



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

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Sisters of St. Joseph of Annecy
Address of centre:	Ballymacprior, Killorglin, Kerry
Type of inspection:	Unannounced
Date of inspection:	30 April 2021
Centre ID:	OSV-0000287
Fieldwork ID:	MON-0032803

## About the designated centre

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

St. Joseph's Home is a 40 bedded nursing home that was purpose built in the 1970s. The centre is currently in the process of being renovated. New extensions and refurbishment of the existing premises has resulted in 21 new single bedrooms and seven new twin bedrooms, all of which are en suite with shower and toilet. The centre is accessed via a long driveway and situated approximately one kilometre from Killorglin town. It is divided into three sections, St. Bridget's, St. Patrick's and St. Mary's. The centre offers 24-hour nursing care to long-term and short-term residents, predominantly over the age of 65 years.

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

Number of residents on the date of inspection:	46
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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
Friday 30 April 2021	09:00hrs to 17:00hrs	Ella Ferriter	Lead
Friday 30 April 2021	09:00hrs to 17:00hrs	Abin Joseph	Support

## What residents told us and what inspectors observed

The inspectors met and spoke with several residents during the inspection of St Joseph's Home. Overall, the feedback from residents was that staff were kind and caring, and they were happy living in the centre. This was an unannounced risk inspection. It was noted on arrival to the centre that there were robust infection prevention and control procedures in place, which inspectors were guided to complete. This included hand sanitising, application of face masks, temperature checks and a COVID-19 risk assessment. The inspectors were informed that the routine COVID-19 swabbing for staff was taking place at the time, and facilitated by the person in charge. Therefore, the inspectors met with the Clinical Nurse Manager for the introductory meeting and interviewed the person in charge later that morning. Following an opening meeting, the inspectors carried out an inspection of the premises, where they met and spoke with residents in their bedrooms and in communal areas.

This centre is a single story, purpose built nursing home, situated in a very scenic area on the outskirts of Killorglin town. There were beautiful view of the river Laune and the Mc Gillycuddy Reeks. The centre is divided into three units, St. Mary's, St. Patrick's and St. Brigid's. Many bedrooms looked out onto green fields, where residents could see sheep and cows grazing. The overall decor of the centre was to a very high standard. The inspectors observed that bedrooms were beautifully decorated with comfortable armchairs, floral curtains, flat screen televisions and ample storage. Many bedroom were personalised with memorabilia and family pictures. Residents spoken with expressed extreme satisfaction regarding the comfort of their bedrooms. Communal space within the centre was also decorated to a very high standard and it was evident that the registered provider was committed to making the lived environment for resident comfortable and relaxing. There was appropriate signage in place to assist residents to navigate the centre. The centre had a modern hairdressing Salon and small homely kitchen for visitors to the centre. There were well maintained landscaped gardens and a secure central enclosed courtyard, which interlinked all units.

The centre was exceptionally clean and well maintained. Inspectors observed cleaning staff in the centre, and spoke with them regarding procedures. They were knowledgeable regarding enhanced cleaning and processes required as a result of the COVID-19 pandemic. The inspectors observed that the provider had invested in a number of hand washing sinks, in prominent locations throughout centre. This helped to promote good hand hygiene among staff. Staff were seen adhering to very good hand hygiene practices throughout the day of inspection, however, inspectors observed some staff not wearing face masks appropriately. The inspectors also observed that two residents were in isolation on the day of inspection, however, there was not appropriate signage on doors to indicate this and doors were sometimes left open. This was contrary to infection prevention and control guidelines.

One the day of inspection, inspectors spoke with a number of residents and approximately ten residents in detail. Overall, feedback from residents was positive about staff, and they were complementary about the care they received. One resident told the inspectors that the person in charge and the registered provider representative (RPR) of the centre would address any concerns they had, and stated they would not hesitate in approaching them. Other residents expressed their satisfaction with the bright, clean well maintained centre. Inspectors noted that staff were keen to promote the privacy, dignity and independence of the residents. Some residents were observed walking independently through the corridors and communal areas. Others required assistance from staff to move around in the centre.

