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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:	Corrandulla Nursing Home
Name of provider:	Hayden Healthcare Limited
Address of centre:	Carrow Beg South, Corrandulla, Galway
Type of inspection:	Unannounced
Date of inspection:	20 January 2022
Centre ID:	OSV-0000332
Fieldwork ID:	MON-0033964

## About the designated centre

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

The centre is located in the village of Corrandulla and is approximately 18 kilometres from Galway city. It is located next to an ancient Franciscan church that dates from the 1850s. The building is part of a complex of independent living units and an activity centre. It is organised into two units over two floors and there is lift and stairway access to the upper floor. Bedroom accommodation consists of single rooms, double rooms and one room that accommodates three residents. Corrandulla Nursing Home provides health and social care to male or female residents over the age of 18. Care is provided to residents who require convalescence, respite, palliative or long-term care.

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

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 20 January 2022	10:10hrs to 17:20hrs	Fiona Cawley	Lead
Thursday 20 January 2022	10:10hrs to 17:20hrs	Claire McGinley	Support

## What residents told us and what inspectors observed

The feedback from the residents who spoke with the inspectors was that this was a nice place to live where they were supported by caring staff who knew them well. The atmosphere in the centre was warm, relaxed and comfortable and the residents were observed to be content in their surroundings. However, the inspectors identified that improvements were required in a number of areas including governance and management, infection prevention and control and premises.

This unannounced risk inspection was carried out over one day. There were 16 residents accommodated in the centre on the day of the inspection and five vacancies.

Corrandulla Nursing Home was located in the village of Corrandulla, County Galway. The building was originally a Franciscan monastery and maintained some of the original features including a beautiful church. The location provided lovely views of the surrounding countryside. The centre consisted of single, twin and triple bedroom accommodation spread over two floors which were serviced by an accessible lift. There were a variety of communal areas for residents to use depending on their choice and preference including day rooms, dining rooms, a reception area and accessible outdoor areas. On the day of the inspection there were only four bedrooms in use on the first floor. The remainder of the upstairs was undergoing planned refurbishment and was therefore not in use as part of the designated centre.

At the time of inspection, the centre had remained COVID-19 free and the inspectors acknowledged the management team's efforts to protect the residents and staff from the virus. However, the inspectors were not asked to have their temperatures checked or provided with any guidance on the the centre's infection prevention and control screening protocols required on entering the designated centre on the day.

The inspectors observed and chatted to a number of residents throughout the day of the inspection. The residents were nicely dressed and well groomed. A number of residents were unable to have a conversation but were observed to be content and comfortable in their surroundings. The inspector spoke in detail with five residents who all expressed their satisfaction with life in the centre. One resident told the inspectors that the staff were very good, that they felt safe in the centre and that they would talk to the person in charge if they were concerned about anything. Other residents said they happy in the centre and that they had everything they needed. A number of residents spent their day in the communal areas while other residents chose to spend their day in their bedrooms.

Following an opening meeting with the person in charge, the inspectors completed a walkabout of the centre. Overall, the inspectors found the premises was laid out to meet the needs of the residents and to encourage and aid independence. The

centre was pleasant throughout and it was clear that the management and staff made great efforts to create and maintain a homely atmosphere. The communal areas were nicely styled with comfortable furnishings. The corridors were wide and well lit with grab rails in place to assist the residents to mobilise independently. The walls were adorned with interesting pictures. The building was warm and well ventilated throughout. Most of the non-resident areas were accessible via keypad to ensure the safety of the residents. However, the inspectors observed that access doors to areas that were being refurbished were unlocked. This was a risk to any resident who could accidentally enter these restricted areas as there were a number of hazardous items including tools and chemicals present. In addition, a number of areas of décor and maintenance required attention on the day of the inspection. This will be discussed further under Regulation 17: Premises. The person in charge informed the inspectors that they had already identified a number of required improvements and that they had informed the provider.

Many resident bedrooms were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. Call bells were available throughout the centre and the inspectors observed that these were responded to in a timely manner. Closed circuit television cameras (CCTV) were in use throughout the centre including communal spaces.

