



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

Issued by the Chief Inspector

Name of designated centre:	Grange Con Nursing Home
Name of provider:	Grange Con Quarters Limited
Address of centre:	Carrigrohane, Cork
Type of inspection:	Unannounced
Date of inspection:	02 June 2021
Centre ID:	OSV-0000233
Fieldwork ID:	MON-0032763

About the designated centre

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

Grange Con Nursing Home is a family run designated centre which is located in a rural setting situated a few kilometres from the urban area of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 24 residents. Residents' accommodation is on the ground floor and administration and managers' offices are located on the first floor. Bedroom accommodation comprises single, twin and multi-occupancy rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a dining room, conservatory and seating areas at the entrances. Residents have access to paved enclosed courtyards with garden furniture. Grange Con Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 2 June 2021	09:45hrs to 18:00hrs	Noel Sheehan	Lead
Wednesday 2 June 2021	09:45hrs to 18:00hrs	Abin Joseph	Support

What residents told us and what inspectors observed

From what inspectors observed, there was evidence that the residents had a good quality of life in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider in line with the requirements of the regulations. Inspectors observed that the residents and their families were consulted in the running of the centre and played an active role in decision-making within the centre.

The inspectors arrived at the centre in the morning for an unannounced inspection. At the entrance to the centre there is a small seating area with two comfortable chairs, a desk with visitors signing in book and personal protective equipment. Inspectors were guided to complete infection prevention and control protocols such as hand sanitising, application of face masks and temperature checks.

Grange Con is a family run nursing home established in 1987. The centre is currently registered to accommodate 24 residents and there were 18 residents living in the centre on the day of inspection. Bedroom accommodation within the centre comprised of nine single, six twin and one three bedded rooms. Thirteen bedrooms in the centre had en suite facilities with toilet, shower and wash hand basin. Three bedrooms without en suite facilities had access to a nearby toilet and shower. The inspectors observed that some bedrooms were personalised with residents' belongings. All bedrooms and communal areas are located on the ground floor. Staff room, staff toilet and the Person in Charge's (PIC) office are on the upper level of the centre which is accessible by stairs. The centre had ample outdoor facilities with seating arrangements. The registered provider had recently invested on a major building extension and renovation project to enhance services to residents.

Overall, the centre was clean and nicely decorated throughout. Inspectors observed that the building renovation and extension works were completed as per the project plans submitted to the authority. Inspectors were informed that further maintenance work to the premises was delayed due to the COVID-19 pandemic and there was a plan to commence work soon. There were two sitting rooms in the centre for residents to relax during the day. These rooms were furnished with comfortable chairs, coffee tables and large flat screen televisions. Inspectors also observed residents relaxing in their comfortable chairs and enjoying a very nice view of the countryside from the day room. There were adequate staff to assist and support residents. The inspectors observed residents attending live streaming mass on television in the morning. Residents were facilitated to attend some activities such as bingo and music in the afternoon. However, a staff member responsible for residents' activities on the day of inspection was out with another resident for an appointment. This impacted residents' opportunities to engage in activities on the morning of inspection.

There were two areas to facilitate visiting in the centre, a conservatory with a

separate entrance and an outdoor cabin. The PIC reported that, visiting in residents' bedrooms were also facilitated if required. There was a system of screening visitors to the centre which was in line with the Health Protection and Surveillance Centre (HPSC) guidelines. The visitors log book maintained in the centre indicated that visits were facilitated every day including weekends.

Residents or staff in the centre had not experienced a COVID-19 outbreak up to the date of this inspection. Inspectors observed staff listening and responding efficiently to residents' requests. Residents appeared well cared for. Some residents independently walked through the corridors and the communal areas. At the same time, some residents required support and assistance of staff to move around. Interactions between staff and residents were seen to be caring and respectful at all times.