The inspectors spent time observing resident and staff engagement. The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were happy living in the centre, despite the limitations imposed by the current restrictions. Interactions between staff and residents were seen to be provided in a caring, respectful and dignified manner.

Two residents spoken with told the Inspectors that there was not much to do during the day. They expressed their desire to spend more time outdoors and have more interesting things to do. On observation the inspectors noted that there were limited opportunities for recreation and social engagement on the day of inspection. Activities available included watching mass on television, watching music on television, the rosary and a newspaper reading. However, many residents remained in their bedrooms or sat in the communal rooms for long periods without stimulation. Inspectors were informed that prior to COVID-19 pandemic, 14 volunteers attended the centre, and they had a significant role in providing activities and social stimulation for residents. The inspectors were informed that the centre was currently in the process of recruiting a new full time activities coordinator.

Visiting to the centre had recently resumed, was being appropriately monitored, and visitors were appropriately screened. The inspectors observed visitors coming and going throughout the day of inspection. Staff told inspectors they were delighted to be able to welcome visitors again, as they acknowledged that it had been such a difficult year for residents and their families due to the restrictions imposed by the global pandemic. Inspectors had the opportunity to speak with six visitors. They were extremely complementary about the care received by their relatives and the dedication and kindness of staff in the centre. It was evident that they knew staff well and informed the inspectors that there had been very good communication maintained over the last year. One visitor expressed the desire that their family member has access to more to do during the day, as they felt the days might be long for them.

Inspectors observed residents having their meals in three different dining areas. The food served was wholesome and there was adequate staff to support the residents during meal time. The menu for the day was displayed in the dining area, and it was evident that residents had choice. Staff assisted residents in a discrete and sensitive manner during meal times if required. Inspectors also noted that residents were

offered drinks and snacks at regular interval throughout the day. Residents spoken with were complementary regarding the food and stated they enjoyed their meals.

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 a one day unannounced inspection, which was conducted to monitor compliance with the regulations. The last inspection of this centre had been in May 2019. The findings of this inspection were that while there was a clearly defined management structure in place, the management systems required strengthening to ensure that an effective and safe service was continuously provided for residents. There were limited processes in place to oversee the quality and safety of the service and ensure good levels of regulatory compliance. There were not comprehensive management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored, which had also been a finding on the previous two inspections of this centre.

The registered provider of this centre is the Sisters of St Josephs of Annecy, and a representative from this entity worked in the centre full time. Trustees of Sisters of St. Joseph had meetings every two weeks via video link, and more frequent if required. Records of these were reviewed by the inspectors and improvements were noted since the previous inspection. Care in St Josephs Home is directed through the person in charge, who reports to the provider representative, who is on site Monday to Friday. From a clinical perspective the person in charge is supported by a Clinical Nurse Manager and a team of nurses, healthcare assistants, catering and household staff. There was evidence of regular management meetings held fortnightly with the provider representative, person in charge and the Clinical nurse manager where a very broad range of operational issues were included on the agenda such as COVID-19, incidents, staffing and admissions to the centre. An improvement in the process of recording these meetings was noted since the previous inspection. However, meetings with staff had not taken place since March 2020 and inspectors were informed that this was due to constraints posed by the COVID-19 pandemic. This is discussed further under Regulation 23: Governance and Management.

Overall, the inspectors found that there were adequate resources in the centre to ensure the effective delivery of care to residents, in line with the centres stated purpose. The staffing number and skill mix on the day of inspection was appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. However, there was not adequate staff allocated to the social and recreational programme for residents, which is further discussed under regulation 9.

The centre had not had an outbreak of COVID-19 to date. Serial staff testing for COVID-19 was ongoing and staff members had been trained in swabbing. All staff had their temperature recorded twice daily, in line with the current Health Protection and Surveillance Centre (HPSC) guidance. The person in charge had developed a preparedness plan in the event of an outbreak of COVID-19 in the centre, which was comprehensive and updated accordingly. A COVID-19 committee was established within the centre and there was evidence of weekly meetings. Appropriate training had been provided in infection control, application of personal protective equipment, the signs and the signs and symptoms of COVID-19. Staff hand-over meetings at change of shift provided a forum for staff to discuss HPSC guidance updates, along with discussion on residents' care needs.

