



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

Issued by the Chief Inspector

Name of designated centre:	St. Dominic Savio Nursing Home
Name of provider:	Smith Hall Limited
Address of centre:	Cahilly, Liscannor, Clare
Type of inspection:	Unannounced
Date of inspection:	13 September 2021
Centre ID:	OSV-0000450
Fieldwork ID:	MON-0034178

About the designated centre

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

St. Dominic Savio nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 28 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located in a rural area close to the coastal village of Liscannor. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors' rooms as well as a garden patio area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
--	----

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
Monday 13 September 2021	09:00hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during this inspection. The overall feedback from residents was one of satisfaction with the care and service provided. Some residents stated that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Many of the residents spoken with mentioned that they were originally from the local area and were happy that they could now reside in an area that they knew well.

On arrival, the inspector observed that the external appearance of the centre was inviting, clean and well maintained. The centre is located on an elevated site overlooking Liscannor Bay.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

This centre had an outbreak of COVID-19 in January 2021. During the outbreak the authority was notified of 12 residents and eight staff members who had tested positive for COVID-19. Sadly three residents passed away. The outbreak was declared over on 2 March 2021. During the outbreak of COVID-19 the normal routine and schedules of the centre had been disrupted by the restrictions in place. This had resulted in residents spending extended periods of time in their bedrooms. Some residents spoken with stated that the outbreak had been difficult but they were relieved to have got through it and recovered from the virus.

Throughout the day of this inspection, the majority of residents were observed to be up and about, relaxing in a variety of communal sitting areas, having their meals in the dining room, some walking independently about the centre, coming and going as they wished from their bedrooms and following their own routines. A small number of residents choose to remain in their bedrooms.

On the morning of inspection, most residents were up and having their breakfast in the dining room. Some residents spoken with told the inspector that they enjoyed getting up and meeting everybody at breakfast time. Throughout the morning time, a relaxed atmosphere was evident. Some residents sat at the tables in the dining room chatting together, some reading the daily newspaper, others mentioned how they enjoyed looking out at the views of the local bay and coastline. The local radio station was playing in the background. Some residents told the inspector how they enjoyed helping with tidying up tables and cleaning table mats.

During the mid- morning, many residents assembled in the day room to view the daily mass which was relayed on the large flat screen television. Residents

commented that they enjoyed viewing a variety of religious ceremonies on the television and could easily access and view services from a number of local churches. Residents spoke of their delight that the local priest was visiting again and celebrating mass in the centre each week. Residents also mentioned that they could receive Holy Communion each week and many liked to recite the rosary each evening.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was an activities coordinator on duty from 11am to 4pm. Staff were seen to encourage participation and stimulate conversation. Residents were observed enjoying a lively, competitive game of bingo. During the afternoon, residents attended a tea party. A large table was set up in the day room. The table was decorated with a table cloth, flower centre pieces, cake stands, a variety of freshly baked cakes and a selection of china cups, saucers and tea pots. Residents commented that they enjoyed this weekly activity and enjoyed drinking tea from china cups. One resident proudly talked about her own china tea pot which she had received as a wedding present and had brought from home to be used at the tea party.

Some residents told the inspector how they enjoyed getting outside during the warm weather. There was an outdoor courtyard area which could be accessed from the day room and visitors room. There was a number of outdoor benches and chairs provided for residents to sit and relax as well as a number of colourful flower pots which the residents had planted. One of the residents took the responsibility of regularly watering the flower pots. However, the external courtyard area was not enclosed and the doors to access the area were locked on the day of inspection. Staff informed the inspector that the doors were currently locked due to the high risk of absconion of a resident. During the day some residents were observed to go for walks outside independently.

