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:	Fennor Hill Care Facility
Name of provider:	Blockstar Building Limited
Address of centre:	Cashel Road, Urlingford, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	15 September 2021
Centre ID:	OSV-0007180
Fieldwork ID:	MON-0033804

About the designated centre

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

Fennor Hill Care Facility is situated on the outskirts of Urlingford in County Kilkenny and within walking distance from the village centre. Residents' accommodation is situated on two floors of the facility and accommodates 56 residents. It is a newly built facility opened in September 2019. Accommodation comprises 48 single rooms and 4 twin rooms, all of which have spacious ensuite bathrooms with a toilet, hand sink and shower facilities. The centre has communal sitting and dining rooms on both floors. The centre can accommodate both female and male resident with the following care needs: general long term care, palliative care, convalescent care and respite care. The age profile of each resident maybe under or over 65 years but not under 18 years with low to maximum dependency levels.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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 15 September 2021	09:50hrs to 18:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Fennor Hill Care Facility. Residents complimented their living arrangements, and were happy with the size and layout of their individual rooms, and the wider communal areas. Residents commented that they could walk out to the gardens or sit in the spacious lobby if they wished. Residents and relatives described the staff as caring and supportive. The inspectors spoke with five residents during the inspection and met two visitors who were visiting their relatives during the day.

The inspector arrived unannounced to the centre in the morning and was met by the centre's administrator who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented prior to accessing the centre. The newly-appointed person in charge met the inspector and held a short opening meeting, adhering to social distancing guidelines. Following this, the person in charge accompanied the inspector on a full tour of the premises. The inspector observed a busy centre, with some residents being assisted to get up and others having finished their breakfast. There are 48 single bedrooms and four twin bedrooms all large in size with full en-suite bathrooms. On the day of the inspection there were 37 residents living in the centre. A number of rooms were vacant. These bedrooms remained part of the cleaning schedule and they were seen to be clean and well maintained. Following on from the last inspection, improvements were seen in the individual personalisation and decoration of some residents' bedrooms. For example, a resident who loved flowers had beautiful floral wallpaper panels and her favourite pink paint on the walls. Another resident who loved Gaelic games had a framed Kilkenny jersey on display and had painted the colours of the Irish flag on an accent wall in his room. The inspector observed that the first floor of the centre had undergone vast improvements in the overall decor. External personnel had been engaged to review and advise on the development of this area, making it more conducive to the design principles and dementia-specific requirements of the area. The addition of striking murals of an old-style kitchen dresser and menu board in the dining room had transformed the area. The inspector acknowledged that the dining experience of the residents had been greatly enhanced by these environmental improvements, bringing it in line with the dining experience of the residents accommodated on the ground floor. Additionally, the main sitting room on the first floor had been decorated with residents' artwork and was a bright and cheerful place for residents to spend time. The inspector observed that residents with a diagnosis of dementia had individual rummage boxes, filled with old photographs, objects and items relevant to the resident's hobbies, interests and their family life.

On the day of inspection there had been sufficient staff rostered to meet the needs of the residents. There were two unforeseen absences on the morning of the inspection resulting in a shortage of staff on the first floor. As a result, two healthcare assistants and one nurse were assigned to 17 residents. The inspector observed staff working together to assist the residents, according to their individual

level of need. The inspector spoke with staff on duty who confirmed that with the additional help of the nurse and one of the activity coordinators, who was also a trained healthcare assistant, they had managed to meet the needs of the residents. There was sufficient cleaning and catering staff on duty. Soup was served mid-morning, as seen on the previous inspections. Residents were seen to enjoy this thoroughly and one resident told the inspector the warm soup was satisfying and delicious at that time and it was a nice part of the morning routine. The inspector observed the lunch and tea time serving to the residents on the first floor. Food was delivered directly from the main kitchen to the upstairs servery via the kitchen lift and transferred into the heated bain marie. Meals were plated up individually from here and were served to the residents from an open carvery-style hatch. Residents told the inspector that the food was delicious and plentiful, and residents were seen to enjoy the offerings for main course and dessert menus. The inspector noted that residents who required modified diets did not have the same menu options as the other residents. This was discussed with the kitchen staff and person in charge on the day, who confirmed that this practice would cease, and a full review of menu options for all residents would be conducted. A choice of hot and cold drinks was provided with meals and throughout the day. The inspector observed that residents who required assistance were tended to discreetly and their independence gently encouraged with regard to feeding themselves where possible.

Throughout the day inspectors saw that residents had unrestricted access to the garden, either alone or when accompanied by staff. The inspector observed relatives visiting their family members during the inspection. Some enjoyed a visit in the garden, and others met with residents either in the visiting room or the bedroom, depending on their preference. Visitors confirmed that they could take their relatives out once it was scheduled in advance. Relatives described the communication from the management and staff as excellent stating "They keep me posted if there is ever any change, I never need to worry". The inspector noted that there appeared to be a warm and friendly atmosphere between residents and staff. Staff were seen to be supportive, positive and respectful in their interactions with residents.

