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:	Carechoice Montenotte
Name of provider:	Carechoice Montenotte Limited
Address of centre:	Middle Glanmire Road, Montenotte, Cork
Type of inspection:	Unannounced
Date of inspection:	07 September 2022
Centre ID:	OSV-0000253
Fieldwork ID:	MON-0035712

About the designated centre

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

Carechoice Montenotte has been in operation as a designated centre since 2003 and is registered to accommodate 111 residents. There are four floors each named after a point in Cork Harbour which can be viewed from the centre - Camden, Carlisle, Currabinney and Roches Point. Each of the floors is a self contained unit provided with day rooms, kitchenette, dining room, staff areas, sluice rooms, assisted bathrooms and storage rooms, a treatment room and a nurse's office. The centre is serviced by stairs and a fully functioning lift between all floors. Resident accommodation is provided in 67 single en-suite bedrooms and 22 twin bedrooms. There is a large Oratory on the ground floor, a sitting room with internet access, a visitors canteen and on the third floor there is an activity room which are all available for residents and relatives use. There is a an outdoor seating area at the front of the centre and a secure garden area which enables residents to walk around an enclosed garden and enjoy safe walkways and seating. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	103

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 September 2022	09:30hrs to 17:30hrs	Ella Ferriter	Lead
Thursday 8 September 2022	08:00hrs to 17:30hrs	Ella Ferriter	Lead
Wednesday 7 September 2022	09:30hrs to 17:30hrs	Bernie Long	Support
Thursday 8 September 2022	09:00hrs to 17:00hrs	Bernie Long	Support
Thursday 8 September 2022	09:00hrs to 17:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This inspection took place over two days and was unannounced. Overall, the majority of residents spoken with by the inspectors provided positive feedback about the care they received in Carechoice Montenotee and praised the kindness of the staff working there. Inspectors met most of the residents living in the centre and spoke with over 20 residents at length. One resident told the inspector that staff were "exceptional" while another said that "they let us do our own thing and we make our own decisions here". A few residents told inspectors that they would like more activities during the day and some said the days were long for them. Inspectors also spent time over the two days observing residents' daily lives and care practices, in order to gain insight into the experience of those living there.

Carechoice Montenotee is a designated centre for older people registered to accommodate 111 residents. There were 103 residents living in the centre on the day of this inspection. On arrival to the centre, the inspectors carried out the infection control procedures at the entrance to the centre. The inspectors observed that there were hand washing sinks situated at the entrance to the centre. The administrator ensured temperatures were monitored before entry. Inspectors were informed that the person in charge was on planned leave and the assistant director of nursing (ADON) would facilitate the inspection. After an opening meeting with the ADON, inspectors were guided on a tour of the premises.

Bedroom accommodation in the centre is over four floors, and comprises of 67 single rooms and 22 twin rooms. Operationally, the centre is made up of four distinct wings Camden, Carlisle, Curabinny and Roches Point, each wing depicting the name of points in Cork Harbour. Each wing also had their own day/dining room facilities. The inspectors observed the centre to be appropriately furnished and decorated with pictures on the walls and ornaments throughout. Residents' bedrooms were observed to have their names on doors and some had pictures of residents on the door. However, the inspectors noted that there was not always appropriate directional signage on corridors to assist residents with cognitive difficulties, to find areas of the centre.

Overall, the inspectors found that the centre was well maintained and there was a full time maintenance personnel employed, who was observed carrying out work on the day of inspection. The centre was also seen to be exceptionally clean and there were adequate cleaning staff employed. However, some areas of the centre required painting such as door frames and bedroom walls, and some other areas of upkeep to the premises required to be addressed, which is further detailed under regulation 17. Inspectors also saw that the centre had a large bright oratory and an activities room. However, these were not seen to be available for residents and were allocated for staff facilities and for storage, which required to be addressed and is actioned under regulation 9.

The inspectors saw that residents had access to an enclosed garden, to the front of

the building that was landscaped and had seating and walkways for residents' use. Residents told the inspectors that they were free to access the garden, which they really enjoyed. There was also a small marquee at the front of the premises which was often used for outdoor visits. A few residents were seen to come and go to the garden throughout the day. Inside the door inspectors observed a box of sun hats for residents use.

There was adequate communal space for residents in the centre on each floor. Some rooms were decorated with old memorabilia such as sewing machines, mahogany furniture and china. These rooms were seen to be used for visiting throughout the day. Inspectors met with some visitors over the two days and all were complementary about the care that there loved one received. One visitor told the inspectors that the team working in the centre encouraged their feedback and always addressed any issues or concerns in which they had.

