



**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:	Waterford Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	Passage Way, Waterford, Waterford
Type of inspection:	Unannounced
Date of inspection:	03 March 2021
Centre ID:	OSV-0007792
Fieldwork ID:	MON-0031564

About the designated centre

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

Waterford residential care centre is a new purpose built centre set out over two floors. It is built to a high specification and consists of two units of 30 providing a total of 60 beds. The units were named after local Waterford areas surrounding the centre. Ferndale ward: has 28 continuing care beds and 2 respite beds and Farronshoneen ward has 28 continuing care beds and 2 respite beds. All of the bedroom accommodation is provided in single full ensuite bedrooms. There are a number of sitting room and dining rooms in each of the units and additional multipurpose rooms including activity rooms and quiet/ visitor rooms. The variety of communal spaces provided adequate space and choice for residents. There were also other areas along corridors with seating for use by residents. Facilities shared between all units include a large function room, a tranquil room, a hairdresser room, a treatment room, laundry, meeting rooms, overnight room for families, offices, visiting areas and a number of secure outdoor areas. Residents and families also have access to large communal area's near the entrance and in the atrium of the building.

Waterford Residential Care Centre provides 24 hour care for Female & Male residents who require various levels of nursing care from continuing care, rehabilitation and respite care. There is a good ratio of nurses on duty during the day at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

53

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 3 March 2021	09:20hrs to 17:40hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a very nice place to live in a brand new building with plenty of space for residents to enjoy. Residents reported they generally had choice in their daily lives and that staff promoted a person-centred approach to care and were found to be very kind and caring. The inspector met with a large number of residents present on the day of the inspection and spoke in more detail with approximately seven residents and also saw visitors who were having a window visit during the inspection.

At the time of the inspection, the centre had been declared free of COVID-19, following a significant outbreak which had impacted greatly on the residents, their families and staff. Level five restrictions were in place, which had an impact on the lived experience of the residents in the centre. However, from the observations of the inspector and what residents told the inspector it was clear that the residents received a high standard of quality care throughout the outbreak.

The inspector arrived to the centre unannounced in the morning and the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. These procedures were comprehensive and included a signing in process, hand hygiene, face covering, and temperature checks. Following an opening meeting the inspector was accompanied on a tour of the premises, where the inspector also met and spoke with residents in their bedrooms and in the various day rooms. The inspector saw that this was a new purpose built centre designed and laid out to a high specification. The centre was set out over two floors and consists of two units providing a total of 60 beds. The inspector was informed that the units were named by the residents after local places in the Waterford area surrounding the centre. The units are Ferndale ward and Farronshoneen ward. The inspector saw that all of the bedroom accommodation is provided in large single full en-suite bedrooms. Bedrooms were fitted out with a comfortable chair, bedside locker and a large wardrobe, overhead hoists and call bells were welcomed features. The inspector saw on her walk around that there were a high number of bedrails in use and this is discussed further in the report. There are a number of sitting room and dining rooms in each of the units and additional multipurpose rooms including activity rooms and quiet/ visitor rooms. The inspector saw and residents confirmed that the variety of communal spaces provided adequate space and choice for residents. There were also other areas along corridors with seating for use by residents. The activity rooms included a kitchenette which made the room homely and could be used for baking and other activities. Facilities shared between all units include a large function room, a tranquil room, a hairdresser room, a treatment room, laundry, meeting rooms, overnight room for families, offices, visiting areas and a number of secure outdoor areas. Residents and families will also have access to large communal areas near the entrance and in the atrium of the building.