The activities programme in place had been improved further since the previous inspection, with residents on both floors enjoying a range of activities. On the afternoon of the inspection, residents from upstairs were seen to come down and join other residents in the garden for a sing-song facilitated by the downstairs activity coordinator. Residents were in high spirits and enjoyed the session, partaking in a glass of prosecco or a beer if they liked. There was a genuine sense of camaraderie amongst the residents and staff.

Overall, the residents expressed a feeling of contentment living in this centre. The improvements from the last inspection had enhanced the quality of life of the residents, particularly on the first floor. The person in charge and management team displayed a commitment to sustaining these improvements, building on the governance and oversight of the centre and ensuring the best possible outcomes for residents. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being

delivered.

Capacity and capability

Further improvements in the overall governance and management of the centre were seen during this inspection. New management systems were ongoing to ensure that the service provided is safe, appropriate, effective and consistently monitored. These systems were in the early stages of implementation and required ongoing development and review. There was a newly-appointed person in charge of the centre who had recently commenced in the role. The person in charge was supported on site by the assistant director of nursing. A second assistant director of nursing was due to commence employment in the coming weeks, further strengthening the governance within the centre. Additionally, the new appointment of a company-wide regional manager provided additional clinical and operational expertise and oversight of the centre. Improvements were required with regard to the management of staff absences, weekend supervision of staff and record keeping; these are discussed under the specific regulations.

The centre is owned and operated by Blockstar Buildings Limited who is the registered provider. There are four company directors, one of the directors represents the provider and spends two days in the centre each week. An external consultant is employed with responsibility for all aspects of fire safety, health and safety and risk management. The centre was registered in August 2019 for 57 beds on the ground and first floor. The centre had a poor history of regulatory compliance and has been without a person in charge from April 2021 until September 2021. This is the third risk inspection of the centre during that period. There had also been a number of provider meetings and a warning letter was issued to the provider, following a warning meeting in July 2021, requiring them to come into compliance with regulation 14: person in charge. The provider had voluntarily ceased taking admissions, while awaiting the appointment of a person in charge. On 3 Sept 2021 an experienced person was appointed to the post of person in charge in the centre.

This unannounced inspection was carried out to primarily assess the current governance and management structure in place within the centre and identify if improvements had been sustained. In addition, the inspector followed up on a number of pieces of unsolicited information which had been received by HIQA since the previous inspection, which raised concerns about care of residents, poor staffing levels and poor quality of food served to the residents. The inspector did not find evidence to support the concerns raised with the exception of the choices of food served to residents who required a modified diet. This is discussed further in the report. The inspection also followed up on actions required to address the non compliances found on the previous inspection and found the action plans had been progressed and some were fully completed.

Staffing levels within the centre were adequate to meet the needs of the residents.

There was a minimum of two registered nurses on duty over 24 hours and the person in charge and assistant director of nursing worked in a supernumerary capacity, providing clinical and operation support to the staff. The arrangements for supervision of staff at the weekends were in the planning stage and the person in charge outlined that the assistant directors of nursing and clinical nurse manager would be rostered at the weekends. Sustained improvements in the provision of training were seen since the previous inspection. Mandatory training such as safeguarding, moving and handling and fire safety was completed by all staff. As identified on the previous inspection, wound care training was required and records showed that this training was being rolled out to all nursing staff. The regional manager had developed a comprehensive competency assessment and supervision record to ensure that staff were competent and confident to carry out wound care tasks.

Following the previous inspection the assistant director of nursing continued to collect key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. There was a plan in place to introduce a streamlined company-wide system of audits, and improved communication systems with the provider's other nursing homes to ensure learning was shared across the centres. There was evidence of management and wider staff group meetings following the recent inspections, where the outcomes and the plans to improve compliance were discussed. Overall the inspector found that the management team were responsive to issues as they arose but continued and sustained improvements in all aspects of the governance and management of the centre is required.

While improvements with general record keeping following the last inspection were sustained, assurances were required with regard to the completion of Garda (police) vetting to ensure that all staff were vetted prior to commencement of employment. Records of staff and management meetings provided evidence of active engagement with staff where all aspects of the service was discussed and follow up actions taken. Overall the inspectors found the management team were responsive to issues as they arose but continued and sustained improvements in all aspects of the governance and management of the centre is required.

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had supplied full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had recently commenced full time employment in the centre. She had the necessary knowledge and experience to fulfil the requirements of the regulation. She displayed a commitment to engage in the effective clinical and operational management and governance of the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, two healthcare assistants were absent at short notice. This meant that two healthcare assistants and one nurse were available to meet the needs of the 17 residents present on the first floor on the morning of the inspection. Staffing levels returned to normal at 2pm. The inspector found that staff worked diligently and managed to meet the needs of the residents despite the absences.