Residents reported that the food was good and that they were happy with the choice and variety of food offered. The inspector saw that a variety of snacks and drinks were offered between meals times. The daily menu was displayed which offered choice. The inspector observed the breakfast and lunch time experience. Meals were served to most residents in the dining room, a small number of residents choose to have their meals in their bedrooms. The dining room was bright and decorated in a homely style. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

Residents spoke of their delight that visits to the centre had been eased in line with government guidance. Residents could now meet with their visitors in the designated visiting areas. The inspector observed many visitors coming and going throughout the day of inspection. Residents spoken with commented that they were satisfied and happy with the visiting arrangements. Some residents went on day trips or short outings with family members.

The building is a purpose built single storey nursing home. It was found to be warm, comfortably decorated and visibly clean. Residents were accommodated 20 single

and four twin bedrooms. 16 bedrooms had en suite toilet facilities. There were three showers and one bath available for residents use. There was a variety of communal day space including a large bright dining room, conservatory and day room, seating was also provided at the entrance foyer area. The communal areas were decorated in a domestic homely style. There was a large bright comfortably furnished visitors' room. There were pictures positioned on the corridors at eye level for residents to engage with. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were bright and well lit, with lots of natural light in the all areas.

Bedrooms were seen to be personalised. Many residents had their own pictures, framed photographs and ornaments. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage for clothes and other personal belongings. Residents spoken with told the inspector how they liked their bedrooms as they were bright, clean and comfortable.

While the inspector noted that the centre provided a homely environment for residents, some improvements were required in respect of the premises and infection prevention and control. This is discussed further under Regulations 17: Premises and 27: Infection control.

The inspector observed that the privacy and dignity of residents was well respected by staff. There was adequate privacy curtains in shared bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

The inspector saw that there were hand sanitizers at the entrance to the centre on the corridors and in the communal areas, these were seen to be used throughout the inspection by staff.

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 inspection was a one day risk based inspection. The inspection was carried out

- to monitor compliance with the regulations
- to follow up on issues raised at the last inspection
- following notification to the Chief Inspector of an outbreak of COVID-19 in January 2021
- to review infection prevention and control measures in light of the COVID-19 pandemic.

The Chief Inspector had been notified of an outbreak COVID-19 in the centre in

January 2021. Twelve staff members and eight residents had tested positive for COVID-19. Sadly three residents passed away. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak had been declared over by public health on 2 March 2021. The person in charge had completed a review of the Covid-19 outbreak in the centre.

There was evidence of generally good compliance with the regulations at the last inspection dated 3 March 2020 and areas identified for improvement had largely been addressed.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is Smith Hall Ltd. The sole director of the company is the registered provider representative and is involved in the day to day operation of the centre. A new person in charge was appointed to the role since the last inspection. She works full-time and is supported by a nominated senior nurse and other staff members including nurses, carers, activities coordinator, housekeeping and catering staff. The nominated senior nurse deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

The management team continued to meet on a monthly basis to discuss and review the quality and safety of care in the centre. There was a monthly audit schedule in place. Regular audits were completed in areas such as falls, incidents, restraints, psychotropic medicines, infection control, hand hygiene, cleaning, environment and risk. Audits were found to be informative and areas for improvement were clearly documented. The results from audits were discussed at the monthly management team and staff meetings. However, while these arrangements generally worked well to oversee and improve the quality of care, it was of concern that some issues identified as requiring improvement had not been addressed in a timely manner by the provider. For example, improvements required to facilities to enhance infection control such as the installation of clinical wash hand basins and other improvements relating to maintenance and upkeep of the building had not been addressed to date. Issues identified which posed a risk to residents such as the delayed maintenance of equipment used by residents such as hoists had not been addressed by the provider. The annual review on the quality and safety of care had been completed for 2020, however, a quality improvement plan for 2021 outlining the identified improvements required was not included.

The number and skill mix of staff required review. This is discussed further under Regulation 15: Staffing.

The management team had ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Gárda Síochána vetting disclosures.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis.

Staff spoken with confirmed that they had completed all mandatory training. Individual training certificates confirming this training were available in the sample of staff files reviewed.

