



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

Issued by the Chief Inspector

Name of designated centre:	Moorehall Lodge Ardee
Name of provider:	Moorehall Living Limited
Address of centre:	Hale Street, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	03 February 2021
Centre ID:	OSV-0000147
Fieldwork ID:	MON-0031815

About the designated centre

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

The designated centre provides twenty-four hour support and nursing care to 81 male and female older persons, requiring both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite) care. The philosophy of care adopted is the "Butterfly Model" which emphasises creating an environment and culture which focuses on quality of life, breaking down institutional barriers and task driven care, while promoting the principle that feelings matter most therefore the emphasis on relationships forming the core approach. The 'household model' has been developed to deliver care and services in accordance with the philosophy. The designated centre is a purpose-built one storey building and is situated in a retirement village which forms part of the local community. It is divided into four households; Anam Chara, Setanta, Cois Abhainn and Suaimhneas which is a specialist Alzheimer's and dementia specific service. Each household has its own front door, kitchen, open plan sitting and dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77
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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 3 February 2021	10:30hrs to 17:00hrs	Naomi Lyng	Lead
Wednesday 3 February 2021	10:30hrs to 17:00hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Inspectors spent time in each of the four households (Suaimhneas, Anam Chara, Cois Abhainn and Setanta) in the centre on the day of inspection and communicated with residents as they went about their daily lives. The general feedback from residents was one of satisfaction with the care and services provided in the centre. While a number of residents reported to the inspectors that they felt supported to live a good quality of life, inspectors found that a number of areas including residents' rights, premises, infection control, care planning and managing behaviour that challenges required improvement to ensure a consistently safe and high quality of care and support was provided to residents. These findings, and other areas identified as requiring improvement, are discussed under the relevant regulations in this report.

Residents shared their experience of living in the centre during the COVID-19 pandemic with inspectors. Some residents reported feeling largely unaffected by the restrictions in place, while other missed visiting their loved ones and were eager to go on excursions again and visit local amenities in the surrounding community. One resident reported greatly missing their family and longed to hug their grandchildren again. The centre was restricting on-site visits in line with the Health Protection and Surveillance Centre (HPSC) '*COVID-19 Guidance on visits to Long Term Residential Care Facilities.*' Inspectors observed a compassionate visit taking place on the day of inspection, and this had been arranged to take place in a dedicated area.

The layout of the premises promoted a good quality of life for residents. Each household had a front door, dining area and sitting room, and there was good access to secure courtyard garden areas. Households were decorated in homely manner and photographs of residents were displayed throughout the centre. One resident, who was observed listening to music in a communal room, told inspectors that they greatly enjoyed "chilling in this spot" and looking out at the garden. Other residents were observed watching television in one of the sitting room areas. A resident was observed using the smoking hut in one of the courtyard gardens, and inspectors observed that there was a fire apron, fire extinguisher and fire blanket available if needed.

The inspectors also noted that some improvements in preventative maintenance were required to ensure that the centre was kept in a good state of repair and that fire safety devices were in good working order. This is discussed under Regulation 17: Premises and Regulation 28: Fire Precautions.

Residents' bedrooms were observed to be personalised with residents' belongings and personal possessions. Most bedrooms were observed to be clean and pleasant spaces, however some bedrooms were not of a good standard and required maintenance and refurbishment. Some of these bedrooms did not have sufficient storage for the residents to store their belongings. Other bedrooms did not provide sufficient privacy for residents, which was an outstanding non-compliance from the

previous inspection. In addition, some residents' equipment was not maintained in good working order and presented as a risk hazard. These findings are discussed under Regulation 17: Premises and Regulation 9: Residents' Rights.

Inspectors were informed that due to the COVID-19 pandemic, activities were now provided within each individual household by an allocated staff member. However, this was not found to be in practice on the day of inspection. For example, one household was observed to have an activity coordinator available four days a week and on the day of inspection residents were observed enjoying pet therapy, exercise classes and bingo. However, there was no allocated activity coordinator observed to be available on the other three units and residents were observed to spend long periods of time alone in their bedrooms or communal spaces with minimal meaningful engagement. This was also reflected in some residents' feedback to inspectors.