There were systems in place to manage critical incidents and risk in the centre. Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. However, all incidents had not been notified to the Chief Inspector as per requirements of the legislation. Monitoring of the service required significant improvement as it was found that auditing was inconsistent and was not being used to drive quality improvement within the centre. This was also a finding on the previous inspection of this centre. Although there was an appropriate audit schedule in place, it was found that it was not implemented in practice, and there was no system in place to disseminate findings to staff. It was also found on this inspection that the majority of policies and procedures were out of date and not updated in accordance with current legislation and best practice guidelines. Therefore, implementation of current best practice, as well as outcomes for residents could not be assured.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. However, there was a requirement for improvements in relation to staff recruitment and induction as the inspectors found that some staff records were not maintained in line with regulatory requirements and there was not documentary evidence of an induction programme for newly recruited staff. Records viewed by the inspectors also identified that some mandatory training was out of date, and it was reported that this was due to the COVID-19 pandemic.

#### Regulation 14: Persons in charge

The centre was being managed by a full-time person in charge, who was in position since July 2019. They had the necessary experience in management and in nursing the older adult that is required by the regulations. However, they did not hold a management qualification which is required by the regulation. The inspector was informed that the course was being undertaken and was due for completion in the coming months.

Judgment: Substantially compliant



## Regulation 15: Staffing

From review of the roster, speaking with staff and with residents, it appeared that the staff compliment and skill-mix was adequate to meet the care needs of the 46 residents living in the centre on the day of inspection. There were two Registered Nurses on duty at every 12 hour shift. The person in charge and the Clinical Nurse Manager supervised care delivery Monday to Friday and supported the team. There was, however, insufficient numbers of staff to meet the social care needs of residents for example, thorough the provision of activities. This is discussed further under Regulation 9.

Judgment: Compliant

## Regulation 16: Training and staff development

Significant gaps were found in the training records of staff in the centre in safeguarding vulnerable adults, managing behaviours that are challenging and fire safety. There were also no records of an induction supervision programme for staff, which was also a finding on the previous inspection of this centre.

Judgment: Not compliant

## Regulation 21: Records

A sample of staff files viewed by the Inspectors were found to be very well maintained. Garda vetting was in place for all staff, and the management team assured the inspector that no staff member commenced employment without this in place. However, not all staff files contained the requirements of schedule 2 of the regulations. For example:

- a staff file did not include a reference from the most recent employer
- a staff file did not have documentary evidence of relevant qualifications
- a staff file did not have a validated Nursing registration, this was retrieved on the day of inspection.

The previous inspection of this centre identified that fire records were not available or effectively maintained. This had been rectified and all fire records were available and accurately recorded.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Significant improvements were required in the governance and management of the centre to ensure the safe delivery of the service. This was a repeated area of non compliance and also found on previous inspections of this centre. This was evidenced by;

- Lack of an effective auditing system to monitor the service and drive quality improvement
- Poor oversight and management of the use of restraint within the centre
- There was no annual review of the quality and safety of care carried out for 2020 available to staff and residents. This was also a finding on the previous inspection.
- Poor oversight of staff training and development
- Absence of a social programme for residents.
- Poor oversight of infection prevention and control practices within the centre.

Judgment: Not compliant

## Regulation 31: Notification of incidents

Incidents that occurred within the centre were appropriately documented and records were well maintained. However, not all incidents occurring in the centre had been reported to the Chief Inspector in line with regulatory requirements. This was particularly in relation to the number of residents using restraints, and one resident suspected of COVID-19.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The complaints procedure was on display in the centre. Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that there were no complaints on record in the centre for 24 months. The person in charge acknowledged that concerns were being resolved informally and were not being recorded, therefore learning could not be disseminated. The inspector recommended that all complaints be recorded in line with the regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The majority of Schedule 5 policies and procedures were out of date and had not been updated in accordance with national policy, current legislation or best practice. The visiting policy and the infection prevention and control policy had been updated to reflect the requirements and changes in practice as a result of the COVID-19 pandemic.

