



**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:	Kanturk Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Kanturk, Cork
Type of inspection:	Unannounced
Date of inspection:	01 February 2023
Centre ID:	OSV-0000572
Fieldwork ID:	MON-0039140

About the designated centre

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

Kanturk Community Hospital is a designated centre located on the outskirts of Kanturk town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 24 residents. It is a single-storey building set on a large mature site. The layout of the centre comprises a long corridor with multi-occupancy wards on either side of the corridor. Currently, residents' bedroom accommodation is provided in three single rooms, one twin bedded room and four four-bedded wards. All bedrooms have wash-hand basins and there are shower, bath and toilet facilities available. Communal spaces comprise a large conservatory and dining room; both have comfortable seating and dining tables. There is a visitors room with coffee dock, and a chapel. There are two secure garden areas as well as walkways, seating area with shrubbery that can be viewed from the conservatory. Kanturk Community Hospital provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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 1 February 2023	09:15hrs to 18:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met many residents on the day of the inspection and spoke with six in more detail. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided.

Kanturk Community Hospital was a single-storey building situated on a large site which also accommodated the community mental health day centre. The ambulance bay was re-located since the last inspection to accommodate the new extension to the hospital; these works were seen to be well under way.

On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures by the person in charge, which included a signing in process, temperature check, hand hygiene and face covering. There was COVID-19 advisory signage and hand sanitiser in the front porch as part of their infection control protocols.

An opening meeting was held with the person in charge, which was followed by a walk-about the centre with the person in charge. There were 19 residents residing in Kanturk Community Hospital at the time of inspection.

At the start of the walk-about, the inspector met a resident with a healthcare assistant (HCA) walking and chatting; the HCA gently and respectfully re-directed the resident and actively engaged with her to divert her attention and allay her anxiety as she brought the resident back to the day room for morning coffee.

Outside the main entrance, the 'Friends of Kanturk Community Hospital' bus was parked. Duhallow, Ballydesmond and Kiskeam GAA fund-raised to support Kanturk Community Hospital and they provided the funds which enabled procurement of the 8-seated bus. The person in charge explained that the bus was invaluable and enabled lots of outings such as the outing to the enclosed market in Newmarket the day before the inspection, visiting Tubrid well was a regular occurrence, and towns such as Mallow and Fermoy for shopping and banking. Residents spoken with concurred and relayed stories of their outings.

The main fire alarm system, registration certification and suggestion box were by the main entrance. Orientation signage was displayed throughout the building to guide residents to the dining room, chapel and bedrooms for example, to allay confusion and disorientation; other signage included information relating to the incline/decline on the corridor by the chapel.

The main entrance to the hospital was wheelchair accessible. Residents' accommodation was set out on one main corridor extending from the main entrance. Nursing and administration offices were to the right and left of the main

entrance. The single palliative care room with hand-wash basin was located to the right; previously this room had a separate entrance via the garden but this entrance was closed off due to the building extension works in progress. The enclosed garden to the right was also closed off and subsumed into the building works, as was Edel Quinn, the two-bedded room. This was closed off at the start of January in line with the phased building works. The shower room (alongside Edel Quinn room) with toilet and wash-hand basin remained in operation; a dani-centre with personal protective equipment (PPE) storage was discreetly located here.

The main kitchen was located on the left opposite Edel Quinn suite. The chapel was on the left beyond the kitchen. Mass was celebrated in the church on the day of inspection, and the priest visited residents in their bedrooms following mass and offered holy communion to residents and staff.

Current resident accommodation comprised four four-bedded rooms namely, St Mary's, St Theresa's, St Patrick's and St Oliver's ward (which was accessed through St Patrick's ward), and two single bedroom which were accessed through St Theresa's ward, and the single palliative care room by the main entrance. The inspector saw profiling beds, specialist mattresses and cushions for residents' comfort; overhead hoists were available for residents to maximise their comfort and ease of transfer in and out of bed. Residents had accessible bedside lockers and bedside chairs; in multi-occupancy rooms residents had a double wardrobe for their clothing; some residents had two double wardrobes in accordance with their wishes; some residents had additional chest of drawers.

The dining room was a large room which led into the conservatory day room and they were located at the end of the corridor on the left. Both rooms were decorated with items of domestic-style furniture such as dressers with chinaware and comfortable seating which provided a homely environment for residents to enjoy. There was a water dispenser available in the day room so people could easily access drinking water. There was a large flat screen television so residents were able to access on-line programmes. The day of inspection was 1st February, St Brigid's day, so staff found a u-tube video demonstrating how to make St Brigid crosses. There was lovely interaction, fun and activity between staff and residents making their crosses. At the end of the inspection, they presented the inspector with a cross as a memento for her visit to Kanturk community hospital. Other activities facilitated included hand massage and manicure on Thursday nights, Tilly the dog called on either Mondays or Wednesdays; one of the staff plays the guitar and sings and provided entertainment. Along with the weekly outings, the children from the local primary and secondary school entertain residents, for example, the week after the inspection, the transitional students will perform a play for residents.