Dining was available in both dining rooms and communal rooms on the day of the inspection. Dining rooms were arranged to facilitate social distancing with a maximum of two residents at each table. The lunchtime period was observed by the inspectors and the residents were provided with a choice of meals from the daily menus which were on display. Residents who required help were provided with assistance in a sensitive and discreet manner. Residents were complimentary about the food they received. Staff members supported other residents to eat independently and residents were not rushed. Staff and residents were observed to chat happily together and all interactions were respectful.

An activities schedule was on display in the centre for the residents and included music and exercise. Activities were coordinated and provided by either the activities co-ordinator or health care staff on a daily basis. However, a number of residents informed the inspectors that generally there are no activities provided in the morning. On the day of the inspection the inspectors did observe residents engaged in and enjoying activities in the afternoon. The person in charge informed the inspectors that a number of residents were planning a project to repaint some of the garden furniture in the courtyard when the weather improved. Staff were observed to be available in communal areas throughout the day including the day rooms and dining rooms to provide assistance and support to residents.

The inspectors observed all staff engage with the residents in a very positive manner and friendly interactions were heard throughout the day. Staff who spoke with inspectors were knowledgeable about the residents and their needs. Residents moved around the centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff.

Overall, the centre was clean and tidy. Housekeeping staff who spoke with the

inspector were knowledgeable about the cleaning process required in the centre. However, the inspectors were not assured that the arrangements for preparing the cleaning products were effective and in line with national guidance on infection prevention and control in residential care settings. The inspectors observed a number of chemical bottles that were not appropriately labelled. In addition, the inspectors noted a number of areas in the centre that were not cleaned to an acceptable standard. This will be discussed under Regulation 27.

There was unrestricted access to a pleasant outdoor courtyard for the residents. This area included raised beds, bird feeders and seating areas. However, the inspectors also identified a number of maintenance issues that required attention on the day of the inspection to ensure it was a safe space for residents. The courtyard also contained a separate smoking area which had the necessary firefighting equipment in place.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

In summary, this was a good centre with a responsive team of staff delivering good standards of care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

The inspector found that overall the residents were supported and facilitated to have a good quality of life. There had been improvements in compliance with the regulations since the last inspection on October 2020. However, the inspector found that further improvements were still required to bring the service into full compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and assure safe delivery of care.

Corrandulla Nursing Home was operated by Hayden Healthcare Limited. The person

in charge facilitated the inspection.

The person in charge was supported in this role by a full complement of staff including nursing and care staff, activity staff, housekeeping, maintenance and catering staff. The person in charge was also provided with support in their role by the registered provider representative who was actively involved in the running of the centre on a day to day basis. There were deputising arrangements in place for when the person in charge was absent. However, while there was a management structure in place, this structure required review to ensure the person in charge had effective support to allow for consistent oversight and monitoring of the service. This will be discussed further under Regulation:23 Governance and Management.

The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. The nurse on duty held responsibility for the provision and coordination of direct care to residents and reported directly to the person in charge. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff whom inspectors spoke with demonstrated their understanding of their role and responsibilities. Inspectors reviewed the staffing rosters and found that overall the number and skill mix of staff on duty was appropriate meet the needs of the current residents on the day of inspection. However a further review of staffing was required and this will be discussed further under Regulation 15: Staffing.

Staff had access to education and training appropriate to their role. Staff with whom the inspectors spoke with were knowledgeable regarding the procedure to initiate in the event of a fire alarm activation, safeguarding and hand hygiene.

There was evidence that frequent staff meetings had taken place. Issues discussed included COVID-19, infection prevention and control, residents rights. The refurbishment of the centre, staffing, leadership and the quality of care were amongst the issues discussed at regular management meetings.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2020. A quality improvement plan was developed which included ongoing refurbishment of the centre.

There was a complaints policy in place. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. However, the management of complaints required a further review and this will be discussed under Regulation 34: Complaints procedure.