The inspectors had an opportunity to observe residents' dining experience on the day of inspection. There were two sittings at meal times to promote social distancing. The Inspectors spoke with residents who were waiting for the second sitting and they expressed satisfaction with this arrangement. Food served was wholesome and there was adequate staff to support the residents during meal time. Residents had a choice of menu for the day. Inspectors observed staff assisting residents in a discrete and sensitive manner during meal times.

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

This was an unannounced risk inspection by the inspectors of social services to monitor compliance with regulations, and to follow up on the actions from the previous inspection of March 2019. Overall, this inspection found that there was an effective governance structure in place and accountability for the delivery of the service was clearly defined. and there was compliance with most of the regulations. However, some improvements were required to ensure clear and effective oversight of the service, in relation driving improvements through audit findings; safeguarding, staff records and fire safety. The inspectors also reviewed the actions required from the previous inspection and found that areas identified as not compliant, had been substantially addressed by the registered provider.

Prior to the inspection the registered provider had submitted an application to remove condition 04 of registration to the the office of the chief inspector. This condition was attached to to allow for the occupation of the bedrooms in a new extension and for completion of the refurbishment of the designated centre according to the project plan submitted in April 2019. Inspectors observed that all works had been completed to a satisfactory standard.

The registered provider, Grange Con Quarters Limited, ensured that there was a clearly defined management structure in place, with clear lines of authority and accountability. The person in charge was supported by an assistant director of nursing who both worked full time in the centre. The staff roster confirmed that there is a registered nurse on duty at all times supported by health care assistants, a house keeping staff and a chef. Support was provided by an operations manager.

There was a very low turnover of staff, and the most recent staff recruitment had taken place five months previously. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to meet residents' assessed needs.

There was a training matrix to ensure that staff's training needs are identified and met in a timely fashion. A review of the training matrix showed that staff training was mostly up to date, however, there were some gaps in training in fire safety and management of responsive behaviours. All staff had completed additional training in infection control practices in response to the COVID-19 pandemic. A review of staff personnel files indicated records were not maintained in line with Schedule 2 of the regulations, which is discussed further under Regulation 21: Records.

This centre remained COVID-19 free during the first and second waves of the pandemic. The provider had put sufficient infection control procedures and protocols in place to minimise the risk of infection to residents and staff working in the centre. Inspectors acknowledged that COVID-19 restrictions had posed a significant challenge to residents and staff.

Incidents were comprehensively recorded and records included details on description of the incident, follow up action and reporting. Generally, all incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations.

It was apparent that the registered provider and person in charge encouraged and were responsive to feedback about the service from residents and families. Complaints and other feedback were very well documented and transparent. The registered provider ensured that there was open culture of managing complaints in the centre. However, the complaint management system needed a review to include a specific person to deal with complaints and an independent reviewer of the complaints as per the regulations.

There was evidence of some quality improvement strategies and monitoring of the service. The 2020 annual review of the quality and safety of care and improvement plan for 2021 which met the regulatory requirements was available. There was a system of audit in place that included areas such as falls, medication management, and, residents' finance. However, it was not clear if required actions identified through these audits or trending of complaints and incidents were always followed up to drive improvement.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to remove condition 04 of registration to the the office of the chief inspector in advance of the inspection. This condition was attached to inform a comprehensive development plan to allow for the occupation of the bedrooms in the extension and for completion of the refurbishment of the designated centre according to the project plan submitted in April 2019. Floor plans and statement of purpose were reviewed as advised by the inspectors.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that there were adequate number of number and skill mix of staff to meet assessed needs of residents. On the day of inspection there were one nurse and four healthcare attendants to provide care to the 18 residents living in Grange Con Nursing Home. A health care assistant had the responsibility for residents' activities. At night these numbers reduced to one nurse and one healthcare attendant. There was a health care attendant who worked a twilight shift on the staff rota until 22.00 Hours to assist residents at bedtime.