Judgment: Not compliant

## Quality and safety

The residents in the centre were generally satisfied with the quality of the service they received, and stated they felt safe in the centre. Nonetheless, improvements were required in relation to residents' assessments and care plans, infection control practices and monitoring the use of restraints. Residents quality of life could also be enhanced through increased access to activities in the centre.

Inspectors acknowledged that COVID-19 restrictions posed a significant challenge to residents and staff. Staff were committed to providing quality care to residents. Residents' medical and health care needs were well met. The centre has good access to general practitioner (GP) and a range of healthcare professionals such as dietetics, speech and language and physiotherapy. There was a very low incidence of pressure ulcer development. However, on review of documentation it was evident that care planning documentation required improvement as care being delivered in the centre was not always reflected in residents' care plans. This is discussed further under Regulation 5.

The centre had a good medication management systems in place. Controlled drugs were stored appropriately and records maintained. Residents' medication allergies and the need for crushing the medications were clearly indicated in the prescription record. However, inspectors noted that improvements were required in relation to the monitoring of the medication refrigeration system.

Inspectors noted that the centre was exceptionally clean. Cleaning protocols and procedures had been enhanced in response to the COVID-19 pandemic and were in line with national guidelines. Cleaning records indicated that there was good system in place to deep clean bedrooms and frequently touched areas. The provider had also engaged with Infection Prevention and Control specialists experts from Health Service Executive (HSE) to seek advice in relation to preparation for COVID-19 outbreak. However, some improvements were required in relation to adherence by staff in the wearing of masks appropriately and residents' isolation arrangements.

This is further discussed under Regulation 27.

There were systems in place to safeguard residents from abuse. Staff members, inspector spoke with were knowledgeable about the steps to be taken in the event of any suspected or confirmed safeguarding concern. Inspectors reviewed systems within the centre for petty cash and pension accounts. This indicated that the centre had a robust system in place to manage residents' money, however, a review of the process in place when acting as a pension agent for a resident was required, to ensure they were in line with the most up to date guidelines.

Significant improvements were required in the use of and monitoring of restraint within the centre. It was evident that clinical managers and staff did not have up to date knowledge regarding restrictive practices. On the day of inspection the inspectors observed a number of restrictive practices in use, without appropriate assessment and monitoring. This is further discussed under regulation seven.

Residents' choices, privacy, dignity and independence were safeguarded in St Josephs Home. Residents in the centre was cared for and supported in a respectful and dignified manner. COVID-19 restrictions significantly impacted the residents' opportunity to engage in different meaningful activities in St Josephs Home. The centres traditional involvement of volunteers to provide a social programme had been stopped in March 2020. Therefore, residents had limited access to activities. The inspectors were informed that the provider had recently recruited an activities coordinator, acknowledging that there was a deficit in this area. However, this person had not commenced the role on the day of inspection. The frequency of residents meetings also required review to ensure that residents were consulted with, and had opportunities to participate in the running of the centre.

### Regulation 11: Visits

The centre had an effective system in place for residents to safely receive their visitors in line with HPSC guidelines. The residents and visitors inspectors spoke with were complementary about the visiting arrangements in the centre.

Judgment: Compliant

### Regulation 17: Premises

The centre was exceptionally clean, bright and very well decorated. On previous inspection, it was noted that there was not enough signage to assist residents and visitors to easily navigate through the centre. The provider had installed more appropriate signage in response to this finding.

Judgment: Compliant

### Regulation 27: Infection control

Although the centre was exceptionally clean and there was a comprehensive COVID-19 contingency plan, this inspection found that some improvements were required such as :

- ensuring staff were adhering to correct use of PPE, as breeches in the use of face masks were observed
- ensuring residents in isolation had signage to convey this on their bedroom doors and that doors were kept closed as per infection prevention and control guidelines.
- ensuring that infection prevention and control practices were effectively audited and monitored by management.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Overall, the centre had good medication management system, however improvements were required in the monitoring of medication refrigeration system as it was found that:

- one of the medication storage refrigerators thermometer was out order for a number of days
- two medication refrigerator temperatures were above the recommended level on the day of inspection
- some food items were inappropriately stored in the medication storing refrigerator.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The centre had an electronic resident care record system. Inspectors reviewed six care plans during this inspection. Nurses' notes indicated the daily progress of the residents' care. A significant level of improvements was required in relation to individual assessment and care planning, and this was acknowledged by the

management team. The inspectors found:

- not all care plans were reviewed 4 monthly
- some care plans reviewed were not person-centred and were generic, therefore they did not give adequate guidance to direct care
- some end of life care plans did not clearly indicate residents' wishes and preference
- wound care documentation did not provide information relating to periodic wound assessments, dressing frequency and dressing materials used in all instances.