Inspectors observed a meal-time in two of the households and found it to be a pleasant and enjoyable experience. Residents were assisted in a respectful and dignified manner, and staff were observed moving at the residents' pace. Residents were complimentary of the food choice and quality provided in the centre. One resident told inspectors the food was "really lovely" and that staff always ensured that they got their favourite dessert.

Staff who spoke with inspectors on the day of inspection were knowledgeable about the residents and were aware of their needs and preferences for daily care routines. Overall, inspectors observed that staff were attentive to residents' needs in a kind and caring manner. However, inspectors found that improvements were required to ensure that staff were consistent in their approach to those residents who presented with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). For example, one resident who requested to contact a family member was informed by staff that they could make the call at the weekend, and inspectors noted that the resident was visibly upset with this outcome. Staff explained to the inspectors that family communication had been limited to certain days and times, in line with the family members' availability to take calls. Inspectors were informed that this arrangement had been discussed and agreed by the resident. However, this information was not recorded in the resident's care plan. In addition, there were no identified interventions in place to distract and comfort the resident to ensure that they did not feel isolated or lonely at these times. In another household, inspectors observed a resident with a cognitive impairment who was visibly distressed and reported wanting to leave the centre. Staff were observed to be familiar with the resident and offered the resident a cup of tea in order to provide distraction. While the resident happily accepted this offer and appeared content with this outcome, inspectors observed that staff did not carry out this intervention and did not actually bring the resident a cup of tea. As a result, the resident became agitated again and was seen once again pacing the household in a restless manner. These findings are discussed further under Regulation 7: Managing Behaviour that Challenges.

The centre had gathered feedback from residents' lived experiences in the centre

through a resident's survey and questionnaire. There was evidence of resident consultation in the centre's quality improvement plans and projects. Inspectors observed that the centre also actively sought input from residents' families and loved ones in how the centre was run. Residents also reported to inspectors that staff helped them to keep up to date on current media, including the COVID-19 pandemic and why the restrictions were in place.

Residents who communicated with inspectors on the day of inspection reported feeling comfortable sharing any complaints or concerns they might have with senior nursing staff or the person in charge (PIC). Residents were confident that any concerns would be addressed.

In summary, this was a good centre and residents gave positive feedback on their experience of living there. However, a number of areas required improvement to ensure that all residents were offered a safe, comfortable and meaningful quality of life, and some of these areas had been highlighted on the previous inspection.

Capacity and capability

This was an unannounced risk inspection to assess the designated centre's preparedness for a COVID-19 outbreak, and took place over one day. Inspectors also followed up on areas of non-compliance identified on the previous inspection and the provider's responsiveness to these findings.

Moorehall Living Ltd is the registered provider and has four company directors, of which one also carries the role of registered provider representative (RPR). The centre was previously inspected in March 2019, where it was found to be non-compliant in governance and management, premises, risk management, residents' rights and infection control, and substantially compliant in care planning, medication management, records and managing behaviour that challenges. While some improvements had been made, inspectors found that a number of these areas continued to require review and were identified as repeat non-compliances on this inspection.

The management structure in the centre was in transition at the time of inspection, with a new person in charge (PIC) recently employed in the role. Inspectors observed that the PIC had been unavailable to work at the time of inspection, and that a suitably qualified and experienced care manager had been temporarily deputising as PIC for a number of weeks. She was supported in this role by two senior nurses with supernumerary hours for care management responsibilities and oversight. The RPR regularly worked onsite in a management capacity, and was supported in this role by a human resources manager. While inspectors observed that there were management systems in place in the centre to ensure a safe and quality service was provided to residents, these required improvement. This is discussed under Regulation 23: Governance and Management.

The centre had experienced a COVID-19 outbreak in November 2020, where two residents and five staff were confirmed to have COVID-19. Inspectors observed evidence that the centre was in compliance with *'Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities'*, and that residents had access to appropriate medical care and support. Sadly, one resident with confirmed COVID-19 passed away, and staff reported that the resident was greatly missed in the household.

The designated centre had a contingency plan in place in the event of another COVID-19 outbreak, with identified response coordinator roles and deputising arrangements. This included taking on agency staff, increasing part-time staff working hours and an ongoing recruitment drive to ensure adequate staffing levels. The contingency plan also identified cohorting areas within each household in the event of an outbreak, however it did not identify an area for residents in shared rooms to isolate, for example if a resident was required to self-isolate following a hospital admission.