## Regulation 15: Staffing

The inspectors reviewed the staff rosters and identified that a review of staffing



levels was required. For example;

- The person in charge regularly worked as the nurse on duty as there were not sufficient number of registered nurses employed in the centre to ensure there was a registered nurse on duty at all times. The person in charge informed the inspectors that the provider was in the process of recruiting staff nurses to ensure that there was sufficient numbers of staff available consistently.
- There was only three hours of cleaning hours per day at the weekends which was not adequate given the size and layout of the building.
- The inspectors observed a care assistant in one of the kitchens carrying out catering functions on the day of the inspection. This crossover of roles posed an infection control risk.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection prevention and control, manual handling, safeguarding of vulnerable adult and Fire Training. The inspectors reviewed staff training records and found all staff had attended mandatory training sessions in 2021.

However, the supervision of the housekeeping team and processes required review.

Judgment: Substantially compliant

### Regulation 23: Governance and management

On the day of the inspection the designated centre had sufficient resources to ensure the effective delivery of good care and support to residents. However, the management structure in the centre required a review. The person in charge was often on duty as the nurse delivering care to the residents. The lack of consistent supernumerary hours to carry out their management role had an impact on the oversight of a number of key areas. As a result the centre's own quality assurance systems had not identified a number of areas of non-compliance found by the inspectors during this inspection.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2021 and included resident involvement. A quality

improvement plan was developed which included the ongoing refurbishment of the centre.

Incident reports reviewed were investigated and followed up by the person in charge.

Although there was a risk register in place, the registered provider had failed to identify risks observed by the inspectors on the day of the inspection. For example risks associated with;

- The unsecured areas of the building that were under refurbishment.
- The cleaning chemicals were not secured on the housekeeping trolley.
- There were hand sanitiser bottles placed along corridors.
- There were a number of trip hazards identified by the inspectors including raised door saddles at the entrances into the smoking area and the courtyard.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge informed the inspectors that there that there was one staff who awaiting COVID-19 test results as they were identified as a close contact. The person in charge had not submitted a notification in line with regulation 31.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place in line with regulatory requirements. This document required review to ensure it accurately reflected the procedure to be followed when a resident wished to make a complaint as it refers to a clinical nurse manager throughout the document. On the day of the inspection there was no clinical nurse manager employed by the centre.

Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

However, the inspectors reviewed resident questionnaires and found that three residents had identified that they were dissatisfied with an aspect of the service. There were no records of these complaints in the complaints log.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

#### Quality and safety

The inspectors found the care and support provided to the residents of this centre to be of a good standard. Staff knew the residents well and it was evident that the care was person centred. The inspectors noted that resident and staff engagement throughout the inspection that was polite and respectful. The residents who spoke with the inspectors were complimentary of the quality of care they received from the staff.

Residents were well cared for and their health care needs were assessed using validated tools which were used to inform care planning. Each resident had care plan in place which was person centred and reflected each individual's needs. Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

There were opportunities for residents to consult with management and staff on how the centre was run. Minutes of residents meetings reviewed by inspectors indicated that a broad range of topics were discussed ranging from resident satisfaction with the service to the COVID 19 pandemic.

Overall, residents' rights were respected. Residents had access to a an independent advocacy service. However, some improvements were required to ensure residents' choice and privacy and dignity were maintained. This will be discussed further under Regulation 9: Residents' rights.

The provider promoted a restraint-free environment in the centre in line with local and national policy. There was only one bed rail in use on the day of the inspection.

Infection Prevention and Control measures were in place. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. In general good practices were observed with hand

hygiene procedures, however improvements were required in the appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day in line with the guidance from the Health Protection Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). However, some improvements were required to ensure the premises and lived environment supported appropriate infection prevention and control practices. This will be discussed under Regulation 27.

The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

### Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). While the inspectors did not speak with any visitors in the centre on the day of the inspection, residents and staff confirmed that the residents were visited by their families and friends.

Judgment: Compliant

### Regulation 17: Premises

The inspectors noted that the provider had undertaken significant work to address fire safety in the centre. As a result, there was ongoing refurbishment work in progress on the the first floor of the building. This work was not in any resident areas and therefore did not impact on their daily lives. Although the provider had developed a comprehensive risk assessment in relation to the refurbishment works the inspectors were not assured that the access to the unregistered areas of the building were safe (as described under Regulation 23: Governance and management).