The inspector saw that the premises was well decorated with pictures, traditional

items such as old fashioned gramophones and radios, paintings and soft furnishings. Large murals of a Waterford landmark hotel adorned the wall in one unit, with another corridor contained a series of black and white framed pictures of Waterford areas. Both of these areas were a great focal and talking point along the corridors. Other arts pieces had been commissioned and chosen by residents and were seen throughout the centre. All parts of the centre was seen to be clean throughout. There were large easy to read clocks in a number of rooms and a large dementia friendly calendars and picture information boards posted in a number of locations in the centre. Many of the resident's bedrooms were personalized with personal memorabilia, photographs, pictures and ornaments. Pictures were seen to be hung at a height that was easily viewable from the bed or chair. There was appropriate signage for example, numbers on bedroom doors and signage on corridors to support residents, particularly residents with a cognitive impairment find their way around the centre. The design of the building ensured that the outdoor areas and courtyards were accessible to residents on all levels. One of the outdoor areas had large paved footpaths that would facilitate residents to have long walks. The outdoor areas were landscaped to a high standard and included secure furniture. Many bedrooms had doors opening directly onto the courtyard areas and residents told the inspector this was lovely particularly in the fine weather to sit outside. The inspector saw that despite inclement weather a number of residents sat outside daily. The inspector saw that many of the bedrooms were over looked which resulted in a lack of privacy for the residents when the curtains were open. This had been identified on the site visit of the centre and the provider had commenced the process of putting a screen on the windows which allowed residents to see out but nobody to see in. However there were a large number of rooms that continued to require this screening and this will be discussed further in the report.

On advice of Public Health and to ensure the continued safety of residents, the centre remained split into two zones, upstairs and downstairs, with no interaction of residents and staff where possible between the two units. Social distancing was observed in day and dining rooms and both units were further divided into two separate areas. The inspector saw some different activities taking place during the inspection and the activity staff member explained how they facilitated residents to stay in contact with their families. The activity staff member was seen to assist residents to Zoom/ Skype their family using a large screen that could be wheeled from room to room. Residents told the inspector that this was a great way of staying in touch. Another resident told the inspector how they regularly received window visits from the family and so looked forward to these visits. The inspector saw one such window visit taking place during the inspection and saw how well set out the centre was to facilitate window visiting. Residents were complimentary about the activity room with the cooker and said they enjoyed getting involved in baking in the centre.

All residents that spoke with the inspector were complimentary about staff, saying that staff are excellent, friendly courteous and understanding. Staff were observed assisting the residents in an attentive manner throughout the inspection. The Inspector also observed some very person centred interactions with staff and residents in resident's rooms and in the communal areas. Residents were complimentary about the food and they said there was choice at all meal times. The

catering staff who spoke with the inspector were very knowledgeable about residents special dietary requirements and easy viewable nutritional plans were available in each units kitchenette.

Residents told the inspector they were able to have their say in the service and spoke about attending residents meetings. The inspector also saw minutes of residents meetings where items around upcoming events, activities, visiting guidelines and all aspects of the COVID-19 pandemic were discussed. A very colourful newsletter was produced in conjunction with the residents on a regular basis. One of the newsletters seen by the inspector included a life story of a resident and some jokes and puzzles. Residents told the inspector they looked forward to the latest edition of the newsletter.

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

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the registration site visit had been generally been addressed and rectified with the exception the actions required in relation to protection of the privacy of residents in the provision of screening on bedroom windows and in fire safety.

Waterford Residential Care Centre was registered as a new centre in April 2020. The centre is operated by the Health Service Executive (HSE) who is the registered provider. The Registered Provider Representative (RPR) has an office base in close proximity to the centre and is available to management and staff. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by the Director Of Nursing who is a person participating in management (PPIM), another Assistant Director of Nursing (ADON) , Clinical Nurse Managers (CNM), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The management team displayed a commitment to continuous improvement in quality person-centred care through regular audits of all aspects of resident care utilising key performance indicators and feedback from residents and relatives. Senior management and staff were appropriately qualified for their role. The person in charge was not available on the day of the inspection but the PPIM and ADON were available in her absence.

This was an unannounced risk-based inspection conducted over one day. The centre had a recent outbreak of COVID-19 which had a significant impact on residents, staff and families in the centre. 22 residents had recovered from COVID-19 and

sadly 5 residents had passed away. A large number of staff had also contracted COVID-19 and had now recovered from the infection. The inspector acknowledged that residents and staff living and working in centre have been through a challenging time. It was further acknowledged that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time.