There was a sufficient skill mix and number of staff in the centre to meet residents' needs and to prevent staff crossover between household units. Staff were suitably informed in relation to changing guidance on the COVID-19 pandemic, and inspectors observed good hand hygiene practices and compliance with personal protective equipment (PPE) on the day of inspection. The management team had arranged for onsite small group support meetings for staff following the COVID-19 outbreak to boost staff morale. Inspectors reviewed a sample of staff files and found that they met regulatory requirements. However, inspectors found that there were some gaps in staff mandatory training completed, as discussed under Regulation 16: Training and Staff Development.

Inspectors found that an enhanced programme of preventative maintenance was required in the centre, to ensure that the premises was a safe and pleasant place for residents to enjoy. Inspectors also observed that one bedroom was not appropriate for the needs of the resident due to its size and configuration, which was also a finding on the previous inspection in 2019. These findings are discussed under Regulation 9: Residents' Rights and Regulation 17: Premises.

The centre had a complaints procedure and register in place. Staff and residents communicated with on inspection confirmed that they were aware of the complaints procedure and correctly identified the person in charge as the complaints officer. Inspectors observed that the majority of complaints were investigated and recorded appropriately, and evidence was provided that the complaint was satisfied with the outcome. However, some improvements were required to ensure all complaints were recorded in line with the centre's complaints policy. This is discussed under Regulation 34: Complaints Procedures.

There was an annual review for 2019 available and this provided evidence of consultation with residents and their families for ongoing improvement of services in the centre.

Regulation 15: Staffing

There was a sufficient number and skill mix of staff to meet residents' needs on the day of inspection. There were four staff nurses rostered on during the day, and three staff nurses working at night.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing mandatory training programme in the centre and inspectors observed that staff had completed updated and necessary COVID-19 training in 2020. However, gaps were identified in the staff training records in relation to the management of behaviour that challenges, safeguarding vulnerable adults and fire safety. The management team reported that access to training had been impacted by the COVID-19 restrictions in place. However, inspectors were not assured that alternative training options such as online training had been utilised as a temporary measure.

Judgment: Substantially compliant

Regulation 23: Governance and management

The oversight and monitoring of key areas of the service was not robust and did not ensure that care and services were being delivered in line with the centre's own policies and procedures and the regulations. As a result a significant number of non-compliances were found on this inspection, some of which were repeated non-compliances because the provider had failed to address the issue from the last inspection. These key areas included premises, infection control, residents' rights, staff training, medication management, fire precautions, care planning, managing responsive behaviour and complaints procedures.

In addition, the oversight and management of risks in the centre required improvement to ensure that all risks were identified, and effective measures were put in place to mitigate the risk involved. For example, inspectors found a number of risks on the day of inspection which had not been addressed:

- Unsecure storage of prescription supplement drinks
- Step ladder stored in a communal area
- Broken cleaning equipment stored on an open corridor
- Floor alarm mat with a broken surface observed in use beside a resident's

bed

- While inspectors observed that the centre was in compliance with the revised national COVID-19 guidelines, the COVID-19 risk assessment and visiting risk assessment documentation had not been updated to reflect the changes in place
- Inspectors were not assured that there was a risk management plan, for example an identified isolation room, in place in the event that residents in shared rooms were required to self-isolate
- Fire doors not meeting fire safety standards // the provider gave assurances that these were being addressed that week by an external service provider
- Inspectors were not assured that daily fire exit checks were being completed by staff as there was no records available and two fire doors were observed to be blocked by equipment

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had an updated complaints policy, which identified the nominated complaints officer. However, the complaints procedure at the entrance to the centre contained incorrect contact details and had been blocked by view by a new personal protective equipment (PPE) station which had been installed at the entrance for visitors' use. Inspectors observed that this was addressed on the day of inspection.

Inspectors reviewed the complaints log for 2020 and found that, in the main, records contained the complaint details, investigation summary, the outcome of the complaint, the satisfaction of the resident/complainant and evidence of learning from complaints. However, inspectors observed that one complaint received had not been recorded in line with the centre's policy, and inspectors were not assured that an investigation had been carried out into the matter or any actions taken to resolve the complaint.