Residents continued to be kept informed and consulted in the running of the centre. There were regular resident meetings, minutes of meetings were recorded. Issues discussed at a recent meeting included COVID-19 updates, restrictions on visiting, the vaccination programme and suggestions for activities.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable of the regulations, HIQA's standards and her statutory responsibilities. She demonstrated good clinical knowledge. She was observed to have a strong presence within the centre and was committed to providing a good service. She demonstrated good clinical knowledge and knew the individual needs of each resident.

The person in charge had continued to keep herself informed and updated regarding best practice. She had recently attended training on nursing home governance, risk management, COVID 19 assurances and HIQA's webinar on fire safety.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff required review. On the day of inspection there were 26 residents living in the centre. Residents dependency needs had been assessed as being six maximum, four high, 10 medium and 6 low dependency. There was normally one nurse and three care staff on duty during the morning time, one nurse and two care staff on duty in the afternoon, one nurse and three care staff in the evening and one nurse and one care staff on duty at night-time from 22.00 hours to 7.00 am.

Care staff on duty were required to multi-task and carry out a variety of roles, this posed a risk to residents as staff may not always be available to provide direct resident care and supervision. For example, care staff who were required to provide direct care and supervision to residents were also responsible for the following duties

- Complete all laundry duties as there was no dedicated laundry assistant.

- Assist with catering duties such as cooking, serving and cleaning up after evening meals as the catering staff finished at 16.00.
- Facilitate and assist with activities for residents. There was no staff member dedicated to oversee and facilitate activities four days a week. The activities coordinator was on duty for six hours on Mondays and three hours on Tuesdays and Thursdays.
- Complete cleaning tasks in the evening time as enhanced cleaning was required such as the visitors room between visits.

Staff had also raised this issue at a staff meeting in April 2021 when advising that they found difficulty in managing particularly when some residents were restless and required additional support, care and supervision.

The resources required to provide regular, suitable and interesting activities for residents also required review. The activities coordinator was only on duty for 12 hours a week over three days and not in line with that outlined in the statement of purpose. Some residents mentioned that there was not much to do on some days.

This issue was discussed with the management team who agreed to review current staffing levels in the centre having regards to the needs of residents to ensure appropriate and suitable staffing levels are provided.

Judgment: Not compliant

Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control.

All staff had recently completed safe pass cleaning and dementia care training. Some staff members had completed training in palliative care, antimicrobial stewardship and pronouncement of death.

The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines

Judgment: Compliant

Regulation 23: Governance and management

While there were systems in place to review the quality and safety of care of residents and these arrangements generally worked well to oversee and improve the quality of care, it was of concern that some issues identified as requiring

improvement had not been addressed in a timely manner by the provider. For example,

- improvements identified to enhance infection control such as the provision of clinical wash hand basins
- improvements identified relating to maintenance and upkeep of the building
- the delayed maintenance of equipment used by residents such as hoists

The annual review on the quality and safety of care had been completed for 2020, however, a quality improvement plan for 2021 outlining the identified improvements required was not included.

Further oversight was required in relation to staffing, infection prevention and control, risk management, some aspects of the premises, care planning documentation, access to allied health care and provision of activities for residents.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre's complaints policy.

There was a complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed and contained all information as required by the Regulations.

The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Residents had access to advocacy services and information regarding their rights. The name and contact details of the resident advocate was displayed in the centre.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was generally of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met, however, improvements were required to ensure appropriate access to some allied health services. This is discussed further under Regulation 6: Health care. The residents interactions with staff were seen to

have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed.

All staff and residents had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

The inspector noted that there were ample supplies of personal protective equipment (PPE) available, staff spoken with confirmed that they had completed training in infection prevention and control and hand hygiene. Staff were observed to be wearing surgical face masks as per the relevant guidance.

Nursing documentation reviewed indicated that residents needs had been regularly assessed using validated tools. However, there were some inconsistencies in the care planning documentation. Some care plans reviewed did not provide clear guidance on the current care needs of residents. Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs but this was not always clear in the nursing documentation. This is discussed further under Regulation 5: Individual assessment and care plan.