From the outset, the centre experienced staff shortages due to the significant number of staff impacted by the virus and the resultant increase in care needs of residents due to the virus. Staff worked additional shifts and a number of agency staff were employed. At the time of this inspection, staffing levels had returned to normal and staffing levels were seen to meet the needs of the residents. Training had been provided to staff on infection control throughout the outbreak and pandemic and there was evidence of mandatory training in other areas such as fire safety, safeguarding and moving and handling. However, some gaps were seen in mandatory training for responsive behaviours.

There was evidence of effective communication with families and residents throughout the outbreak and pandemic in general. There was a residents forum with regular meetings held. There was evidence that issues raised in those meetings were addressed by the person in charge.

There was a record of all accidents and incidents that occurred in the centre and appropriate action was taken in the review of any resident following a fall. Incidents had been notified to HIQA as required by the regulations. The RPR provided assurance that all staff were fully vetted prior to commencing work in the centre and all staff have suitable Garda Vetting.

Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables.

Regulation 15: Staffing

Based on the currently assessed needs of the residents, the centre had sufficient staffing and appropriate skill mix in place to provide a high standard of care. The staff roster was reviewed which showed there were four staff nurses on duty in each 30-bedded section of the centre each day from 07:45hrs reducing to two nurses after 16.15. There was also two nurses for the night shift. Four healthcare staff are on daily on each unit from 07.45 which again reduces to two healthcare staff after 16.45 and two healthcare assistants for the night. There were two catering staff per unit and two housekeeping staff. Other staff included 3 activity staff and admin staff.

Judgment: Compliant

Regulation 16: Training and staff development

Responsive behaviour training was provided to over 80 percent of the staff however up to 20 percent of staff had not undertaken this mandatory training, the management team said they were looking to provide same in the next number of months.

Judgment: Substantially compliant

Regulation 21: Records

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes.

Requested records were made available to the inspector and were seen to be well maintained. A sample of staff files viewed met the requirements of Schedule 2 of the regulations, for example they contained the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Vetting disclosures were in place for staff prior to commencing work in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with identified lines of accountability and authority. The inspector spoke with various staff who demonstrated an awareness of their roles and responsibilities. The centre was seen to be adequately resourced and governance arrangements for the service were as set out in the statement of purpose. There was an ongoing system of audit and comprehensive systems were in place to collate and review quality data to identify and assess areas for improvement.

The person in charge and management team regularly received feedback from residents and relatives via the residents forum and resident satisfaction surveys. The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2020.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. The inspector noted that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined the services and responsibilities of the provider to the resident and the fees to be paid. They outlined the room to be occupied. The contracts contained fees for extra services.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with the requirements of regulations and timely and detailed recording and investigation of incidents was evidenced during the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place in the centre. This procedure was prominently displayed in the main entrance area. The complaints procedure identified the nominated complaints person and summarised the appeals process in place. The complaints log was reviewed by the inspector. Complaints were comprehensively documented, there was evidence that they had been dealt with appropriately and had sufficient detail of the investigation conducted. The responses and satisfaction of the complainants were documented. Lessons learnt were a feature of the complaint log and how this learning was shared.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of effective consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspectors found that some improvements were required in the management of fire drills, medication management and restraint usage.

The provider had effective infection control procedures and protocols in place and a preparedness plan to mitigate the effects of the outbreak in the centre. The inspector saw that residents' healthcare needs during the COVID-19 outbreak had been well managed with a planned and coordinated approach by management. Support and advice was provided through their medical officer and from the local geriatrician and palliative care teams. The needs of residents had been to the fore and this continued to be the ethos of care in this centre. Dedicated staff in the centre worked tirelessly to maintain safe levels of care to residents at the height of the outbreak. The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. PPE was readily available to staff and was used in line with the national guidance.