Judgment: Substantially compliant

Quality and safety

Overall, the quality and safety of care provided to residents was of a good standard. However, some areas including premises, infection control (IPC), care plans, managing behaviour that challenges, medications and residents' rights required improvement. These are discussed further under the relevant regulations.

Staff communicated with on the day of inspection were knowledgeable of residents'

care needs and preferences. Each resident was observed to have a comprehensive assessment of their health, personal and social care needs prior to their admission to the designated centre which helped to ensure that the nursing home could meet the resident's long term needs. Care plans were seen to be developed within 48 hours of the residents admission, and these were observed to be mostly person-centred and updated every four months. However, inspectors found that the care planning documentation required review to ensure it gave an accurate and updated reflection of residents' current needs. This is discussed further under Regulation 5: Individual Assessment and Care Plan.

Residents were observed to have good access to medical care services, and access to general practitioner (GP), psychiatry of older age, palliative care and gerontology services was maintained during the COVID-19 pandemic. Inspectors observed that residents had access to allied health and social care professional services including physiotherapy, occupational therapy, dietetics, speech and language therapy, dentistry, podiatry, optical services and tissue viability nursing. Inspectors were assured that where specialist health care services were required, relevant referrals were made within a timely manner for residents.

The centre had a household model of care, where residents were supported to partake in household activities and social interactions in a homely environment. However, inspectors were not assured that the organisation and provision of meaningful social activities met the needs of all residents living within the centre, and is discussed further under Regulation 9: Residents' Rights.

The centre had a restraints policy in place and a restraints register which recorded if a restraint was used, the alternatives trialled prior to the restraint and the outcome or effect of the restraint. Inspectors spent time observing interactions between staff and residents in all households in the centre, and reviewed a sample of care plans and nursing records relating to restraints, enablers and responsive behaviours. Improvements were required on the day of inspection to ensure that staff were responsive to behaviour that challenge in a timely and person-centred manner. The inspectorate had received unsolicited information in relation to care provision and the management of behaviours that challenge in the centre, and inspectors found that these concerns were partially substantiated on the day of inspection. This is discussed further under Regulation 7: Managing Behaviour that is Challenging.

The provider had arrangements in place to support residents to receive their visitors whilst adhering to national guidance on visiting restrictions during the COVID-19 pandemic.

Regulation 17: Premises

The premises required review to ensure it was kept in a good state of repair. For example, inspectors observed:

- damaged wall and floor surfaces in residents' bedrooms

- door surfaces which required repainting
- broken light fixtures in a resident's bedroom and a communal bathroom
- broken hot water tap cover in a resident's wash hand basin
- corrosion on sink surfaces
- areas which required repainting due to staining or significant paint chipping
- damaged electrical socket
- broken wardrobe in a resident's bedroom and a damaged cupboard with an exposed nail on an open corridor
- a floor alarm mat in use by a resident had a badly broken surface

Storage facilities in the centre required review to ensure equipment was stored safely and allowed for effective infection control procedures. For example, inspectors observed on the day of inspection:

- residents' personal possessions, including framed photographs, radios and drinks bottles, stored on the floor in residents' bedrooms
- broken and damaged equipment, including a floor polishing machine and a crash mattress, stored on an open corridor
- inadequate storage in a sluice facility which was shared by two household units, for example, storage of personal hygiene equipment and open paper towel rolls on the sluice countertop, and access to the healthcare risk waste bin and bedpan washer restricted by commodes.

Judgment: Not compliant

Regulation 26: Risk management

There was an updated risk management policy in place which met regulatory requirements.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control (IPC) procedures required improvement in the designated centre. For example, on the day of inspection inspectors observed:

- Inappropriate storage of hoist slings and manual handling belts
- Malfunctioning alcohol hand sanitisers
- Storage of a housekeeping trolley and resident equipment in a sluice facility
- Restricted access to hand washing facilities in the sluice room
- A housekeeping trolley in one household unit was not kept in a clean manner
- Inappropriate storage of PPE, for example, plastic aprons hanging on the

back of a communal bathroom door

- Communal hygiene products and resident belongings stored in a communal bathroom
- Dust and cobwebs observed on resident equipment and in a resident's ensuite bathroom
- A storage cupboard and storage room in two household units were not kept in a tidy manner, with residents' belongings stored on the floor
- A mop bucket was stored outside in a courtyard
- Damaged or rusted items of residents' equipment which prevented effective sanitisation. For example, rusted commode chairs, cracked and damaged surface on a crash mattress, worn surfaces on soft furnishings

