



**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:	Esker Lodge Nursing Home
Name of provider:	Esker Lodge Limited
Address of centre:	Esker Place, Cathedral Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	18 November 2021
Centre ID:	OSV-0000135
Fieldwork ID:	MON-0033842

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to 70 residents both long-term (continuing and dementia care) and short-term (convalescence and respite care). The philosophy of care is to provide excellence in the delivery of compassionate care to residents. The centre is a three storey building located in an urban area.

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

Number of residents on the date of inspection:	70
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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
Thursday 18 November 2021	10:30hrs to 17:30hrs	Nikhil Sureshkumar	Lead
Thursday 18 November 2021	10:00hrs to 17:30hrs	Catherine Rose Connolly Gargan	Support

## What residents told us and what inspectors observed

Inspectors observed that the care provided to residents was of an overall good quality. Inspectors noted there was a calm and pleasant atmosphere in the centre and majority of residents observed and spoken with were content and relaxed in the centre. Residents commented that the centre was a nice place to live in, and the food offered to them was of a good quality. Most of the residents who spoke with inspectors told them that the staff in the centre were kind and supportive.

The designated centre is within walking distance of Cavan town and is close to local amenities and accessible from the main road. The centre accommodates residents on three floors and has a spacious car park. On arrival, the inspectors were guided through the centre's infection prevention and control (IPC) procedures by the staff at the reception. This included a signing in process and temperature checks. Good signage was present at the reception regarding the centre's infection prevention and control measures.

During a tour of the premises, the inspectors observed that residents were well-presented and dressed appropriately according to their wishes. Inspectors noticed that residents were mobilising around the centre either independently or with the assistance of staff and were using the communal areas as they wished. The provider informed inspectors that the cohorting arrangement was in place to limit the movement of residents between different floors as part of the centre's COVID-19 contingency plan. In addition, each floor of the designated centre had separate staffing to limit staff crossover and contacts. However, this arrangement was not reflected at night-time as one staff nurse was allocated to care for residents on the ground and second floors.

While inspectors' observed that there was an activity schedule available for the first floor, not all group activities as planned occurred on the day of inspection. However, inspectors did see that the activity staff supported most residents to engage in individual social activities and there was plenty of banter and laughter between the residents and staff. The staff informed inspectors that individual activity sessions were provided for most residents on the second floor. However, the inspectors observed minimal staff and resident interactions up to lunchtime. This observation concurred with some residents' feedback. Inspectors spoke with three residents on the second floor and communicated with another resident with the assistance of a communication tool. One resident who was in bed told the inspectors that they needed some company. Another three residents on the second floor expressed that they were 'bored and felt lonely'.

Inspectors found that the arrangements that were in place on the day of the inspection did not ensure that residents, particularly those residents located on the second floor, had access to meaningful activities and social interactions in line with their needs and preferences. Residents' feedback to inspectors included, 'I am here all day long', 'All I get is injections and some tablets' and 'I am often lonely here'.

Other residents comments regarding the social activities they participate in included 'staff ask me to do painting, they are nice but I don't like to do it every day and it is like I am in school. Will you ask them to stop it?.' Another resident commented: 'I used to read newspapers, but my eyes gave up, and my glasses are not great. I don't want to bother the staff. They have no time'. The provider was informed of this feedback and assured the inspectors that improvements needed to meet residents needs were already identified and actioned. Actions taken included provision of training in facilitating residents social activities for all staff and recruitment of additional activity staff was at an advanced stage.

Inspectors observed that very attractive and safe outdoor balcony areas were available on the first and on the second floors but, the access doors were key code locked. This meant that many of the residents required staff assistance to unlock these doors when they wished to use them.

Residents' bedrooms were neatly presented and had sufficient personal storage space available for residents. The provider and staff had made good efforts in consultation with residents and their families to personalise residents' bedrooms with their photo albums and other personal belongings.

Inspectors observed that the staff were knowledgeable regarding residents' care needs. The residents told inspectors that the staff were kind and always available when they needed them. Staff interactions with residents were respectful, and inspectors observed that the staff always knocked and gained permission before entering residents' rooms.

There were sufficient quantities of food available in the centre. Staff maintained appropriate recording of residents' food and fluid intake. One resident commented: "I am fine here. This is a nice place, and the food is lovely." Many other residents told inspectors that the quality of food in the centre was 'excellent' and observed that the staff supported residents to meet their nutritional needs.

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

The nursing home has a good regulatory history and the inspectors found that, while the provider was found to be proactive in the management of the centre, the centre's governance and management required further improvements in order to bring the designated centre into full compliance with the regulations.

This risk-based unannounced inspection was to monitor compliance with the Health

Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation 2013 (as amended). Inspectors reviewed the actions from the compliance plans of the last inspection and reviewed the information submitted by the provider and the person in charge and other unsolicited information.