The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. The inspector found that residents were consulted about how the centre was run and were enabled to make choices about their day-to-day life in the centre. There were adequate arrangements in place for consultation with relatives and families. There was evidence that ongoing communication had taken place with families during the COVID-19 pandemic.

The requirement to maintain a social distance impacted on social activities in the centre. Although larger group activities and gatherings were discontinued due to COVID-19, there was an ongoing programme of smaller group and one-to-one recreational activities for residents to partake in. These were carried out in accordance with public health advice and the inspector observed that there was space to facilitate social distancing.

Systems were in place to promote safety and effectively manage risks. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed in 2020 and although some fire drills had been undertaken the person in charge confirmed they had not simulated a drill of a full compartment with minimal staffing levels and drills available did not provide assurances regarding suitable evacuation times. This was conducted following the inspection and further drills are recommended.

Written operational policies advised on the ordering, prescribing, storing and administration of medicines to residents were in place. Medications that required special measures were all counted at the start of each shift. Audits of medication management were taking place and errors were being recorded and actioned appropriately. During the COVID-19 outbreak resident's medications were all individually placed in a locked cupboard in each residents bedroom so there was not a requirement to go from room to room with a medication trolley each medication round. However, medication practices seen by the inspector during the inspection required review to ensure the safety of the residents.

Staff were found by the inspector to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests. There were systems in place to safeguard residents from abuse and training for new staff was ongoing. A review and improvements were required in the use of restraint in the centre.

Regulation 11: Visits

Visiting space was available in a number of locations throughout the centre and on the grounds of the centre. A dedicated visitors room that included overnight accommodation was in place for end of life situations. Currently due to level 5 restrictions, in door visiting was not allowed except for in compassionate circumstances. However window visits were taking place on a regular basis. The management team outlined the plans in place for reopening to visitors on a phased basis maintaining social distancing as restrictions on COVID-19 were lifted.

Judgment: Compliant

Regulation 17: Premises

The premises was a brand new purpose built centre that was seen to meet residents needs in a homely and comfortable manner. All bedrooms were single en-suite rooms with plenty of communal and outdoor space to meet residents needs. Residents were very complimentary about the building and work was ongoing on the decor and personalisation of the spaces.

Judgment: Compliant

Regulation 26: Risk management

There were risk reduction records including the risk management policy and the person in charge was familiar with the risks identified in the centre. Clinical risks assessments were seen to be completed and appropriate actions were taken to any risks identified.

Judgment: Compliant

Regulation 27: Infection control

There was evidence that the centre had effectively managed the recent outbreak of COVID-19 and had a comprehensive preparedness plan in place should another outbreak occur. Policies were in place to guide staff and specific training had been provided which included hand hygiene technique, cough etiquette, donning and doffing PPE and symptom monitoring.

The centre was seen to be very clean and the inspector spoke with the contract cleaners who informed the inspector that cleaning procedures were updated and frequency increased for specific areas of the centre during the outbreak. Cleaning staff were seen to be competent in all aspects of decontamination cleaning and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Hand sanitisers were appropriately located along corridors. A full assessment of the premises from an infection control perspective was undertaken by the infection control specialist for the HSE. PPE stations were appropriately set out along the corridors and near to residents bedrooms and clinical waste was effectively managed.

Judgment: Compliant

Regulation 28: Fire precautions

Following the registration site visit in March 2020 a condition was placed on the registration of the centre in relation to fire precautions requiring the centre to be compliant with Regulation 28. Information was submitted to the Chief inspector to provide assurances around the containment of fire in the centre. HIQA's inspector of Estates and Fire Safety is currently reviewing this information and liaising with the provider in this regard. Therefore the inspector did not review this element of fire safety on this inspection.

The inspector did look at fire drills and further assurances were required following this inspection that residents could be evacuated in a timely manner in the event of a fire in the centre. A full compartment evacuation had been undertaken following the inspection with night time staffing levels demonstrating good timings, further full

drills are required to ensure the competency of all staff .