Residents were offered a choice of meals and meal options appeared appetising and nutritious. Residents spoke positively about the quality, quantity and choice of food available to them.

There were no restrictions on residents' movements within the centre, however, access to safe outdoor space was restricted. This is discussed further under Regulation 15: Premises and Regulation 9: Residents' rights.

Visiting was now being facilitated in line with the latest COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents. Residents were facilitated to go on day trips with relatives.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with and the management team confirmed that all staff had completed specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

While there was a social care programme in place, and there was a good variety of activities taking place on the day of inspection, the resources required to provide regular, suitable and interesting activities for residents required review. This is discussed further under Regulations 15: Staffing and 9: Residents rights.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing of an outbreak as well as other contingency plans in the event of an emergency or the centre having to be

evacuated.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions.

The building and equipment used by residents was found to be visibly clean. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control and hand hygiene. However, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. For example, some surfaces and finishes were worn and torn and as such did not facilitate effective cleaning. There were no clinical hand wash facilities for staff provided in easily accessible locations. These are discussed further under Regulations 27: Infection prevention.

While the centre was generally found to be decorated in a homely way, parts of the premises and some equipment used by residents had not been recently serviced and some were not maintained in a good state of repair. The design and layout of the external courtyard area did not meet the needs of all residents and required review. The number of showers available for residents use also required review. These issues are discussed further under Regulation 17: Premises.

Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents. Visits were facilitated seven days a week. The inspector observed visitors coming and going throughout the day of inspection. Residents were supported to go on trips with relatives.

Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the external courtyard area did not meet the needs of all residents and requires review. The external courtyard area was not secure, the doors to access the area were locked which restricted residents access to an outdoor space.

The number of showers available for residents use required review. There is

currently three showers and one bath available for use by 28 residents.

Some parts of the premises were not maintained in a good state of repair and some equipment used by residents had not been recently serviced. The following areas were identified as requiring service, repair and maintenance.

- Equipment including specialised beds and hoists had not been serviced since February 2020. The service certificate for the hoists had expired in August 2020.
- The floor covering to the day room and dining room areas was worn, defective and uneven in parts.
- The heat sealed joints to the floor covering in a number of rooms throughout the centre were defective.
- Paintwork was defective to some bedroom walls.
- The upholstery covering to some equipment used by residents such as specialised chairs was worn and torn.
- The covering to a specialised cushion used by residents was worn and torn.
- The curtains to some bedrooms were worn and the lining was torn.
- There were no curtains to some bedrooms.

Judgment: Not compliant

Regulation 27: Infection control

A number of barriers to effective infection prevention and control were identified on the day of inspection.

For example;

- There were no dedicated clinical hand wash sinks in the centre.
- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.
- There was a build up of dirt in the defective heat sealed joints to the floor covering in a number of rooms throughout the centre.
- Exposed pipe work in the dining room was not suitably housed and hindered effective cleaning of the area.
- Residents personal toiletries and items such as hair brushes, combs and toothbrushes were observed in communal bathroom areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The management team demonstrated good fire safety awareness. The person in charge confirmed that the evacuation needs of residents were now assessed as part of the pre-admission assessment process. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. Regular fire drills had been completed simulating both day and night time scenarios and learning outcomes had been documented and discussed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were documented on admission and evaluated regularly, the current care needs of the residents were not always clear. This posed a risk to residents.

- Some care plans reviewed did not provide clear guidance on the current care needs of residents.
- There were no social and recreation care plans documented for some residents.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that residents had access to General Practitioners (GPs). All residents had been reviewed by their GP in recent months. There were regular visits from the chiropodist and access to physiotherapy and occupational therapist was available on referral from the HSE. Residents were supported to avail of the national screening programme.

There was no appropriate access to dietetic or speech and language services. The nutrition needs of residents had not been assessed by a dietician and thickened consistency fluids and modified diets were being given to residents in the absence of an assessment of need.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample

of staff files reviewed confirmed this to be the case.