The inspectors observed that there were a number of areas in the designated centre that required review to ensure regulatory compliance. For example;

- A number of items of furniture were in a state of disrepair. The inspectors were not assured that these items could be effectively cleaned to provide adequate infection prevention and control protection to the residents.
- There were chipped surfaces, rust and scuffed paintwork observed in a number of areas including walls, lockers, radiators and window sills.
- The table cloths in use in one of the dining rooms were worn and frayed.
- There was a damp patch observed beside one of the fire doors.
- The courtyard area was overgrown in parts with visible moss growing on the walkways, grass in the gutters and several items of broken and unclean furniture stored in the area.
- There were exposed wires in the ceiling in one bedroom.
- The water supply in a number of bathrooms was not sufficiently warm.
- There was no extractor fan in the smoking room.
- There was no hand wash basin or janitorial sink in the housekeeping room.
- There were items of resident equipment had not been serviced for a number of years.
- There were a number of floor surfaces that required upgrading as there were visible cracks present.

Although there were storage facilities available in the centre, on the day of the inspection better organisation of equipment and supplies was required. For example;

- There was inappropriate use of one store room that did not have the required fire upgrading completed.
- There was inappropriate storage of laundry skips in the shower room.
- There were a number of communal products stored in the shower room.
- There was a supply of clean linen stored in one of the sluice rooms.
- There was inappropriate storage of items of resident equipment on window ledges.
- The clinical room contained numerous items of clinical equipment that were out of date.
- One office space was observed to be very cluttered with numerous items stored on the ground including cleaning products.
- The inspectors observed a hoist stored along a corridor in front of a fire exit.

Judgment: Not compliant

## Regulation 18: Food and nutrition

The inspectors observed that the residents' dietary needs were well managed. Care plans identified those residents who had nutritional risks and these residents were monitored carefully. Referrals were made when required to the relevant healthcare

professionals. Residents dietary preferences were recorded in the care plan.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a risk management policy and procedure in place. However, the policy did not contain all the elements required by the regulation.

Judgment: Substantially compliant

### Regulation 27: Infection control

A number of areas for improvement to ensure the centre was in compliance with infection prevention and control standards were identified by the inspector on the day of the inspection including;

- Personal protective equipment was not used in accordance with best practice. Staff were not wearing the correct face masks as recommended by the guidance from the Health Protection Surveillance Centre. This issue was raised with the person in charge on the day and staff were issued with correct face masks immediately.
- Gaps between the skirting boards and floors were soiled with dust and debris.
- One shower tray was visibly soiled.
- There were a number of worn and defective surfaces (as described under Regulation 17: Premises) which could not be effectively cleaned and decontaminated.
- Cleaning schedules were not completed at weekends.
- A number of hand sanitizer dispensers were visibly unclean inside.
- There were a number of items of residents' equipment observed to be unclean including nebuliser masks and raised toilet seats.
- The management of sharps required improvement as the disposal of a sharps box was not in line with best practice.

In addition, the arrangements to ensure effective management of the environmental cleaning process required a review to ensure that the housekeeping staff were fully informed and knowledgeable about the cleaning products in use.

Judgment: Not compliant

## Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Firefighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

However, the inspectors observed the following areas that required attention on the day of the inspection;

- The fire exit from the back sitting room included a heavy outer wooden door. This door was bolted on the morning of the inspection and was observed to be very difficult to open. This was immediately addressed by the maintenance man who removed the door and the fire exit was clear by the end of the inspection.
- The inspectors released multiple fire compartment doors and observed that two sets of doors did not close fully. This posed a risk to residents in the event of a fire.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident files and saw that residents had a comprehensive assessment of their needs prior to admission to the centre to ensure the service could meet the assessed needs of the residents.

Each resident had a "Key to Me" assessment completed which recorded significant information about them including special memories and details of their past. The care plans reviewed were person-centred and contained sufficient detail to guide care delivery, referencing areas including behaviours that challenge, continence needs, skin integrity, and COVID-19.