Inspectors spent time observing residents in sitting rooms throughout the two days. On the morning of the first day of this inspection inspectors observed eight residents sitting in a sitting room watching television. Inspectors found that this room was not supervised appropriately and noise from sensor alarms was disrupting other residents in this room. Three residents told inspectors that these were very noisy and disruptive to them every day, and they asked inspectors to address this. Inspectors found that many residents in the centre were allocated senor alarms to alert staff that a resident has or is about to move, which required review and is detailed under regulation 7.

The inspectors met an spoke with a member of the activities team. They were enthusiastic and committed to their role and it was evident that they knew residents well. Some residents were seen to partake in arts and crafts downstairs and the inspctors observed a SONAS session in one of the upstairs units. However, overall residents did not have much opportunity for social interaction over the two days and many residents were observed watching television in day rooms. Four resident told the inspectors that they would love things more to do like bingo or quizzes. Due to the size and layout of the premises, the responsibility of one member of staff to provide social stimulation for 111 residents on some days was found to be inadequate, and is discussed further under regulation 9.

Staff were observed to be kind and courteous to residents at all times, over the two days. It was evident that staff knew residents well and all interactions by staff with residents were seen to be respectful. Residents said that staff were quick to answer the bells in their rooms and they always were friendly and professional. Residents told the inspectors they felt they could express any concern that they had to the person in charge and complimented them on always checking if they were happy with the service.

The inspectors also observed the dining experience and provision and choice of food on both days of this inspection. Residents told the inspectors they enjoyed the food in the centre and they were always given a choice. The inspectors saw that residents were served using china cups and tables were set with table cloths and napkins. Menus were on display in each dining room. However, the inspectors noted

that some residents ate their meals in the sitting rooms where they sat all day, therefore, they were not afforded an appropriate dining experience, this is outlined further and actioned under regulation 9.

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 conducted by inspectors of social services, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, findings of this inspection were that Carechoice Montenotte was a well managed centre, where residents received good quality nursing and medical care. Some areas that required to be addressed, as per the findings of this inspection were the process in place for safeguarding, fire safety, staffing and the premises. An application to renew the registration of this centre had also been submitted to the Chief Inspector, since the previous inspection, and this inspection would inform part of the decision making process.

CareChoice Montenotte is a designated centre for older people operated by CareChoice Montenotte Ltd. Nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. The provider is involved in operating 13 other designated centres in Ireland. The centre benefits from access to and support from centralised departments such as human resources, quality, finance and human resources.

The management structure in place within the centre was clear and identified lines of authority and accountability. From a clinical perspective care is directed by a suitably qualified person in charge, who works full time in the centre. They are supported in their role by an Assistant Director of Nursing (ADON), two clinical nurse managers and a team of nursing staff, administration, care staff, housekeeping, catering and maintenance staff. The ADON took charge of the centre in the absence of the person in charge.

Overall, this inspection found that the majority of management systems in this centre were effective in ensuring good quality care was delivered to the residents. However, the system the provider had in place to investigate safeguarding incidents was not robust and required to be reviewed, this is further outlined under regulation 8. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been satisfactorily addressed. Lines of authority and accountability, and roles and responsibilities were understood by all staff. There were systems in place to monitor the service. A schedule of audits was completed in areas such as infection prevention and control,

falls, nutrition and care plans.

Staffing numbers and skill mix on the day of inspection was appropriate to meet the individual and collective need of the residents, on all but one unit of the centre. Inspectors found that this unit was not sufficiently staffed when considering the assessed needs of residents residing on this floor, which is further detailed under regulation 15. In addition, the inspector noted that the allocation of staff to provide social stimulation for residents in the centre was not sufficient on the day of this inspection, as detailed under regulation 9.

The centre had a comprehensive complaints policy and procedure, which clearly outlined the process of raising a complaint or a concern, however, complaints were not always recorded in line with regulatory requirements, as discussed under regulation 34. Incidents were reported to the Chief inspector as required by the regulations. Residents had contracts of care in place, which detailed the terms on which that resident shall reside in the centre.

Training in the centre was being well monitored by management and records were well maintained. There was an induction programme for new staff and this was seen to be adhered to, as per the centres policy. The inspectors spoke with and observed several staff over the course of the two day inspection and found staff were knowledgeable in training they received and were seen to use this knowledge in how they provided care to residents.