One of the enclosed courtyards was located outside the conservatory. There was a ramp to enable wheelchair accessibility to and from the conservatory; the gazebo was enclosed with an overhead heater so visits could be enjoyed in comfort. A second outdoor space was erected to the rear of the building following the closure of the garden area by the Edel Quinn suite. This space had bench seating and was partially covered for people's comfort while sitting outdoors. There was a large poly tunnel seen on the green area between the Duhallow day centre and the community

hospital and this was a shared initiative between the two services. It was set on the lovely green area with shrubs and garden decorations and could be viewed from the conservatory.

Haven café was at the end of the corridor and it was beautifully decorated, had comfortable seating, a kitchenette for residents and visitors to make tea or coffee when visiting; and a separate hand-wash basin. Visiting was facilitated in line with current public health guidelines (January 2023) with controls in place to minimise the risk of inadvertent transmission of COVID-19. Visiting arrangements continued to be confined to visiting hubs in line with residents' preferred choice as their bedrooms were multi-occupancy. At residents' meetings and following the lifting of COVID-19 restrictions in residential care settings, the person in charge asked residents about visiting arrangements. Residents said they preferred that random people would not be in their bedrooms, and this was facilitated. Visiting was seen to be accommodated in the conservatory, and other options available were two outdoor areas, and the Haven café.

Overall, the premises was bright and communal areas were pleasantly decorated. The atmosphere was calm and relaxed. Lovely conversation and interaction was observed throughout the day between staff and residents.

The new building extension was discussed with two residents; they explained that the person in charge was keeping them abreast of the progress and goings-on of the building works. The explained that they had agreed on names for three of the four new wings in the centre, namely Clara, Mushera and Hilary after three mountains that could be seen from the centre; they were undecided about a name for the fourth wing. They said that it was agreed at the last residents' meeting, that when they could gain access to the new extension they would be able to choose their bedroom and this would be done on seniority, that is, the longest person resident would get first choice, and so on. They gave the name of the resident that was longest 'in the building' and it was their 'privilege and priority' to have first choice. They thought this was the fairest way of choosing bedroom. The residents explained that the person in charge was about to show them the colour palette choice for their curtains and paint. The person in charge had shown them the first video of the the new extension the day before the inspection, which made the whole project more real and exciting. One of the residents said 'I never knew I could talk up and that my opinion would be heard' until she came to Kanturk and met the person in charge, and how her life was so much better because of it.

Dinner and tea time dining was observed. Tables were set prior to residents having their meal. Meals were pleasantly presented and residents gave positive feedback about the quality of their meals. There were adequate staff to provide assistance; residents were encouraged and facilitated to have their meals independently. There was good supervision at meal-times.

The clinical room was secure and had advisory signage on the door indicating that oxygen was stored there. The housekeeping room was key-pad access. The sluice room beyond St Theresa's ward had a bedpan washer, sluicing hopper but no hand-wash sink. The bathroom beyond this had a specialist assisted bath, toilet, and

hand-wash sink. There was a second sluice room near St Patrick's ward. This sluice room had bedpan washer, sluicing hopper and hand-wash sink however this sink was not a clinical sink. The chemical store here was swipe card access with a secure chemical press.

Staff facilities were available in the building to the rear of the main building and these comprised staff changing rooms and kitchen and dining facilities.

Staff were observed to completed hand hygiene appropriately. Hand hygiene gel dispensers were available throughout the centre with advisory signage demonstrating hand hygiene.

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

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to consent forms, temporary absence documentation, local addendum to the risk management policy, daily fire safety checks and behavioural support documentation. Further attention was necessary regarding the regulation relating to aspects of care documentation.

Kanturk Community Hospital was a residential care setting operated by the Health Services Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprised the general manager for the CH04 area of the HSE. The person in charge reported to the general manager. The person in charge was supported on-site by the clinical nurse manager (CNM), nurses, care staff, catering, household and administration.

While the centre was registered to accommodate 24 residents, the current number of residents that could be accommodated was 19 residents; this was due to some rooms being cordoned off and were being incorporated into the extension works.

The annual programme of audit comprised a variety of clinical and observational audits with a monthly audit programme that supported the (Quality and Patient Safety) QPS strategy. There were weekly reminders identifying the subject matter for auditing. Results of audits fed into the internal QPS meetings, which in turn fed into the regional QPS meetings facilitated by the general manager. QPS meetings had set agenda items relating to key performance indicators, notifiable incidents and infection prevention and control as part of monitoring and oversight of the service.