Esker Lodge Nursing Home is a residential care centre operated by Esker Lodge Limited. The management structure consisted of the director of the company, person in charge (PIC), assistant director of nursing (ADON) and clinical nurse managers (CNM). The current person in charge of the centre was appointed to this role in 2021, and previous to this role, they had worked in a management capacity in the centre. Even though a registered nurse was available in the centre at all times, the number and skill mix of staff in the centre required review and is discussed under Regulation 15. The provider assured inspectors that on the day of inspection that they were actively recruiting staff.

The centre was in the process of transferring residents' care information from a paper-based system to a computerised system. The provider informed inspectors that they were working hard to fully implement their project of completely digitalising residents' care documentation and had systems in place to identify areas needing improvement. However, the audits system required improvement to ensure all areas needing improvement were picked up on and this is further discussed under Regulation 23.

All staff had completed mandatory training in fire safety, safeguarding residents and safe moving and handling procedures. Staff were facilitated to attend professional development training to ensure they had the necessary skills to meet the needs of the residents in the centre. However, inspectors found that additional training in providing meaningful social activities would help to ensure that staff were able to provide appropriate activities that would benefit the quality of life of all residents living in the centre. This is further discussed under Regulation 16.

#### Regulation 14: Persons in charge

The provider appointed a new person in charge on 25 January 2021. The new person in charge is a registered nurse and works on a full-time basis in the designated centre. She has several years management experience and a management qualification as required by the regulations. She was supported in her management role by an assistant director of nursing who deputised in her absence and the person representing the provider who works full-time in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff available having regard to the needs of residents and the size and layout of the centre required improvement, as evidenced by review of staffing rosters and the following inspection findings,

- on the day of inspection a member of staff was performing a dual role. This member of staff was responsible for completing housekeeping duties up to 14:00hrs and facilitating residents' activities up to 17:00hrs three days each week. This reduced time available to meet residents' social care needs.
- staff with responsibility for facilitating residents' social activities were not rostered at weekends. This meant that opportunities for residents to engage in social activities during weekends was dependant on availability of care staff with responsibility to meet residents clinical care needs as no additional staff were rostered to facilitate social activities for residents.
- one staff nurse was rostered on night duty to care for 35 residents over two floors, many of which had complex and high dependency needs. This arrangement did not ensure that a staff nurse led team was available on each floor as per the centre's COVID-19 contingency plan or give assurances regarding staff nurse availability to meet additional needs of residents who became unwell.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were facilitated to attend a broad programme of professional development training and further training was planned. However, additional training was necessary in the following areas;

- to ensure that care plan information was person centred and clearly communicated residents' care preferences and usual routines.
- as providing meaningful social activities was an integral part of the role of care staff in the centre, additional training to ensure staff were skilled in this role was necessary.

Supervision of staff required improvement to ensure infection prevention and control (IPC) practices were in line with the centre's own IPC policies.

Judgment: Substantially compliant

## Regulation 21: Records



Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were kept in the centre and were made available for inspection. Arrangements were in place to ensure records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

Additional oversight and further review by the provider was necessary to ensure the systems in place to monitor the quality and safety of the service were effective as follows;

- to ensure that infection prevention and control procedures and practices were effective with ensuring residents were protected from risk of cross infection. Infection prevention and control audits were not identifying some practices needing improvement as found on inspection and discussed under regulation 27.
- to ensure that all staff had the necessary skills to develop person-centred care plans that guided and informed the care necessary to meet residents' assessed needs.
- to ensure that adequate staffing resources were provided to meet the needs of residents.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Quarterly reports notified to the Chief Inspector did not include use of full-length restrictive bedrails, use of PRN (as required) psychotropic medicines and controlled access on front door and doors to outdoor balconies on the first and second floors in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff to inform management of complaints received. The complaints policy identified the nominated

complaints officer and also included an appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants and their satisfaction with the outcome was obtained. Inspectors were told that there were no open complaints at the time of this inspection.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were recently reviewed and updated. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance and changes were communicated to staff.

Judgment: Compliant

#### Quality and safety

Overall, a good quality of nursing care was provided for residents in the centre, and residents' nursing and health needs were met to a good standard. However, focus and resources were now required to ensure that care was delivered in a person centred manner and that residents' social care needs were met in line with their capacity and preferences. Equipment used by residents and examined by the inspectors appeared visibly clean.

Staff were found to be knowledgeable regarding residents' care needs. However, inspectors noted that eight residents' care plans needed further development to ensure that, information to guide nursing and care staff was person-centred and informed by residents' individual preferences and wishes. This is further discussed under regulation 5.