The inspectors reviewed a sample of staff files and all contained information as per Schedule 2 of the regulations. Garda vetting was in place for all staff prior to commencement of employment. However, a staff file in which inspectors requested to review was not made available, which is contrary to regulatory requirements. This is discussed further under regulation 24.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre. The person in charge was a registered nurse with the required managerial and nursing experience as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff on one floor was not appropriate considering the high needs of residents and the size and layout of the designated centre. Findings of the inspectors were supported by discussions with residents, staff and from observations on this inspection of residents waiting on care delivery and lack of supervision at times in the day room. There was also an insufficient complement of staff allocated to social stimulation of residents, which is actioned under regulation 9.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

The inspector noted that the records mentioned under Schedule 2 and Schedule 3 of the Regulations were generally well maintained in the centre. However, one staff file which inspectors requested on day two of this inspection was not maintained in the centre and made available for inspection as required by the regulations.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the systems in place for the oversight of safeguarding in the centre was not sufficiently robust to ensure that the service provided was safe appropriate consistent and effectively monitored. Findings in relation to same are outlined under Regulation 8

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that detailed the services provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a Statement of Purpose relating to the centre which contained all information required as per the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was well maintained in the centre and was being used to implement quality improvements. Based on a review of incidents the inspectors were satisfied that all notifications were submitted, as required by the regulations to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was reviewed and showed that formal complaints were recorded,

however, they did not always evidence the satisfaction of the complainant, which is a regulatory requirement.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Although policies and procedures as per Schedule 5 of the regulations were in place and available to staff. The policy on the protection, detection and response to abuse was found not to be adapted and implemented in practice.

Judgment: Substantially compliant

Quality and safety

Overall, residents' wishes and choices regarding their care and quality of life were respected in Carechoice Montonotee, and there was good access to medical and nursing care. However, this inspection found that areas pertaining to protection, fire safety, and the provision of a social programme for residents required to be addressed and these areas are further detailed under the relevant regulations.

Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents. This was detailed in the daily progress notes and the individualised plans of care, which were regularly reviewed and updated when residents' condition changed. There was evidence of good access to medical care with regular medical reviews by general practitioners (GP). Residents weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Residents also had access to a range of other health professionals such as an in house physiotherapist, speech and language therapists, and dietitians.

Staff had completed training in adult protection and were knowledgeable with regards to what constitutes abuse. Adequate arrangements were in place to manage residents' finances and pension arrangements in place were found to be robust. However, the inspectors reviewed the investigation record of an allegation of abuse and it was evident that appropriate measures were not taken by management as soon as they became aware of the allegation. The provider was required to review the current procedure, to ensure that it complied with the regulatory requirement to safeguarded residents. This is further detailed under regulation 8.

Staff delivered care appropriately to residents who had responsive behaviours and training was provided to all staff working in the centre. There was a low use of bedrails in the centre with ten residents assigned bedrails on the day of this

inspection. However, the allocation of sensor mats to over a third of residents required review, to ensure that the least restrictive practice was used.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm system. Fire records were well maintained and evidenced that equipment was being serviced at appropriate intervals. Residents' support needs were clearly documented in their personal emergency evacuations plans, which were updated regularly. While there was a positive focus on fire safety in the centre which included monthly drills and staff training, some further areas required to be addressed, such as assurances that the evacuation of the centres largest compartment with minimal staffing levels could be undertaken in a timely manner, which is further detailed under regulation 28.

There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service via residents meetings. Residents had access to television and newspapers. The inspectors found that residents were generally free to exercise choice in how to spend their day. Some improvements were required in the provision of social stimulation taking into account the size and layout of the centre

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate space to store and retain control over there clothes and they had adequate space to store their personal possessions. Inspectors observed that some residents clothes were not stored in an appropriately manner in wardrobes, which did not allow them easy access to their clothing and would require action and ongoing monitoring. The management team agreed to address this during the inspection.

Judgment: Compliant

Regulation 17: Premises

Some areas pertaining to the premises required action to ensure the premises was maintained in a good state of repair and adequate space for storage was provided.