Judgment: Not compliant

### Regulation 6: Health care

There was evidence of good access to medical care with regular medical reviews. Residents had access to a range of other health professionals which had continued throughout the pandemic. There was also very good access to local palliative care services and psychiatry of old age. Residents had access to appropriate equipment to meet their assessed needs such as pressure relieving equipment and ceiling hoists if required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff did not have up to date knowledge and skills to respond to and manage behavior that is challenging and significant improvements were required, as it was found:

- management and staff were not fully informed in accordance with national policy, and training in managing responsive behavior had expired since 2019.
- the centre had no restraint register and were not monitoring practices.
- where restraints were used such as bedrails there were no records of assessments, consent obtained, multidisciplinary team input or monitoring
- there was no system for monitoring the use of psychotropic medications
- standard tools were not used for recording challenging behaviour episodes.

Judgment: Not compliant

### Regulation 8: Protection

There were adequate records in place on the management of residents finances. All transactions were recorded, and there was a system for verifying if residents availed of services such as chiropody and hairdressing prior to being invoiced for the service. The centre was pension agent for one resident, however, this money was being held in a general nursing home account. The provider was advised to explore all alternatives in an effort to comply with department of social protection guidance which recommends that personal resident accounts.

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. Residents had access to a number of voluntary groups and had an opportunity to connect with local schools during pre COVID-19 times. There was a choice of menu and residents expressed their satisfaction about the choice of food served in the centre. However, this inspection found that the provider needed to address the deficit in activities for residents which would improve their quality of life. Consultation with residents also needed to be reviewed to ensure that residents were given opportunities to participate in the running of the centre, as it was found that there were no records of residents meetings since December 2019.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for St Joseph's Home OSV-0000287

Inspection ID: MON-0032803

Date of inspection: 30/04/2021

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Person in Charge will complete the remaining module of the management course she has commenced to ensure compliance with obtaining a management qualification that is required by Regulation 14.</p> <p>The required training will be completed by 30th July 2021.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training was arranged post inspection and all Staff in the Home have received training by the 15/06/2021 in Restrictive Practices, Safeguarding Adults and Children and Fire Safety</p> <p>The following training has been booked and will be completed by the 30th July 2021: The management of Dementia and behaviors of concern and Care Planning training for Nurses.</p> <p>All newly appointed staff have completed their inductions. A new Staff Code of Conduct has been put in place for all staff.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:  A new HR File audit tool was developed on the 25/05/2021 and implemented into practice.  The HR File audit tool facilitates the auditing of all staff files to verify compliance with the requirements of schedule 2 of the regulations.  All staff files now contain documentary evidence of the relevant qualifications the staff member holds when applicable and for the employment of registered nurses, evidence of a valid live nursing registration.</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> <ul style="list-style-type: none"> <li>• An effective auditing system to monitor the service and drive quality improvements was implemented on the 04/06/2021. This auditing system was put in place by the PIC. As part of this process a new wound care audit was also developed.</li> <li>• A restraint register for maintaining oversight and management of the use of restraint within the centre was developed and commenced into practice 04/06/2021;</li> <li>• An annual review of the quality and safety of care has been completed for 2020 and this review and associated action plan will be made available to staff and residents. The Annual Review for 2020 has been included in this updated response to HIQA;</li> <li>• A training needs analysis for all staff members and arrangements/dates for staff members to participate in training where this is required commenced 01/06/2021;</li> <li>• A social programme for residents, now that an activities coordinator has commenced employment, has been put in place 01/06/2021;</li> <li>• Weekly Infection Protection &amp; Control audits to obtain oversight of infection prevention and control practices within the centre and the development of an action plan when required, to address any deficits in best practice observed during the audit process commenced 01/06/2021;</li> <li>• The supervision of all staff in the safe use of PPE and face masks commenced 01/06/2021 and will be completed by the 30/07/2021</li> </ul>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