From a review of the centre's rosters and from speaking with staff it was evident that staff absenteeism had become an issue, particularly at weekends. The person in charge had identified this deficit and had begun taking appropriate steps to address this from a human resources perspective, in conjunction with the newly appointed regional manager.

Judgment: Substantially compliant

Regulation 16: Training and staff development

As identified on the previous inspection, supervision of staff at the weekend required review, as although there was on-call arrangements there was no member of the management team on duty. The person in charge outlined that the arrangements for supervision of staff at the weekend were in the process of being finalised and that the assistant directors of nursing and clinical nurse manager would be rostered at the weekend. This arrangement had not yet begun.

Newly-appointed kitchen staff did not have training appropriate to their role, specifically in relation to the correct modification of diets as prescribed by the speech and language therapist.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files was reviewed by the inspector. In two of these files, it was found that An Garda Síochána (police) vetting disclosures were not in place prior to the staff member commencing employment in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Changes to the management personnel since the last inspection had strengthened the overall governance and management of the centre. The inspector reviewed minutes of recent senior management meetings where the roles and responsibilities of each member of the management team had been discussed. Further clarification of each member of the team's individual lines of accountability and authority is required to ensure a streamlined management system. For example, some staff were unsure of the person in charge's role and whether they reported directly to them or not.

Oversight of food and nutrition required attention and further, increased oversight of medication storage was required; this issue had been identified on both of the previous inspections.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. The inspector reviewed this incident and accident record which confirmed that all required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the record of complaints in the centre and found that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded. There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information which clearly specified the nominated people designated to deal with the complaint process, as required by the regulation.

Judgment: Compliant

Quality and safety

Overall, residents were seen to have a good quality of life in this centre, supported and encouraged by a team of dedicated staff. The inspector noted that since the last inspection, significant improvements had been made in relation to the implementation of specific directions and advice from healthcare professionals, management of behaviours that challenge, and the design and layout of the first floor. Some improvements were still required with regard to the storage and administration of medications and screening in twin rooms to protect the privacy and dignity of residents. Menu options for residents on modified diets required review. This is discussed under regulation 18.

The design and layout of the ground floor promoted an unrestricted environment for residents who were encouraged to mobilise freely and had access to an enclosed garden from the large ground floor sitting room. The first floor, which was referred to as ''the dementia unit'', had undergone significant improvements to ensure that the residents who had a diagnosis of dementia were afforded the same experience as those accommodated on the ground floor. In particular the personalisation and decoration of individual rooms and the improvement of decor in the dining room.

Overall, the centre was found to be very clean throughout. Cleaning staff were knowledgeable and had received training specific to their roles. The inspectors acknowledged that efforts of the staff and residents at being successful to date in keeping the residents free from COVID-19 infection. Protocols remained in place for surveillance and testing for COVID-19 and all residents and staff had been offered vaccinations, with a very high uptake. Staff and residents continued to participate in regular screening for symptoms of infection. Staff were seen to abide by best practice procedures in relation to hand hygiene and the wearing of personal protective equipment (PPE). Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE.

The activities schedule in the centre continued to be of a high quality, with a number of engaging and varied activities on offer seven days a week. Staff were seen to be supportive and encouraging in their interactions with residents. On the day of inspection, there were two activity coordinators assigned to the first floor and one to the ground floor. In contrast to the previous inspection, the residents on the first floor were seen to be engaged in a range of appropriate and dementia-specific activities which promoted their social and psychological well-being. Residents who had the ability to mobilise freely were seen to do so, and in the afternoon, residents from upstairs were seen to come down to the ground floor and enjoy the large spacious sitting room and the gardens.

Residents were provided with adequate quantities of nutritious food and drinks,

which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times. Nonetheless, it was noted that there was no choice of menu for residents who required a modified diet.

There were good improvements noted in the assessment, implementation and evaluation of wounds with regular updates and reviews relative to any changes identified. The inspector found that that residents continued to have very good access to healthcare through their individual general practitioner (GP) and through timely and appropriate review by other health and social care professionals. The recommended treatment and medical advice was seen to be implement by staff in practice

Some issues identified on the previous inspection in relation to overall medication management within the centre had been actioned and improvements were noted, including in the management of topical medical patches. The inspector identified that specific instructions with regard to the storage and administration of certain medications was not followed, an issue identified on the previous inspection. This is discussed under Regulation 29.