- one bedroom had tape on the floor to cover a tear and required repair.
- some wardrobe handles were broken and required to be replaced.
- some paintwork was required in bedrooms and doorways.
- inadequate storage space, which resulted in hoists, wheelchairs and walking frames been stored on corridors and communal spaces.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually. Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes. There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services, to ensure best outcomes for residents. However residents choice in relation to where their meals were served required review and this is actioned under Regulation 9 Residents Rights

Judgment: Compliant

Regulation 26: Risk management

There was a a comprehensive risk management policy in place that included the information as set out in Schedule 5 of the regulations. There was an associated risk register that set out risks and control measures in place to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

There were not enough clinical hand wash basins available to facilitate staff with safe hand washing in the centre. The provider acknowledged this finding and informed the inspectors that all hand washing facilities were being reviewed at

present and a plan would be implemented following assessment of the premises.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following issues were identified with fire safety and required action to ensure the provider took adequate precautions against the risk of fire:

- there was limited directional signage throughout the centre to guide staff, residents and visitors so that staff would know the direction of the nearest exit or nearest compartment to safely evacuate residents should a fire occur.
- two compartments in the centre had twelve residents living in them. Fire drills were not used to ascertain whether or not staffing levels were adequate to ensure that all residents in a compartment could be evacuated in a timely manner, taking into account the number of residents that required to use of assistive equipment to aid in the evacuation process. A drill was submitted in the days following this inspection, which provided some assurances. However, further drills were required to ensure staff had the competence and training the evacuate a compartment with minimal staffing levels.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Controlled medicines were checked at the start and end of each shift and the count performed by the inspectors was seen to be correct.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was found to be of a very good standard. A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Residents care documentation was maintained on an electronic system. Residents' care plans were developed following scientific

assessment, using validated assessment tools. Care plans were seen to be person-centred and reviewed four monthly, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and physiotherapy. There was a low incidence of pressure ulcer development within the centre and wound care was found to be managed in line with best practice guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors noted that there was a high use of sensor mats in use for residents which was 38%. This required review to ensure that where restraint is in use it is used in accordance with national policy and that it was not being used to replace supervision of residents.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors were not satisfied that the provider had taken all reasonable measures to protect residents from abuse, evidenced by:

- the policy and procedure in place to investigate allegations of abuse within the centre was not robust and investigations were not completed in a timely manner. For example; an investigation of an allegation of abuse in June 2022, had not been concluded in September 2022, 3 months after the allegation.
- the policy of the centre was that the human resource team were responsible for investigating allegations of abuse. This is not in line with the requirements of legislation which require the person in charge to investigate any incident or allegation of abuse.
- The inspectors found that one specific allegation of abuse had not been managed in a robust manner and timely manner which did not ensure

residents were protected, appropriate action had not been taken and there were not adequate supervision arrangements put in place to prevent re-occurrence.

Judgment: Not compliant

Regulation 9: Residents' rights

The following required to be addressed:

- there were limited opportunities for residents to participate in activities in some areas of the centre, in accordance with residents interests and capabilities. This was supported by minutes of residents meetings where residents had requested more activities be made available to them.
- the dining experience for residents required review and action to ensure that all residents were afforded an an appropriate dining experience and did not remain in sitting rooms for their meals as seen during the inspection.
- the oratory and activities room were not fully available for use by residents as they had been allocated to staff and to store equipment. The management team addressed this finding during the inspection and equipment was removed.

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 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carechoice Montenotte OSV-0000253

Inspection ID: MON-0035712

Date of inspection: 08/09/2022

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
Outline how you are going to come into compliance with Regulation 15: Staffing: • Staffing levels are reviewed by management on an ongoing basis to ensure that they are adequate to meet the needs of the residents and their care. • This includes reviewing the KPIs to identify the high-risk areas and ensuring adequate measures are in place to manage potential risks. • While the level of supervision in the Dayroom has been reduced, due to low risks of falls or responsive behaviors of residents, the level of supervision has been increased in particular areas on the unit based on the resident's needs. This resulted in overall decreased numbers of incident of falls and responsive behaviors in the unit referred to by the inspector. • The PIC and CMT will continue to monitor the KPIs and adjust the supervision accordingly.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • The PIC will ensure that ADON and Admin Personnel are aware of the location and accessibility of any Staff files as well as any necessary documentation. • The PIC will remind the clinical management team, ADON and HR personnel that an investigation File should be made available for review on the request.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The home has a policy and systems in place where the Clinical Management Team and PIC oversee all allegation of suspected or confirmed safeguarding concerns.
• The existing Safeguarding Policy reviewed in August 2022 in line with regulation outlines the procedures how to respond to a safeguarding concern.
• The PIC will make sure that same is adhered to at all the time and all measures are in place to protect safety of the residents and ensure that all relevant information is taken into account in order to establish if the alleged abuse could have occurred and if there are reasonable ground for further investigation.
• The clinical management team is supported by the quality team in reviewing KPI'S related to incidents and allegations to provide oversight to ensure that the systems in place are managed appropriately.
• The PIC is supported by HR in investigation follow up related to employee
• The systems and related policies will continue to be reviewed by the Quality Department in conjunction with the clinical management team in the home.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• The process to ensure that all complaints are closed in line with the Complaint Policy has been implemented.
• Further education to the clinical management team has been completed related on the need to ensure that all relevant information is recorded on the complaint documentation.
• Review and auditing of implementation of the policy will continue by the clinical management team.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• All Policies are continually reviewed and updated by the Director of Quality and Innovation to ensure that they are in line with the regulations and best practice.
• The PIC together with Clinical management team will continue to ensure that the