The inspectors saw that the consultation with the resident and their family or representatives regarding care planning was documented in the resident's records.

However, the inspectors observed that a small number of improvements were

required to ensure care plans were up to date and relevant. For example;

- Appropriate end of life care plans to ensure residents wishes and preferences were adhered to.
- A regular review of care plans at intervals not exceeding 4 month in line with regulation 5(4).

Judgment: Substantially compliant

### Regulation 6: Health care

The inspectors found that the residents had access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, the inspectors found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre. Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day. Staff were observed to engage in positive, person-centred interactions with residents.

However, some routines and care practices required review to better ensure that the residents' privacy and dignity was maintained and that the residents were able to exercise choice. For example;

- Medication administration took place in the dining room during mealtimes and in view of other residents and staff.
- There were no residents' meetings held since September 2021.
- Closed circuit television cameras (CCTV) were in use throughout the centre including communal spaces.
- There were no activities provided in the second day room on the day of the



inspection.

The layout and configuration in a number of resident bedrooms required a review.  
For example;

- Due to the position of beds in a number of shared rooms, the privacy of some residents was impacted upon as anyone entering the room had to enter the private space of those residents whose bed was directly inside the door.
- There was a lack of appropriate privacy screens in a number of bedrooms and a number of screens were see through.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Corrandulla Nursing Home OSV-0000332

Inspection ID: MON-0033964

Date of inspection: 20/01/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            We will continue to advertise for suitably qualified staff to meet our care obligations towards our residents.            We shall do this by advertising locally, nationally and internationally in printed mediums, online job websites and via recruitment agencies.            Current part time staff are being offered the option of taking up full time positions within their current roles with us.            We are also recruiting via "word of mouth" through current and former staffs to assess the availability of their colleagues.            Staff roles being actively recruited for include;</p> <ul style="list-style-type: none"> <li>• Staff Nurses (Full time)</li> <li>• Healthcare Assistants (Full time)</li> <li>• Domestic (Full time)</li> <li>• Maintenance (Part time)</li> </ul> <p>We have started a full time domestic that covers weekends to ensure bedrooms are fully cleaned daily. Not just Monday to Fridays.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            All staffs are obliged to maintain their competency in the knowledge and skills required to fulfil their job role in a safe and competent manner.            This shall be accomplished through various means, including;</p> <ul style="list-style-type: none"> <li>• Online training and updates as required.</li> </ul>	

- Assessments in staffs' practical application of their theory and online training.
- Supervision of staff practice and quality assurance of staff effectiveness.
- Audits and feedback of staff competency.

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

We shall ensure that the Person in Charge (PiC) has full time super nummary hours to enable the PiC to undertake their role in an effective manner. This will made evident in the Off Duty as published and displayed.

We shall reduce any need for the PiC to take on any other role by recruiting suitable staff (see Regulation 15 & 16 responses above).

The recruitment of Domestic staff is underway to improve the quality of the cleaning and Infection Control systems in place throughout the week, and not just weekends.

Daily and weekly walk arounds by senior staff i.e.: Provider/Manager will be used to identify areas requiring risk assessments and plan interventions as assessed in those risk assessments. In conjunction with Maintenance personnel, a time lined plan of action will be implemented with planned and dated reviews by the Provider/Manager of the remedial works progress.

These "walk arounds" will be in addition to current daily schedules of structural inspection.

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

All notification forms will be completed and submitted within the required timeframe. Where there is doubt as to whether or not the form should be sent, we shall seek guidance from the relevant body who are to be informed. If such guidance is not available, we shall complete and submit the form regardless.

