs of residents and the recommendations by allied health professionals. From a sample of care plans reviewed the inspector saw that a comprehensive assessment of residents needs were recorded, using a variety of validated tools and care plans

were developed following these assessments.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents' healthcare needs were well met, and they had access to appropriate medical and allied health and social care professionals. Residents were reviewed regularly by local GPs who attended the centre four days a week and more frequently if required. Residents living in the centre also had access to a consultant specialising in older adult medicine and a medical consultant specialising in psychiatry of old age who attended the centre to review residents if required. There was evidence of regular medical reviews. Access to allied health was evidenced by regular reviews by the physiotherapist, dietitian, speech and language and podiatry as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with the staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff. The principles of a restraint-free environment were promoted by the person in charge and staff at the centre resulting in very low use of restraint in the centre. However, a number of staff were overdue training on responsive behaviours, this is addressed under regulation 14.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that staff working in the centre were up to date with training in safeguarding of older adults. Staff who spoke with the inspector were aware of what to do if there was an allegation of abuse. Residents reported that they felt safe in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider ensured that residents were provided with facilities for occupation and recreation in the centre. Residents were provided with opportunities to participate in these activities in accordance with their interests and capacities. There was a schedule of activities available seven days a week that were facilitated by external providers and the centre's own staff. The inspector saw a large number of the residents enjoying these activities on the day of inspection. Staff and residents assured the inspector that choices were respected in relation to visits, bedtimes, access to external gardens and smoking choices. Residents religious preferences were supported in the centre and mass was available daily on the centre's smart TVs and was held weekly in the centre by a local priest. Residents has access to advocacy and residents views were sought on the running of the centre through residents meetings and surveys.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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 Bandon Community Hospital OSV-0000557

Inspection ID: MON-0036732

Date of inspection: 21/04/2022

## 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 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> <p>All staff completed training in responsive behavior by 04/05/2022</p> <p>The staff training matrix is reviewed and audited bimonthly and staff are notified of training due.</p> <p>We will continue to provide in house training whenever possible.</p> <p>Completed 04/05/2022</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All staff are clear that the call bell is placed within easy reach of residents at all times.</p> <p>An audit of call bell location in relation to the resident and functionality has been added to the observation audit of call bell answering times.</p> <p>Completed 04/05/2022</p> <p>The consultant chef is scheduled to train kitchen staff in preparation and presentation of</p>	

all diet types. To be completed by 30/06/2022.

A chiller and food processor have been ordered to ensure safe preparation and storage of dysphagia diets. To be completed by 30/06/2022.

Insulated plates and plate covers to increase the hot holding time of meals are on order. To be completed by 30/06/2022.

A new set of menus has been completed covering a six week rotation. The chef and all kitchen staff are to meet with the management, dietician and consultant chef to review the menus and sign off on implementation. To be completed by 30/06/2022

Care staff and Nursing staff will receive training from consultant chef and CNM2 on the dining experience to be completed by 30/06/2022

We will continue to perform the schedule of audits and identify action plans as they are required.

All contracts have been reviewed and the room number and type added to the contract as an addendum to those that were missing.

The weekly and monthly rate is included in all contracts.

Completed 04/05/2022

All staff completed training in responsive behavior by 04/05/2022

The staff training matrix is reviewed and audited bimonthly and staff are notified of training due.

We will continue to provide in house training whenever possible. Completed 04/05/2022

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All contracts have been reviewed and the room number and type added to the contract as an addendum to those that were missing.

The weekly and monthly rate is included in all contracts.

Completed 04/05/2022

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Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The consultant chef is scheduled to train kitchen staff in preparation and presentation of all diet types. To be completed by 30/06/2022.

A chiller and food processor have been ordered to ensure safe preparation and storage of dysphagia diets. To be completed by 30/06/2022.

Insulated plates and plate covers to increase the hot holding time of meals are on order. To be completed by 30/06/2022.

A new set of menus has been completed covering a six week rotation. The chef and all kitchen staff are to meet with the management, dietician and consultant chef to review the menus and sign off on implementation. To be completed by 30/06/2022

Care staff and Nursing staff will receive training from consultant chef and CNM2 on the dining experience to be completed by 30/06/2022

We will continue to perform the schedule of audits and identify action plans as they are required.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The fire door in the hallway has been serviced and there is no longer a gap. Completed 29/04/2022

The door to the small sitting room has been assessed by maintenance and glued to increase integrity. An order for a replacement door was submitted.

The sitting room will not be used by staff, residents or visitors until the door has been replaced.

Expected end date for replacement of the door 17/06/2022

Signage to indicate oxygen is in use is attached to each oxygen concentrator and is

displayed on the outside of the room door when oxygen is in use.

Staff are aware of the requirement for signage when oxygen is in use and continue to be reminded in safety pause and report daily. Completed 21/04/2022.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	04/05/2022
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/06/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Substantially Compliant	Yellow	04/05/2022

	appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	04/05/2022
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	04/05/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	17/06/2022