Regulation 17: Premises

Issued identified following the previous inspection were noted to have been actioned and improved as follows:

- A full audit was conducted on the automatic lights in the residents' en-suites to determine the length of time taken to illuminate on entry. These had all been fully reviewed by an electrician and were now functioning appropriately.
- Storage in shared en-suites had improved, with clear separation and labelling of each residents' belongings and hygiene products.
- The design and decor of the first floor had undergone significant improvements which enhanced the experience of the residents accommodated on this floor.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents requiring a modified consistency diet did not have a choice of menu at mealtimes. While the modified diets served to residents who required them were wholesome and nutritious, chicken was served to all, despite beef or salmon being the options available as displayed on the menu board and offered to the other

residents. Additionally, there was no clear differential between the different levels of modification. For example, Level 4 and Level 5 consistency diets were identical.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

As noted on the previous inspection, insulin pens remained incorrectly stored in the refrigerator when in use, despite the manufacturer's instructions stating that it must not be refrigerated once opened. Insulin is a high-risk medication and incorrect storage could potentially lead to ineffectiveness of the medication.

Judgment: Substantially compliant

Regulation 6: Health care

Significant improvements were noted in the management of wounds since the last inspection. A review of current wound care charts found evidence of regular assessment including clinical measurements of wounds, which evidenced the improvements or deteriorations in wounds and subsequent actions taken. Advice from wound nurse specialists following discharge from hospital were found to have been followed appropriately.

Residents had good access to health and social care professionals such as physiotherapy and occupational therapy. There was evidence of appropriate and timely referral to and review by these services, ensuring that residents changing healthcare needs were met.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of residents' records found evidence of continued and sustained improvements in the management of residents presenting with behaviours that challenge. Behavioural support plans were in place for these residents which contained sufficient detail regarding the triggers to the behaviour and the interventions to de-escalate the behaviour. Residents were reviewed by the GP following an increase in behaviours with regular reviews of medications taking place. Access was provided to consultant psychiatry teams where appropriate.

The centre maintained a weekly register of any practices that were or may be

considered restrictive. The inspector found that restrictive equipment such as bedrails were individually risk assessed prior to use and included a multi-disciplinary approach. Records showed that restrictive equipment was regularly checked and used for the minimal amount of time, in line with national guidance. There was evidence of discussion with residents and their representative, and consent was obtained for the use of all restrictive equipment.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable persons at risk of abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse. Residents with whom the inspector spoke reported feeling safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The action required following the previous inspection remained outstanding. The privacy curtain between the two beds in one of the twin rooms did not fully encircle each bed. This meant that the residents' right to privacy was not fully upheld.

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	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fennor Hill Care Facility OSV-0007180

Inspection ID: MON-0033804

Date of inspection: 15/09/2021

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 15: Staffing</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:
S: The PIC is committed to managing absenteeism in the centre and will assist employees in fulfilling their contractual obligations and to render regular and safe efficient service. .
M: Monitoring employee sickness absence records for frequency and patterns
A: By the PIC and supported by the regional manager
R: Realistic
T: Immediate</td></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
S: A review has taken place to ensure weekend are covered by senior team members; the ADON x2, CNM, Senior nurse will be rostered on weekends to ensure adequate supervision of care. Newly appointed kitchen staff are scheduled to have training specific to modified diet
M: Through reviews of rosters & training matrix
A: By the PIC & supported by the regional manager
R: Realistic
T: November 18th</td></tr>
</table>

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
S: To comply with Regulation 21 the PIC is fully committed in ensuring that no staff will commence employment before full Garda vetting disclosures are in place & reviewed by the PIC
M: Monthly Record audits
A: By the PIC & supported by the regional manager
R: Realistic
T: Immediate

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
S: The PIC had just commenced their role in the Centre. Departmental staff meetings have commenced, and this will address the new management structure and reporting mechanism within the organization.
The PIC will oversee food and nutrition.
Full regulations on stored medications will be strictly adhered too and audited.
M: Through audits
A: By the PIC & supported by the regional manager
R: Realistic
T: Immediate

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
S: There has been communication with catering staff regarding modified diets to ensure that needs and preferences are fully met, and the staff are supplied with specific information for each resident in terms of modified diets
M: Through training & audits
A: By the PIC & supported by the regional manager
R: Realistic
T: Training sought and scheduled for November 18th

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
S: All insulins are now stored correctly with care to ensure that they remain safe and effective.
M: Through medication audits on storage
A By the PIC/ ADON & supported by the regional manager
R: Realistic
T: Immediate

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
S: Privacy curtain to be erected to provide further privacy and comply with regulation 9.
M: Through audit and review.
A: By the PIC and supported by the regional manager
R: realistic
T: Immediate

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	27/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	18/11/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/10/2021
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Yellow	18/11/2021
Regulation 21(1)	The registered	Substantially	Yellow	27/10/2021

	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.	Compliant		
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	27/10/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	27/10/2021
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	Substantially Compliant	Yellow	27/10/2021

	resident's pharmacist regarding the appropriate use of the product.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	27/10/2021