The provider did not act as pension agent and no money was kept for safekeeping on behalf of residents. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

Residents spoken with stated that they felt safe in the centre.

All staff had completed training in dementia care and management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While there was a high use of bed rails in the centre, the use of bed rails was guided by national policy, following consultation, consent and risk assessment. There were 11 bed rails (three at the residents own request) in use at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required to ensure that that residents had opportunities to participate in meaningful activities in accordance with their interests and capacities. While there was a social care programme in place, and there was a good variety of activities taking place on the day of inspection, the resources required to provide regular, suitable and interesting activities for residents required review. The activities coordinator was only on duty for 12 hours a week and some residents advised that there was not much to do on some days. There was no social and recreation care plans in place for some residents.

The number of showers available for residents use required review to ensure that residents could exercise choice and undertake personal activities in private. There were three showers and one bath available for use by 28 residents. Some residents bedrooms were located a distance away from the nearest shower room.

While there were no restrictions on resident's movements within the centre and residents were observed to be moving about as they wished inside, however, the external courtyard area was not secure and as a result, the doors to access the area were locked on the day of inspection. This impacted upon residents choice and freedom of movement.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Dominic Savio Nursing Home OSV-0000450

Inspection ID: MON-0034178

Date of inspection: 13/09/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A new 14:00 to 19:00 shift as been added to our roster. This new shift will be exclusively used to deliver an activities program between 14:00 to 16:00 and will then move to catering duties from 16:00 to 19:00. This will increase our current activities program by 14 hours a week and free up an addition staff member to attend to other duties. We have started recruitment for the new role and will commence from 01/11/2021</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Due to the restrictions of Covid-19 we were unable to implement our improvement plan from 2020 in a timely manner. We have now been able to catch up and complete all outstanding maintenance. The delayed equipment service was completed on 20/09/2021. An infection control specialist audited the nursing home on 08/10/21 and recommended that our current wash hand basins be replaced with clinical wash hand basins. This will be completed on 13/11/2021. The quality improvement plan for 2021 has now been completed. We are now able to act on all issues identified in audits as covid restrictions have eased.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The delayed renovation plan for an enclosed external courtyard has now commenced. A temporary enclosed courtyard has been set up while building works commence on a permanent solution. Expected completion 11/03/2022.</p> <p>An additional shower will be installed by 11/03/2022.</p> <p>Our delayed 2020 improvement plan has commenced.</p> <ul style="list-style-type: none"> • Equipment serviced 20/09/2021. • The floor coverings will be repaired and replaced by 19/11/2021. • All outstanding paint correction has been completed on 03/10/2021. • The defective upholstery and cushions has been repaired and replaced on 03/10/2021. • New roller blinds were ordered on 07/09/2021 and are expected to be installed by 29/10/2021. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Our delayed 2020 improvement plan will enhance our infection control policies and procedures. An Infection Control specialist audited the nursing home and we will implement the findings in their report.</p> <ul style="list-style-type: none"> • Clinical hand wash basins will be installed by 13/11/2021 • The floor coverings will be repaired and replaced by 19/11/2021 • Exposed pipe work will be covered over by 19/11/2021 • Residents' personal toiletries will be kept in their rooms 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>We have reviewed all the care plans and they are now up to date to reflect the current care needs of our residents.</p> <p>An activities folder has assessments and full activities care plans for all residents.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: In discussion with GPs who attend the center referrals for dietetic and speech and language services will be available when requested.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: An extra 14 hours of activities has been added to the roster this will be overseen by the head activities coordinator who will tailor a social and recreation care plan for each resident and will be in place by 01/11/2021.</p> <p>An additional shower will be installed by 11/03/2022.</p> <p>A temporary enclosed courtyard has been set up while building works commence on a permanent solution. Expected completion 11/03/2022.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	01/11/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	11/03/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	13/11/2021

	provided is safe, appropriate, consistent and effectively monitored.			
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	19/11/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	26/10/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued	Not Compliant	Orange	26/10/2021

	by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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	01/11/2021
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	11/03/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	11/03/2022