Judgment: Compliant

Regulation 16: Training and staff development

Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through HSE online training. A record was maintained of staff attendance at these mandatory training sessions. The person in charge explained that all on line training was followed up with in house information sessions. A training matrix was in place showing all the mandatory and relevant courses completed by the majority of staff. However, fire safety and management of responsive behaviour training was not in date for a small number of staff.

Documents reviewed by the inspectors indicated that staff had an annual appraisal. Induction arrangements for new staff could not be assured as there were no documentary evidence to support this in the sample of records reviewed by the inspectors.

Judgment: Substantially compliant

Regulation 21: Records

Significant improvements were required to ensure that there were robust systems in place for recruitment of staff. The inspectors reviewed five staff files and found that references were not obtained as per Schedule 2 of the regulations. For example;

- some files contained character references
- some staff did not have two references in their file
- some references were not verified
- some staff CV had significant gaps in employment history that were not explained.

Therefore, assurances could not be provided that there were robust recruitment procedures in place to safeguard residents. There was evidence that all staff had received Garda Siochana (police) vetting clearance prior to commencing employment in the centre. In addition, storage and accessibility of photographs of wounds required a review to ensure compliance with data protection.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. Robust management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There were regular management meetings and audits of care provision and quality assurance initiatives.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead, however, there was limited documentary evidence to show that gaps identified during the audits were rectified, for example: improvements were required in relation to analysis and trending of incidents in the centre to identify learning outcomes; there were insufficient records to show that the data gathered through auditing were utilised for quality improvement of service provided to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Statement of purpose contained all required information as per the schedule 1 of Health act 2007, Regulations 2013. Registered provider ensured that the statement of purpose was reviewed and revised at intervals not less than one year.

Judgment: Compliant

Regulation 31: Notification of incidents

While notifications to the Chief Inspector were submitted in accordance with time frames specified in the regulations, they did not include one occasion when a respite resident was admitted to the centre with a pressure ulcer. This was not included in the first quarterly notification for 2021.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy in place to manage complaints. A summary of the complaints procedure was displayed prominently in the centre. Inspectors reviewed a sample complaints and found that complaints were comprehensively recorded and each complaint was investigated appropriately. However the registered provider was required to nominate a specific person to deal with complaints and detail the independent appeal process, as required by the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors were satisfied with the quality of care provided to residents and that measures were in place to ensure their safety. Inspectors observed staff engaging with residents and providing care in dignified and respectful manner. However, improvements were required in relation to fire precautions, safeguarding, management of unused medications and activities for residents. Inspectors acknowledged that the COVID-19 restrictions had posed a significant challenge to residents and staff.

Residents health care needs were appropriately assessed and comprehensive care plans were in place to address the health and social care needs of the residents. There was evidence of reviews by healthcare professionals such as general practitioners and speech and language therapists. The registered provider ensured

that residents in the centre had good access to general practitioners (GPs) and there was evidence of GP access for residents during the COVID-19 restrictions. Residents were assessed using standard assessment tools, and care plans were developed to meet the identified needs. Care plans were person centred and periodically reviewed.

The registered provider ensured that the centre had an effective medication management system in place. However, storage and disposal of unused and out of date medication required improvement. There was system to monitor the use of psychotropic medicines in the centre.

The centre was clean on the day inspection and the housekeeping staff were knowledgeable regarding cleaning systems. There were sufficient facilities for hand hygiene throughout the building. Personal protective equipment (PPE) was readily available to staff and was used in line with the national guidance. The centre had a COVID-19 contingency plan folder with most relevant guidelines, which had been reviewed recently. However, some improvements were required in relation to the infection control practices which are discussed under Regulation 27: Infection Control.

Inspectors observed that since the previous inspection the registered provider had refurbished and upgraded 2 bedrooms and bathroom accommodation, provided extra storage space, and, extended the dining room with upgraded flooring.

There was a system in place to safeguard residents from any form of abuse. Adequate records were maintained of financial transactions made by or on behalf of residents. All allegations of abuse were reported to the office of the chief inspector in a timely manner and investigated appropriately. However, some improvements were required as described under Regulation 8: Protection.