The annual review for 2022 was completed and set out the plans and quality initiatives for 2023 for Kanturk Community Hospital. Information included residents access to additional services such as Acquired Brain Injury (ABI), advocacy, disability services, to improve their quality of life. The review showed ongoing communication and updated to residents regarding the new extension keeping them informed about their new home.

Clarification was provided on inspection in relation to the six-monthly NF40, nil return notifications. Incidents and accident logs were examined and these were reviewed and followed up by the person in charge. Notifications to the office of the Chief Inspector correlated with these.

Staffing levels were adequate to the size and layout of the centre. The duty roster reviewed showed that staff were delegated to activities responsibilities on a daily basis ensuring that residents had access to an activities programme.

The information available in the statement of purpose was up to date and included 'easy to follow' guide explaining how to make a complaint which also included the option of the HSE facility 'Your Service Your Say'.

The directory of residents register was updated to ensure that the temporary transfer of residents to and from the centre could be maintained as part of the register.

In general, the atmosphere was relaxed and staff actively engaged with residents in a social, friendly and respectful manner and visitors to the centre were seen to be welcomed in a friendly manner.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. She demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare. She actively engaged with residents to get their feedback to continuously improve quality of care and their quality of life.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to the size and lay out of the centre and the assessed needs of residents as assessed in accordance with Regulation 5. Duty rosters showed that staff were allocated to activities on a daily basis to facilitate

meaningful activities for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Safety pauses were facilitated as part of on-going staff supervision, and these included highlighting residents at risk of falls, skin integrity risk, environmental safety, and residents on medication such as antibiotics or controlled medication for example. Other items discussed included reviews of KPIs, audit findings, infection control, and policies for reading and signing for example. Team talks were facilitated in the afternoons and areas such as updated policies and procedures were discussed. Reminders of the appropriate records to be maintained were displayed on the notice board in the office.

Judgment: Compliant

Regulation 19: Directory of residents

A new temporary absence transfer template was developed following the last inspection to enable the recording of information upon the temporary transfer in and out of the centre in line with regulatory requirements. This was in addition to the directory of residents that was also updated to ensure appropriate records could be maintained.

Judgment: Compliant

Regulation 23: Governance and management

The audit programme reflected a review of the service with areas for improvement identified. Staff were routinely updated with audit results as part of the safety pauses and team talks as part of their quality improvement and information sharing approach.

The annual review for 2021 was available and was set out in the format of the national standards with improvement plans and initiatives highlighted for 2023.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was displayed in the centre and detailed the requirements as set out in Schedule 1 of the regulations. The person in charge explained that the statement of purpose would be updated with the new extension and the facilities available to residents upon its registration.

Judgment: Compliant

Regulation 31: Notification of incidents

Clarification was provided on inspection in relation to the six-monthly NF40, nil return notifications. Incidents and accident logs were examined and these were reviewed and followed up by the person in charge. Notifications to the office of the Chief Inspector correlated with these.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Kanturk Community Hospital. Residents gave lovely feedback about staff and the care they received.

The person in charge explained that the 'Duhallow community' continued to be a huge support and over the years had contributed significantly to the centre.

The activities programme was varied and included outings to local amenities as well as towns like Fermoy and Mallow. The local priest said mass in the centre on Wednesdays and live music took place on Sundays. The inspector observed staff spending time chatting with residents on a one-to-one basis in their bedrooms in line with the residents' preference and choice.

Transfer letters with information on residents being transferred into and out of the centre were seen to be comprehensive. In the sample of care plan documentation reviewed, consents were seen to be signed by residents for care interventions along with care planning discussion. Residents' assessments were undertaken using a variety of validated tools and in general, care plans were developed following these assessments. However, one resident's pain management record showed that the resident was commenced on several medications, but information to direct care for the specific medications was not included. Other examples were outlined in

Regulation 5, Individual assessment and care plan.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, and palliative care for example. Advanced care directives were in place for residents and documentation showed that these discussions were with the resident and GP.

Wound care was followed up as part of monitoring notifications submitted. Appropriate wound care documentation was seen to support effective wound management.

The antimicrobial pharmacist for the HSE CH04 area attended the centre on a monthly basis and completed a monthly audit as part of antimicrobial stewardship. An antibiotic log formed part of the medication administration record; this provided easy access to the antibiotic history which included the rationale for the treatment and the resident's response to it.

Laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags as required.

The new extension was seen and the inspector provided feedback to ensure the new building would be compliant with current regulations and relevant National Standards.

The evacuation sheet policy, fire safety induction and ongoing training was updated to reflect the changing physical environment and bedroom reduction. Residents personal emergency evacuation procedures were updated in January 2023 to ensure information was current; these included photographs for each resident. Daily fire safety checks were comprehensively maintained. Quarterly and annual fire safety certification was available. Evacuation floor plans were displayed in the centre and these reflected the new layout of the centre as some evacuation routes were no longer available with the construction building works in progress. Fire drills and evacuations were continually updated in accordance with the changing environment. However, further detail was necessary to be assured that full compartment evacuations could be completed in a timely manner.