There was good evidence that the designated centre was making efforts to reduce the use of restraints, and residents' documentation supported trialling of alternative less restrictive supports. However, there were some gaps identified in the documentation of the use of restrictive practices, which is further discussed under Regulation 7.

Even though designated staff were available to support residents' social activities, the activities scheduled on the day did not happen as planned, and not all residents in the centre were provided with sufficient opportunities to participate in meaningful activities that met their interests and capabilities. This is further discussed under

## Regulation 9.

The provider was committed to ensuring the centre premises was maintained and informed the inspectors that planned maintenance works were delayed due to the COVID-19 pandemic and were rescheduled. However, inspectors found that the general upkeep of the interior of the building required improvement to ensure essential maintenance was completed in a timely manner. In addition, the storage of equipment required improvement to ensure storage did not pose risk to residents or compromise their communal space in the centre. These are further discussed under Regulation 17.

Inspectors observed that while there was a cleaning schedule in place and clinical equipment was clean, infection prevention and control practices in the centre required review to ensure that they were in line with the national standards. This is discussed under Regulation 27.

Furthermore, inspectors observed that there was inadequate space in the sitting room on the second floor for all residents on that floor to sit together and to socially distance. The provider discussed development plans in progress to provide additional communal space for residents on the second floor. Although not observed on the day of inspection, inspectors were told that interim arrangements were in place to facilitate group activities such as music sessions by external musicians in the corridor on the second floor and recruitment of additional activities staff was underway.

## Regulation 11: Visits

Visiting for residents with their families was taking place in line with public health guidance for visitation in long term care facilities. The centre had arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures. A requirement for confirmation of completed COVID-19 vaccination by all visitors was in place in line with the most recent public health guidance.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered on-site and returned to them. Residents had adequate storage space in their bedrooms including a lockable space for their valuables if they wished.

Judgment: Compliant

### Regulation 17: Premises

Maintainance of some areas of the internal premises environment required improvement. For example:

- Some wooden and wall surfaces were damaged and in need of painting and repair.
- Paint on surfaces of some items of wooden furniture in residents' bedrooms was chipped and missing.
- There was insufficient storage areas for residents' large assistive chairs. For example, five assistive chairs that were not in use were stored in the residents' dining room on the first floor. This reduced dining space available for residents and posed a risk of injury to vulnerable residents passing by this equipment.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with eating their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

Judgment: Compliant

### Regulation 27: Infection control

Infection prevention and control in the centre was not in line with regulatory requirements, the national standards and other national guidance as follows;

- hand gel dispenser containers throughout the centre were refilled from a bulk container, this posed a risk of cross contamination as this could lead to bacterial contamination with resistant organisms.
- although, a flat mopping system was in use throughout the centre, an

unclean mop head in a red bucket that was stained was observed in the cleaner's room on the ground floor.

- there was a limited number of dedicated hand-wash sinks in the centre outside of those in residents' bedrooms. Clinical hand wash sinks used by staff should be independent of residents sinks.
- the available hand hygiene sinks did not comply with current recommended specifications.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The information in residents' care plan documentation was mostly generic and required improvement to ensure that residents individual preferences regarding their care, support and assistance needs were clearly detailed in the prescribed care interventions.

The care plans in place for residents living with diabetes did not describe

- blood glucose monitoring frequencies.
- the parameters residents' blood glucose levels should be maintained within to ensure their wellbeing.
- the actions that should be taken if blood glucose measurements are outside acceptable parameters.

Although implemented in practice, details of recommended treatment plans made for individual residents by allied health professionals such as the dietitian and the speech and language therapist were not consistently documented in some residents' care plans.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with good standards of nursing care.

Residents had timely access to general practitioners (GPs) from a local practice, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Allied health professionals provided timely assessment and support for residents as appropriate. Residents were supported to attend out-patient appointments in line with public health guidance.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A very small number of residents were predisposed to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff who spoke with inspectors had knowledge appropriate to their roles to positively divert residents from experiencing responsive behaviours. Records were maintained describing episodes of responsive behaviour to assist with identifying triggers to the behaviours and to inform treatment plans.

There was good evidence that the designated centre was making efforts to reduce full-length bedrail use. Residents' documentation supported trialling of alternative less restrictive supports. Where full length restrictive bedrails were assessed as being the most appropriate intervention, a safety risk assessment was completed prior to their use. However, the documentation available did not support that there was clear arrangements in place to minimise the amount of time this restrictive equipment was in use.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff were facilitated to attend training on safeguarding residents from abuse. Staff were knowledgeable regarding safeguarding residents and clearly articulated their responsibility to inspectors to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Arrangements were in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded at all times.

Judgment: Compliant

### Regulation 9: Residents' rights

Not all residents had access to meaningful occupation and social interactions in line with their capacity and preferences;

- Some scheduled group activities were not provided. For example, a ball game, parachute group activity.