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. While staff knew what to do in the event of hearing the alarm, they were did not know where fire compartments were located. Annual fire training was provided to staff. Regular detailed fire drills were required at different times of the day and simulated at night when staffing levels are reduced. The record of the most recent fire drill carried out in November 2020 did not show timed actions and analysis and remedial actions taken.

The registered provider was committed to provide care to residents in a least restrictive manner. Thirteen residents were using bedrails as per the notification submitted to the authority on 08 August 2019. Since then inspectors noticed a gradual reduction of bedrails use in the centre as per quarterly notifications submitted to the authority. There were four residents using bedrails on the day of inspection.

The provider ensured adequate arrangements in place to receive visitors in accordance with the current HSPC guidelines. COVID-19 restrictions had been significantly impacted the residents' access to external activities. Internal activities were provided by an assigned health care assistant on a daily basis. Residents had

opportunities to attend residents' committee meetings and take part in satisfaction surveys. However, some improvements were required in this area which are described under Regulation 9: Residents Rights.

Residents rights were observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day. Some residents were observed in the communal areas of the centre while residents spent time alone in their rooms. Residents had access to television radios, newspapers, telephones and Internet connection.

Regulation 11: Visits

The centre had an effective system in place for residents to receive their visitors in line with HPSC guidelines. Visits were facilitated every day including weekends. Visiting facilities were directly accessible from outside the centre.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, bright and nicely decorated. Recently completed building extension and refurbishment enhanced the functionality of the premises. However, some improvements were required in relation to the painting in some parts of the building and flooring in the sluice room needed repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with attractively presented and nourishing food of which there was at choice at each mealtime. Drinks and snacks were available and offered to residents throughout the day. Residents nutritional status was monitored through regular weighs and the use of a malnutrition screening tool. Referrals were made to speech and language services when required and advice and recommendations were incorporated into care plans. Mealtimes were seen to be social occasions with a number of the residents attending the dining room for meals and staff also in attendance there. The tables were attractively set and there was a good menu choice available.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in following areas to comply with infection prevention and control standards, for example:

- the action plan from the last inspection to rectify inadequate storage for urinals and bedpans in the sluice room was found to be not completed
- there was inadequate signage in the laundry room to separate the clean and the dirty area which posed a risk of transmission of infection
- some surfaces, finishes and flooring were poorly maintained and as such did not facilitate effective cleaning, especially in the sluice room

Judgment: Substantially compliant

Regulation 28: Fire precautions

improvements were required in relation to the following:

- the fire evacuation plan displayed in the centre did not give information about different fire compartments of the building and staff inspectors spoke with were not aware about the fire compartments in the centre.
- fire training was out of date for two staff
- fire drills needed to be conducted more frequently and include timed actions, analysis and remedial actions taken to ensure safe and timely evacuation.
- fire drills were required at different times of the day and simulated at night when staffing levels are substantially reduced so as to ensure that there were sufficient resources and equipment to safely evacuate residents.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that there was an appropriate pharmacy service and adequate systems in place to prescribe, order, store and administer medicines for residents. Medication management practices within the centre were being audited periodically. Nursing staff inspectors spoke with were knowledgeable about the medication management system. There were arrangements in place to segregate unused or out of date medicines and it's return to the pharmacy for safe disposal. There was adequate records to support this practice, however, a large quantity of medicines

were not returned to pharmacy in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed by the person in charge, to ensure the service could accommodate the care needs of the residents. The sample of care plans and assessments reviewed, demonstrated that they were updated four monthly or if care needs changed. Care plans also included person centred information to direct and inform care. However, in some cases care plans gave limited information on social care needs and and no information on interests prior to admission to the centre.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to GP service with regular medical reviews in residents files. Access to allied health was evidenced by, for example, regular reviews by the physiotherapist, dietician, speech and language as required. Residents access to a range of health professionals had continued throughout the pandemic.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was working towards a restraint free environment. There was a restraints register in place, which was updated regularly. A review of the centre's matrix indicated that staff had access to training in responsive behaviours but it was overdue for a small number of staff as discussed under regulation 16; Training and Staff Development.