updated policies are available for staff and that staff have read and understood the content.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The home had completed a review of the premises in mid 2022 and an action plan was in place and commenced at the time of the inspection to include repair of flooring which was in progress during the inspection and this has been completed in July.
• There is a schedule for ongoing maintenance to include painting and decorating with areas requiring attention prioritized. There is an electronic task system in place to ensure that all areas/equipment requiring any action are reported without delay. This system is managed by the maintenance team. Staff are made aware of the reporting procedures as part of their Induction process.
• Storage of items in the home has been reviewed and any excess items has been removed and or stored appropriately.
• An annual survey of the building, furniture, flooring and any items which require attention is completed and an action plan is put in place to address the issues. Corrective actions are planned in stages to ensure they cause minimum disturbance to residents' comfort and safety. The need for extensive storage has been discussed with the SMT and a plan is in place to complete the work in 2023 with priority work already commenced.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The Clinical Sink Audit has been completed by an external specialist company on the 27th of August with all internal controls implemented.
• The Action Plan has been completed and discussed with SMT.
• Budget has been secured for 2023 to install additional sinks.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The directional signage in the center is under review in conjunction with the H&S officer as part of the displayed evacuation plans and increased signage will be implemented appropriately.
• Regular monthly drills are completed in the home for fire evacuation and drills on the evacuation of the large compartment (12 residents) with the equivalent of night staffing levels will be completed quarterly.
• Regular monthly drills will continue in coordination with external provider and internal staff as part of training and review. The PIC will ensure that different compartments are evacuated horizontally and vertically using different staffing levels to exercise any possible emergency scenarios.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• The home has a policy on managing behaviors that challenge. The PIC has reviewed the use of sensor equipment and discovered that some equipment remained on the register despite the fact that it was no longer in use. The correct percentage on the day of inspection was 20%. Ongoing restrictive practice training is provided to staff to ensure that all staff have a clear understanding of restrictive practices, their use and required documentation.
• The PIC will ensure that active review and evaluation of requirement and effectivity of the use of sensory equipment will be completed on a monthly basis.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• There are policy and procedure in place to investigate allegations of abuse with completion in a manner suitable to the investigation.
• The Policy on the protection, detection and response to abuse had been reviewed in August 2022 and clearly outlines the procedure of responding to safeguarding concerns in line with the regulatory requirements.
• The policy will be redistributed to all staff and discussed at staff meetings to ensure continued understanding of the safeguarding policy. All staff are encouraged to report any concerns raised.
• The PIC is a trained safeguarding officer and will continue to oversee all investigation of allegations of abuse as per the policy.

• Completion and closure of investigations and complaints will continue to be monitored as part of monthly KPI's.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The home has a varied and extensive activity calendar to include group and 1:1 activity both indoor and outdoor arrangements. Review of activities with residents will continue and their preference and choice addressed where possible. There are a minimum of two activity staff rostered on duty per day to meet the residents needs.
• Residents are encouraged to make a choice in relation to their preference of the area where they receive and or attend of mealtimes. The resident's preference is reflected in their care plan and assessment of the residents preference is taken into consideration. It is inaccurate to say that residents are not afforded choice.
• The use of communal areas has been reviewed and these are tidied and available for residents to use as an oratory and activities. This is reflected on the activity calendar and residents are encouraged to attend their preferred activity in the oratory.
• Outbreak was cleared, the communal space of the Oratory had been cleared and in use by day 2 of the inspection as discussed with the inspectors

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	24/10/2022
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.	Substantially Compliant	Yellow	31/03/2022
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	Substantially Compliant	Yellow	24/10/2022

	and are available for inspection by the Chief Inspector.			
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	24/10/2022
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	31/03/2022
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 case of fire.	Substantially Compliant	Yellow	01/11/2022

Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/12/2022
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	24/10/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	24/10/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge	Substantially Compliant	Yellow	30/11/2022

	shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/11/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	30/11/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/11/2022
Regulation 9(3)(a)	A registered provider shall, in 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.	Substantially Compliant	Yellow	31/01/2023