Regulation 34: Complaints procedure	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  Our Complaints Procedure will be updated to reflect the current titles of the senior staffs involved with dealing with complaints. Where there is any documentation i.e.: Complaints Forms, where these out-of-date titles are displayed, they shall be updated accordingly. Residents Committee meeting attendees will continue to be encouraged to make formal complaints, but will now also be made aware that informal issues raised during their meetings will be reviewed and deemed complaints also. While the Chair of the Committee and the Activity Co-Ordinator may have dealt with any issues raised in the meeting, senior staff will document and investigate any complaints/issues raised regardless.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Access to the unregistered areas of the Care Centre will be further enhanced with physical barriers, the nature of which will be determined by a Risk Assessment, but is provisionally required not to impede Fire Safety operations i.e.: searches and evacuations.  Weekly and Monthly Maintenance checks will be ensured to continue to include water temperature checks with deficits examined for consistency issues. Where patterns of poor results are noted, an external professional i.e.: plumber, will be engaged for advice/remedial work.  Fire Safety upgrades are ongoing and areas are awaiting documentation and inspection before they can be certified as compliant.  All equipment will be stored in appropriate areas designated for that purpose.  All resident's belongings will be returned to their room after they have been used in accordance with Best Practice and Resident Dignity and Respect.  All equipment in use will be serviced by the currently contracted medical devices company and certification of that servicing available for confirmation on inspection.  The Clinical Room has since been inspected and out of date equipment removed. Staff are aware that no expired equipment is to be used and the responsibility for "cleaning out" and maintaining the Clinical Room has been clarified.  Risk Assessments for sanitation and any proposed changes/upgrades recommended will be undertaken.  No clean linen will be permitted to be stored in areas of sustained infection risk such as sluice rooms. They shall be stored in rooms and/or areas designated specifically for clean linen storage.  No clean laundry skips will be stored in shower rooms, and will only be used to gather soiled linen for transport to sluice or laundry  Where there is any damage to linen it shall be repaired or replaced.  Maintenance are currently upgrading and repairing areas of the Care Centre secondary to infrastructural upgrades related to Fire Safety and will prioritise safety concerns then</p>	

cosmetic issues.

The Courtyard area will be made more inviting when the weather situation improves. These plans will include repainting, replanting/weeding as well as power washing brick pathways.

The Smoking Area window vents will be left open to ensure airflow within the smoking area should residents elect to leave the doors and windows closed. A Risk Assessment for the Smoking Area will be reviewed and a period of CO monitoring will be commenced to examine air quality.

Community Infection Nurse inspection of the Care Centre post the HIQA inspection has confirmed that there is adequate effective infection control practice and has given us advice on how to minimise the damaging effects the regular disinfection and cleaning of our furnishings has been having. Risk Assessments recommended will be undertaken and we will expand our Infection Control lead team to ensure support is available at all times. Furnishing will be revarnished as part of our cosmetic repairs.

Ongoing staff recruitment (see Regulation response 15) will help ensure the super nummary status of our PiC and will allow better and more diligent quality assurance, including hygiene and housekeeping i.e.: equipment storage.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The Risk Management file will be better organized for inspection purposes.

Any missing elements will be identified and incorporated into the file with suitable labelling to allow for easier identification

Risk Assessments will have their review dates/schedules more clearly indicated.

Maintenance logs will be referenced in future Risk Assessments where appropriate.

Regulation 27: Infection control

Not Compliant

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

Staff will be required to wear Personal Protective Equipment (PPE) suitable to the level of risk associate with their task. It shall be inline with HSE and IPPC guidelines. Suitable quantities of PPEs will be available, with storage allocated specifically for those PPEs.

Daily and weekly "walk abouts" with Senior Staffs and Maintenance will identify areas of Risk and the Senior Staff will informally liaise with Domestic staff about standards and solutions with formal meetings undertaken where consistent deficits are observed.

Staff Nurse and Domestic staff are being recruited (see Regulation 15 above) to ensure

improved standards and ensure that there is proper and consistent oversight to ensure standards are maintained at a sufficiently high level, including Toileting and Showering facilities, and infection Control equipment (including gel dispensers).

Documentation to support the completion of the Domestic work will be maintained to show a sufficiently high standard of Infection and Hygiene Control 7 days a week.

Equipment will be cleaned and disinfected as required after use, then stored in an appropriate area designated for that purpose. Personal items belonging to residents will not be left in communal area without a suitable Risk Assessment based on the residents needs and wants.