- Inspectors observed that residents on the second floor who remained in their bedrooms were not provided with adequate opportunity to engage in meaningful occupation on the day of the inspection.
- A review of the records of the social activities some residents participated in and some residents' feedback supported a finding that some residents did not have adequate opportunities for meaningful occupation to meet their interests and capabilities.
- Review was also necessary to ensure residents under 65years were supported to engage in individually tailored age appropriate social activity programmes to meet their interests and capabilities.

Access to the outdoor balcony areas on the first and second floors was controlled and although the code was displayed, residents with conditions that impaired their cognitive abilities could not choose to access these attractive and safe outdoor areas as they wished without assistance of staff to open the doors for them to exit and re-enter the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Esker Lodge Nursing Home OSV-0000135

Inspection ID: MON-0033842

Date of inspection: 18/11/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• A review of the staff/ hours allocated to the provision of activities has been completed. Additional staff have now been recruited and/or allocated once fully trained they will rostered to cover at the weekend in line with residents' preferences in relation to time for visiting family, etc. This will be finalized in consultation with our residents and will be implemented by 25th February 2022</li> <li>• An additional staff nurse will be rostered for the second floor on night duty in the event of a trigger or outbreak status being declared by the Department of Public Health as per the current contingency plan. An additional Staff Nurse has been recruited who is awaiting completion of the RCSI adaptation programme, for which all paperwork has been submitted and we are currently awaiting a response from RCSI - completed</li> </ul>	
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> <ul style="list-style-type: none"> <li>• All nursing staff to be enrolled on the HSE land "Care Planning for Older Persons" course – completed</li> <li>• Two days of additional bespoke training in person-centred care planning focusing on updating holistic care plans was completed on the 12th January 2022 as it was scheduled prior to the inspection - completed</li> <li>• Healthcare assistants performing activities with residents will undergo additional in person training to supplement the online training already provided and will be completed by 25th February 2022</li> </ul> <p>The ADON/ PIC will carry out random spot checks on care plans and a weekly</p>	

environmental hygiene to supplement the existing programme of assessment and care planning and monthly IPC audits. This commencing on the 31st January 2022

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Infection, prevention and control audits have been updated to include the findings of this report – complete.

Nursing staff have completed additional care planning training - complete.

Staffing requirements continue to be assessed using the Modified Barthel Index to determine the assessed needs of the residents occupying each floor and this will continue to be reviewed at scheduled weekly management meetings – complete

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Bedrail use, PRN psychotropic medicines and use of key codes on doors will be added to the NF39 quarterly notification forms – effective immediately and returned to HIQA as scheduled on the 31st January 2022

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Areas identified as requiring painting will be addressed by 31st January 2022.
- Five assistive chairs have now been relocated to a designated storage area for assistive equipment and are no longer stored in the dining area - complete

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The hand sanitizer units have had single use pouches installed – complete</li> <li>• Environmental hygiene spot checks are completed weekly by the ADON/ PIC to identify any practices not in line with policy – effective immediately</li> <li>• A full review of the requirement for clinical hand hygiene sinks will be completed by a competent person by 18th February 2022.</li> </ul>	
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> <ul style="list-style-type: none"> <li>• All nursing staff have been enrolled in specific care planning training for older persons/ person-centred care planning and this training was completed on the 12th January 2022.</li> <li>• Diabetes care plans now include the required detail for blood glucose monitoring (to include frequency, parameters and actions to be taken in the event of abnormal readings). This will be complete by the 28th January 2022.</li> <li>• Spot checks of care plans is being conducted by the ADON/ PIC weekly to supplement the regular programme of audit and the audit schedule has been updated to reflect this change. This is complete.</li> <li>• Resident/ family consultation on the care plans will be recorded in the relevant section on the computerized record. This is complete.</li> </ul>	
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:  Restraint release forms for bedrails which are used as enablers have commenced with immediate effect - complete</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• A full review of activities provision (types of activity, times and individual preferences) - complete</li> <li>• A record of planned versus scheduled activities, including individual resident participation is now in place with immediate effect - complete</li> <li>• Activities provision/ staffing will be reconfigured to suit the needs of the residents and service over the weekend based on residents' preferences as per feedback in resident fora. This will commencing 25th February 2022</li> <li>• Access to the balconies will be risk assessed in the context of a restrictive practice to ascertain control measures that may be less restrictive. This will be complete by 31st January 2022</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	25/02/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	25/02/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/01/2022

	provide premises which conform to the matters set out in Schedule 6.			
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	31/01/2022
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	18/02/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/01/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	18/01/2022

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the 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	28/01/2022
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	18/01/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	25/02/2022
Regulation 9(3)(a)	A registered provider shall, in	Substantially Compliant	Yellow	31/01/2022



	so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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