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

During the inspection the inspector found that some medication management practices required review. The inspector saw a medication trolley full of boxes of medications left open on a corridor outside a residents bedroom. The nurse was inside the bedroom and the trolley was unsupervised for a number of minutes. This was a high risk as resident's walking the corridor could easily have walked past the trolley and picked up box's of medications without the nurse being aware.

The inspector also noted that medications that required to be administered in an altered format such as crushing were not individually prescribed as such which could lead to errors in medication administration.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The assessment process involved the use of a variety of validated tools and care plans were found to be person centred and detailed to direct care. Assessments and care plans were regularly reviewed and updated as required. However, there was numerous documents in the assessment and care planning folder and the inspector found that it was difficult to locate all of the relevant care plans to direct care. The CNM and management team said they would address this immediately so care plans were more accessible to all.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met and that staff supported residents to maintain their independence where possible. There was evidence of good access to medical staff with regular medical reviews in residents files. During the COVID-19 pandemic and outbreak the medical officer continued to provide a service to the residents with support from geriatrician and palliative care services. In relation to COVID-19, there was evidence of ongoing liaison with the public health.

Residents had access to a range of allied health professionals which had continued throughout the pandemic with some reviews taking place online. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met this was particularly relevant to residents post COVID-19 who had lost weight. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice and dietetic input. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. Further input from physiotherapy services would benefit residents mobility post COVID-19.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were high numbers of residents using bedrails as a restraint at the time of the inspection. A further full review of all restraints in use in the centre was required with an aim towards a restraint free environment.

Judgment: Substantially compliant

Regulation 9: Residents' rights

During the Registration site visit inspectors observed that the centre was built to a high specification with large windows in all bedrooms and day areas. The centre was in a built up area and was overlooked by a number of buildings and other residential centers. Resident's bedrooms also opened out onto courtyards that would be used by other residents and their visitors. Although blinds were on bedroom windows for night time, there was no screening on bedroom windows to protect the privacy and dignity of residents in their bedrooms during the day. The provider committed to rectify this situation by applying screens to the windows to prevent people seeing in but the residents could still see out. A condition was placed on the registration of the centre to ensure this work was completed.

During this inspection the inspector saw that although screening had been applied to a number of windows there were a large number yet to complete. This was delayed by the COVID-19 outbreak and the provider committee to its completion.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Waterford Residential Care Centre OSV-0007792

Inspection ID: MON-0031564

Date of inspection: 03/03/2021

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>A review of training records for responsive behavior training is completed. A training programme has been scheduled by the local facilitator and will be completed by the 31/5/2021.</p> <p>All staff will have completed training in responsive behavior training by 31/5/2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Routine Fire drills continue with the addition of simulating night time drills.</p> <p>The HSE are committed to engaging consultants to assess the requirements of each door sets to achieve this standard, establish costing and tender for the work. Once we have the report and tendered we will be able to provide timeline for the completion of works.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

<p>A meeting has taken place with the staff nurse & Line Manager. The nurse has undertaken the appropriate medication management training.</p> <p>A Standard operating procedure for administration & storage of medication has been developed in conjunction with local & national medication PPG guidance. Training on the SOP will be completed by 31/5/2021.</p> <p>All Crushed medication has been reviewed, medicines which can be supplied in Liquid format have has been prescribed. Time frame for completion: Completed</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Full review of restrictive devices has occurred in the centre. Restrictive devices have been reduced but a number of residents with capacity request to have bed rails in place while asleep.</p> <p>Time frame for Completion of all restraints - completed</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A work schedule had commenced in 2020 to place glazing on all residents' bed room windows overlooking courtyards and external public areas.</p> <p>Due to the current level 5 restrictions & having had a recent outbreak of Covid Infection these works had to be put on hold. Works have commenced and are due to be completed by 30/4/2021.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2021
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	01/04/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in	Not Compliant		30/09/2021

	the designated centre.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31/03/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/03/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/03/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Substantially Compliant	Yellow	30/06/2021

	accordance with their interests and capacities.			
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