Overall, the inspector observed that the care and support given to residents was respectful and kind and the quality of life and residents' independence was promoted.

Regulation 11: Visits

Visiting was facilitated in line with current (January 2023) HPSC guidance. Information pertaining COVID-19 visiting precautions was displayed at entrances to the centre. Infection control precautions were in place on entering the building

whereby a COVID-related questionnaire was completed along with taking the visitor's temperature and advise regarding wearing masks and hand hygiene.

Judgment: Compliant

Regulation 12: Personal possessions

Personal storage facilities available to residents comprised double wardrobes, bedside locker, some had an additional double wardrobe and others had chest of drawers. Residents had access to laundry facilities on site.

Judgment: Compliant

Regulation 13: End of life

Advanced care directives formed part of residents' care documentation. Decisions were made by residents regarding their care directives. Discussions were facilitated by GPs with next-of-kin when residents were unable to decide due to their cognitive impairment. Medical notes showed narratives regarding discussions with residents and their next of kin where relevant.

Judgment: Compliant

Regulation 17: Premises

The premises was bright and clean. Residents had access to two outdoor seating areas with overhead heating for their comfort. The new extension was near completion and would provide bedrooms with full en suites for residents as well as outdoor enclosed gardens, spacious communal rooms and seating areas.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents had timely access to speech and language and dietician specialist services.

Meals were pleasantly presented and in general, appropriate assistance was provided to residents during meal-times. Mealtimes were seen to be a social occasion with lovely chat and banter between residents and staff. Residents had choice for their meals and menu choices were displayed for residents. At tea-time, the inspector noted a huge variety in meals being served, all in accordance with residents' preferences and choice.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer template was used when residents were being transferred out of the centre with information to enable residents to be care for in accordance with their assessed needs and daily routines. Transfer letters when residents were transferred back into the centre accompanied residents providing updated information regarding diagnosis treatment and medications following hospitalisation. Clarification was provided on inspection regarding information relating to advance care directives to be furnished as part of transfer information should a resident require temporary transfer to hospital for example.

Judgment: Compliant

Regulation 26: Risk management

The HSE risk management policy was updated since the last inspection to include an addendum to reflect site-specific information.

Judgment: Compliant

Regulation 27: Infection control

Issues relating to infection prevention and control that required action to ensure regulatory compliance included:

- clinical hand wash sinks do not meet the requirements as set out in the guidance document of the 'Department of Health, 00-10, Part C: Sanitary Assemblies'.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Compartment evacuations were completed as part of their fire safety precautions; while these were undertaken on a weekly basis to ensure staff were familiar with the new building layout and evacuation routes following the closure of some wards, comprehensive records were not routinely maintained such as the number of residents or beds evacuated, or the duration of the drill, to be assured that this could be completed in a timely manner. Learnings and possible actions to be taken such as highlighting potential risks such as bed size and pressure relieving mattresses would provide assurances regarding fire safety precautions.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were undertaken using a variety of validated tools and in general, care plans were developed following these assessments. However, one resident's pain management record showed that the resident was commenced on several medications, but did not include information to direct care for the specific medications. Other medications commenced in April for example, were not discontinued, even though a formal evaluation was completed on a four-monthly basis and confirmed that the care plan was effective. As many of the entries in the care plan were no longer relevant, it was difficult to see how the care plan was evaluated or deemed effective.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, geriatrician, dietician, tissue viability and palliative care for example.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were observed to actively engage with residents to provide assurance and distraction when necessary and appropriate actions were taken such as re-directing residents to allay confusion and anxiety.

Judgment: Compliant

Regulation 9: Residents' rights

A rights-based approach to care delivery was promoted in the centre. Residents independence was promoted and residents were actively engaged with in the organisation and running of the centre. Residents gave positive feedback on communication and engagement by management and staff, and how they encouraged feedback to improve their quality of life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kanturk Community Hospital OSV-0000572

Inspection ID: MON-0039140

Date of inspection: 01/02/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The sinks in question have been reviewed and are only used as hand washing sinks, signage identifies same, these sinks are due to be decommissioned when the residents move to the new building, Infection control sinks are available in adjacent areas that staff use</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A new template has been developed that outlines the Date, time, location, compartment, number of residents, staffing numbers involved in drill and comments.</p> <p>This template is now being used in conjunction with HSE evacuation drill record</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans are currently being reevaluated in line with best practice guidelines, all nurses have been alerted to the importance of documentation review and revision in</p>	

relation to care planning with a specific emphasis on medication reconciliation

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	28/02/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Substantially Compliant	Yellow	31/03/2023

	designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	07/03/2023