The designated centre will come into compliance with Regulation 31 by: Completing a review of all previous incidents and where the incident has been deemed notifiable to HIQA, a retrospective notification will be completed if the incident was not reported. This will include notifications of residents using restraints and where a resident was suspected of COVID – 19. It is the intention of the person in charge and the registered provider to ensure that the learning from this inspection is embedded into future practice. The review of all previous incidents to ensure that they have been notified to HIQA has commenced on the 01/06/2021 and will be completed by the 30/06/2021. Any event that is required to be notified will be notified by the 30/06/2021.

Regulation 4: Written policies and procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  
 A review of all Schedule 5 policies has commenced and so far 11 policies have been reviewed and updated in accordance with national policy, current legislation or best practice.  
 The record of Schedule 5 Policies submitted with this response. The remaining policies are still under review and they will be updated by the 14/07/2021.

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

- A new weekly infection control audit has been developed and implemented from the 04/06/2021 to ensure that infection prevention and control practices are effectively audited and monitored to ensure compliance with best practice and Covid 19 management protocols. An action plan will be developed where practices can be improved or to address deficits in best practice that may be identified.
- Staff practices will also be audited as part of the weekly infection control audit and during daily walkabouts by the person in charge;
- The commencement of supervision for staff on the correct use of PPE and the safe use of face masks commenced on 01/06/2021 and completed by the 30/07/2021.

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>The designated centre has come into compliance with Regulation 29 by having the medication storage refrigerator thermometer replaced and all refrigerators are now fully operational within the required temperatures for the storage of medication. The food items that were inappropriately stored in the medication storage refrigerator have been removed and staff have been notified that the storage of food in the medication fridges is prohibited.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• All care plans are currently under review and the full review will be completed by 30/07/2021.</li> <li>• A new monthly wound care audit which has been developed and submitted with this response.</li> <li>• A new Formal Wound Care Assessment has been developed and implemented into practice</li> </ul>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• A new policy on the use of Restraint has been developed that adheres to National policy and is included in the Schedule 5 policies.</li> <li>• The development of a restraint register and the auditing of restraint. Ensuring where restraints are used such as bedrails there are contemporaneous records maintained of assessments, consent obtained, multidisciplinary team input and monitoring;</li> <li>• Training for the management of responsive behaviors is being sourced and should be completed by 30/07/2021.</li> <li>• Restrictive practice training has been completed for all staff on the 15/06/2021.</li> <li>• Implementation of a new audit for monitoring the use of psychotropic medications;</li> </ul>	

- The implementation of individual resident ABC charts for recording challenging behaviour episodes

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
 The designated centre will come into compliance with Regulation 8 by: The implementation of a new policy on the 24/05/2021 entitled 'Policy on Pension Agent Responsibilities' that is compliant with guidance from the Department of Social Protection and the creation of a personal bank account for the one resident whom the designated centre acts as a pension agent.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- A full time activities coordinator has been appointed
- A new weekly social activity programme has been put in place from the 01/06/2021
- A new resident satisfaction/experience survey has been developed for the purposes of ensuring that residents have opportunities to participate in the running of the centre.
- The social activity programme is displayed internally for the residents and their families.

## 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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Substantially Compliant	Yellow	30/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/07/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/07/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	24/06/2021

	designated centre 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.	Not Compliant	Orange	30/07/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	30/07/2021
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	Substantially Compliant	Yellow	30/07/2021



	Authority are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	24/06/2021
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	30/06/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	14/07/2021
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.	Not Compliant	Orange	30/07/2021

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 manage behaviour that is challenging.	Not Compliant	Orange	30/07/2021
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 shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/07/2021
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.	Not Compliant	Orange	30/07/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	24/06/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and	Not Compliant	Orange	24/06/2021

	recreation.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	24/06/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	24/06/2021