Inspectors observed that housekeeping staff were not available in one household unit in the morning. This resulted in a communal bathroom being left in an unclean manner for a significant period of time. Inspectors also found that alternative arrangements had not been made for the sanitisation of frequently touched surfaces during this busy time in the household unit. Inspectors were assured that housekeeping staff were available in the afternoon on this unit.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were completed on an electronic system, and inspectors reviewed a sample of assessments and care plans on the day of inspection. These were developed using a range of clinical assessments within 48 hours of admission to meet residents' assessed needs, and there was evidence that the care plans formulated were person-centered and specific to the residents' needs. However, while inspectors found that most of the care plans examined were reviewed at the four-month regulatory time frame or more frequently if a resident's needs changed, one care plan had not been updated to reflect a change in a resident's moving and handling needs.

In addition, inspectors found gaps within some daily care records. For example, of the sample reviewed inspectors found that some records were generic and did not provide sufficient detail in relation to the care given to each resident by nursing and care staff.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors observed that the designated centre provided appropriate medical and

health care services to residents, and there was appropriate records of medical and allied health professional assessments available. A GP was observed to be on-site to review residents on the day of inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required on the day of inspection to ensure that staff were responsive to behaviour that challenges in a timely and person-centred manner, using the recommended de-escalation interventions recorded in the residents' care plans. For example, inspectors observed that a resident who was alone in their bedroom was presenting with disruptive noise-making behaviours. However, staff were not seen to respond to the resident or trial the range of individual interventions recommended in the resident's care plan to de-escalate and manage the behaviour until prompted to do so by inspectors.

In addition, inspectors observed that documentation in relation to the management of responsive behaviour and use of restraints in the centre required improvement. For example:

- A resident's behavioural support care plan had not been updated to reflect the person-centred de-escalation strategies used by staff to support the resident
- A resident's safe environment care plan had not been updated to reflect the changes in the enabler device used in the resident's bedroom
- Records did not provide assurances in relation to the least restrictive measure being trialled where a PRN (as required) chemical restraint medication was administered to a resident on one occasion

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found that the size and configuration of some residents' bedrooms did not promote their rights to privacy and dignity. For example,

- one resident's bedroom was not large enough to facilitate their specialised chair and the assistive hoist they needed to transfer safely. Therefore, when staff were assisting the resident to move from their bed to the chair, they were required to move the chair into the corridor and keep the resident's bedroom door open.
- In addition, inspectors observed that the configuration of a shared bedroom

meant that a resident was required to enter the other resident's screened space in order to access their wardrobe and personal possessions.

Inspectors observed that the accessibility to meaningful and engaging activities was inconsistent across the four households, and inspectors were not assured on the day of inspection that the centre provided all residents with opportunities to participate in activities in accordance with their interests and capacities. One household unit was observed to have a designated activities coordinator working four days a week who facilitated various activities on the day of inspection. However, there was no activity schedule available which meant that residents were not aware of what activity was occurring on the day. It also did not allow residents to pre-plan their day or week regarding activities in which they wished to participate in. In the other three households, the inspectors observed that there was limited meaningful activities available on the day of inspection, and residents spent a significant part of their day watching television or sitting without occupation in the communal areas. While staff were observed chatting with residents at times, staff interaction was observed to be predominantly task oriented in these three household units.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that the oversight of medication practices and records was not robust and did not ensure that medications were administered safely in line with best practice guidance. For example, on review of a resident's daily care notes, inspectors found that one resident had been administered a PRN (as required) psychotropic medication. A review of the medication records revealed that this drug had not been recorded in the resident's medication administration record. This error had not been identified by nursing staff or managers.