Risk Assessments for sanitation and any proposed changes/upgrades recommended will be undertaken.

All Staff Nurses will maintain their Infection Control knowledge by attending and completing their mandatory training. This includes the management of Sharps to ensure they are in line with best practice. The Senior staff/Health and Safety Officer will audit these practices quarterly (four times a year) with feedback given where necessary at the Staff quarterly Meetings (or 1-to-1 where individuals are identified). There shall be sufficient resources provided to ensure that poor practice is NOT a result of insufficient knowledge or material.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Door checks are a Daily Check for Maintenance. Where there is a deficit in Fire Door function it will be logged in the Maintenance file and a timed plan of action created. If necessary, there will also be the creation of a Risk Assessment if such a defect creates a compromised Fire Compartment.

Where there is a risk of persons or material causing the function of a Fire Door to cease operating correctly, those persons will be instructed to stop such actions with rationale supplied. Where there is a material obstruction it will be removed. Where it cannot be removed, the area will be risk assessed and an external professional body i.e.: Fire Engineer sourced to advise.

In the event outlined in the report above, we initially removed the door to stop it being locked. It has since been replaced but the original latch has been removed to stop anyone closing it against instruction in a manner that would prevent it being opened in an emergency.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 Residents will have their Care Plans reviewed to ensure that they are up-to-date, person centered and relevant to the residents’ health and social needs. As should be expected, these will be done with the full knowledge and engagement of the resident and/or their nominated legal advocate.  
 These Care Plans will include an End of Life Care Plan suitable and agreed upon with the relevant resident.  
 All Care Plans will be reviewed and updated quarterly (four times a year) AND as the individual residents own situation changes. Each resident will have a Named Nurse deemed responsible for maintaining their documentation accordance with Best Practice. Sample of these reviews will be officially audited by senior staffs (Manager/PiC) every 3-4 months to ensure to ensure they are compliant with Best Practice. Feedback will be via 1-to-1 and through Quarterly Staff Meetings.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 Medication management systems will be reviewed with resident input to determine how and where residents would like their individual medications dispensed and provided to them. While this may result in multiple methods and locations, each system decided will be required to be compliant with GDPR (2018).  
 There are displayed schedules of suggested activities in all Day Rooms. The Activity Co-ordinators will be required to ensure that activities are in progress in each room at the scheduled times, with staff engagement evident. Should individual residents decline to participate this will be respected and referred to in the social section their Daily Report. Staff will be required to continue to provide documented proof of their participation support with residents in the activities.  
 Residents privacy screens will now be replaced following the completion of Fire Safety upgrades in the individual rooms. Where Housekeeping have failed to replace screen curtains removed for laundering, this shall be brought to their attention for rectification. Domestic Staff recruitment (see Regulation 15 response) is underway to reduce and eliminate such oversights.  
 Resident Meetings are formally scheduled to allow for quarterly meetings (every 3 months) minimum. These will be minuted meetings and give residents an opportunity to raise issues, make suggestions and gain information and knowledge about the Care Centre and it’s operation. The topics will include suggestions and information that are to be formally conveyed to residents as a group from the Care Centre organization, and then resident led topics of interest and concern without interference or influence from the Care Centre.  
 These minutes are then read by the senior staffs (Provider/Manager/PiC) with actions planned and feedback given via the Activity Co-ordinators to groups, and individually by the senior staffs where appropriate i.e.: matters of complaint or privacy.



## 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.	Not Compliant	Orange	31/05/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2022
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.	Not Compliant	Orange	30/06/2022
Regulation 23(a)	The registered provider shall	Not Compliant	Orange	31/05/2022

	ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2022
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or	Substantially Compliant	Yellow	30/04/2022

	adverse events involving residents.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/04/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2022
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	31/03/2022
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	Not Compliant	Yellow	30/04/2022

	complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2022
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	31/03/2022
Regulation 9(3)(b)	A registered	Not Compliant	Orange	30/04/2022

	provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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.	Substantially Compliant	Yellow	01/02/2022