Judgment: Compliant

Regulation 8: Protection

All allegations of abuse were reported to the office of the chief inspector in a timely a manner and investigations were carried out on every occasion where there was an allegation of abuse reported. However improvements were required in the follow up to an allegation of abuse that was not fully managed per the centre's policy, and, the frequency of supervision of a resident had been reduced without completing any risk assessment.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider of the centre ensured that resident had access to television, radio, newspapers and other media. There was a choice of menu. Residents had opportunities to attend residents' committee meetings and participate in the running of the centre. However, improvements were required in following areas;

- the allocated activity staff member on the day of inspection was assigned for other tasks that morning.
- one to one activity sessions provided for residents were not documented
- there was insufficient documentary evidence to show that all requests raised by the residents through residents' committee meetings and surveys were followed up.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Grange Con Nursing Home OSV-0000233

Inspection ID: MON-0032763

Date of inspection: 02/06/2021

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: Relevant training is booked for earliest available dates.</p> <p>Induction form which is filled out for most staff has been prioritized and is now a mandatory aspect of the recruitment process.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Current staff files are being audited and will be brought up to date. Going forward a check list has been put in place on all staff files to ensure all fields are checked and correct. An audit is in place to ensure recruitment is carried out as per policy.</p> <p>A tablet has been purchased to solely photograph wounds and store them for ease of access and within compliance of data protection.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An auditing and quality assurance education session has been booked with a private consultancy agency for the management team members.</p> <p>Learning outcomes from this session aim to provide information on analysis and trending of incidents and utilizing data from audits for quality improvement.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notification of incident was submitted via the HIQA portal immediately after the HIQA visit.</p> <p>In the future PIC will endeavour to submit all relevant notifications within the timeframe specified.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure has been updated to include the independent appeal process and the nominated person for the independent appeal process.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The painting and replacement of damaged floor covering which was scheduled for 2020 but delayed due to Covid-19 restrictions has commenced. There will be ongoing improvements throughout this year.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A storage rail for bedpans and urinals is now in place in the sluice room. Signage in the laundry has been updated. Flooring in the sluice room is scheduled for replacement.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A new fire plan is in place identifying the different fire compartments. Fire training booked for the coming week for two staff and scheduled for later in the year for further updates. Fire drills will be carried out more frequently and will include timed actions and simulated at night.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Medications have been returned to the pharmacy for safe disposal as per policy. More frequent checks are now in place and a policy of returns of unused medication on a weekly basis or more frequently if needed.</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>A new form to be completed for admissions is in place which captures the social care</p>	

needs and information on interests prior to admission to the centre.	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The safeguarding policy has been updated to include guidance where allegations have been made against a resident of the nursing home. The policy also states to complete a risk assessment and action plan to address these risks such as the frequency of supervision.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The allocated staff for activities are not to be re-assigned to other tasks unless a replacement is allocated. A daily allocation of staff duties form is in place to prevent further incident. 1:1 activity sessions which were being provided by staff are now documented along with group activity sessions. A new process of documentation for the residents committee meetings is now in place. This includes an action plan stating how and when an issue raised is resolved or needs further action through the management.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	05/08/2021
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	31/08/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/08/2021
Regulation 23(c)	The registered	Substantially	Yellow	28/07/2021

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
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	31/08/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/07/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Not Compliant	Orange	20/07/2021

	case of fire.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	03/06/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	03/06/2021
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which	Substantially Compliant	Yellow	08/06/2021

	includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	08/06/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	01/07/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	29/06/2021
Regulation 9(2)(b)	The registered provider shall provide for	Substantially Compliant	Yellow	18/07/2021

	residents opportunities to participate in activities in accordance with their interests and capacities.			
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