The provider gave assurances following the inspection that this oversight was being investigated as a medication error in line with the centre's medication policy.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not 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 9: Residents' rights	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

Compliance Plan for Moorehall Lodge Ardee OSV-0000147

Inspection ID: MON-0031815

Date of inspection: 03/02/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A training needs assessment with gap analysis was completed on February 19th 2021. The training plan was revised to include the deficits identified on the training gap analysis.</p> <p>A member of the management team was identified as the training link for MHLA with the training co-ordinator.</p> <p>Delivery of training plan to be completed by June 30th 2021 ensuring compliance.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following the inspection the Provider reviewed the following areas:</p> <ul style="list-style-type: none"> • Alignment to Group wide governance structures. • Centre Management capacity • Performance management • Risk management, Audit and continuous improvement <p>As a result of this review, there was an acceleration of alignment to new Group wide governance structures including Quality, Safety & Risk Committee, Group HR Committee, and Group Executive Management Team providing overarching governance.</p> <p>At centre level, local management capacity has been strengthened with the appointment</p>	

of a permanent Person in Charge on the 17th May 2021 and additional management capacity to support this role.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Training on complaints management is now included in the Training plan for the Centre. Audits on the complaints management and process are included in the Quality Management plan for 2021 and will be completed quarterly.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Following the inspection the Provider reviewed the following areas:

- Alignment to Group wide governance structures.
- Centre Management capacity
- Performance management
- Risk management, Audit and continuous improvement

As a result of this review, there was an acceleration of alignment to new Group wide governance structures including Quality, Safety & Risk Committee, Group HR Committee, and Group Executive Management Team providing overarching governance.

At centre level, local management capacity has been strengthened with the appointment of a permanent Person in Charge on the 17th May 2021 and additional management capacity to support this role.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Following the inspection an in-depth infection prevention and control audit was completed throughout the centre. A Quality Improvement Plan was developed based on the findings and completed 28th February 2021. This process is continuously monitored

through Centre & Group wide Governance processes.	
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>Following Inspection an audit was completed on residents clinical assessments and careplans. Gaps, improvements and learning identified and communicated to the teams via team meetings. Staff nurses are aware when there is a change in a residents general condition, with individual residents clinical assessments reviewed to reflect these changes.</p> <p>Quality Improvement Plans (QIPS) monitored through Centre and Group wide governance process.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Following the revision of the training plan additional behaviour that is challenging training will be provided and all staff requiring the training will have the training completed by the 30th June 2021.</p> <p>Behavioural support care plans will be reviewed and updated to include any change in the de-escalation strategies to be applied for the individual resident. The behavioural support care plan will be discussed at each handover ensuring that all staff on duty are fully informed of all the de-escalation strategies.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The issue of privacy & dignity was addressed through observational audits of practices</p>	

and procedures in those areas where space usage difficulties was identified on the day of the inspection.

- An audit was completed within the sharing rooms. Dividing curtains have been re-installed to ensure both residents were provided with access to personal belongings and en-suite facilities whilst protecting privacy and dignity. This action has been completed.
- It was identified that room sizes may impact on the safe delivery of care to residents requiring specialized equipment which may impact on privacy and dignity.

It forms part of our admission pre-assessment process to establish needs of residents and their suitability for the room that is available. Following admission, continuous assessments of resident's needs are maintained to identify changes and suitability of space. Residents are facilitated to move rooms in order to facilitate the provision of safe quality care as they become available. The resident and/or NOK are involved in this decision making.

With the impact of the Covid-19 pandemic, daily household social activities were curtailed during periods of an Outbreak, which included the date of this inspection. With improvements in Covid management through vaccination programme and returning of family visits, both structured and unstructured activities have returned to each Household. This is monitored through social and recreation audits, resident feedback and delivery of social programme at Household level.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The single issue highlighted on the day of the inspection was investigated as a medication error in line with our incident reporting process and closed off by the 8th February.

Competency assessments were completed on all nurses with medication management training to be completed by 31st May 2021. The policy on the use and administration of prn psychotropic medications was re iterated to all staff nurses via team meetings in the days following the inspection.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant		30/06/2021

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2021
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.	Not Compliant		30/06/2021
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.	Not Compliant		28/02/2021
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	Substantially Compliant		31/05/2021

	accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	28/02/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	28/02/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into	Substantially Compliant	Yellow	28/02/2021

	the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/06/2021
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		30/06/2021
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and	Substantially Compliant	Yellow	30/06/2021

	manage behaviour that is challenging.			
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		28/02/2021
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	31/05/2021
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.	Not Compliant	Orange	31/05/2021