



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

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	Web Hill Limited
Address of centre:	Sunnyside, Upper Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	24 January 2022
Centre ID:	OSV-0005314
Fieldwork ID:	MON-0035716

About the designated centre

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

Padre Pio Nursing Home is a family run designated centre and is located in the quiet suburban area of upper Rochestown, a few miles from Cork city. It is registered to accommodate a maximum of 25 residents. It is a single storey facility. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available. Communal areas comprise a day room, dining room and conservatory. Residents have access to a secure paved enclosed courtyard with seating and smoking shelter at the back of the centre; there is a seating area at the side of the main entrance. Padre Pio Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

24

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 24 January 2022	09:30hrs to 18:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights, choices and independence of residents in the centre. The inspector met with many residents during the inspection and spoke with five residents in more detail. Residents spoken with gave positive feedback and were complimentary about the care provided in the centre.

There were 24 residents residing in Padre Pio Nursing Home at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, hand hygiene, face covering, and temperature check.

There was an opening meeting with the clinical nurse manager (CNM2) and the person in charge followed by a walk-about the centre with the person in charge. The person in charge informed the inspector that they had some suspected COVID-19 cases from the previous day which were confirmed positive. The person in charge had been in contact with public health and the HSE infection prevention and control specialist and was in the process of implementing HPSC guidance regarding isolation protocols.

Padre Pio Nursing Home was a single-storey building. The main entrance was wheelchair accessible and led to the conservatory day room. The nurses' office, hand-wash hub and toilet facilities were located here. The main fire alarm system, registration certification, suggestion box and complaints procedure were displayed in the conservatory as well.

To the left the day room adjoined the conservatory. There was ample space, comfortable seating and specialist cushions in the day room for residents to enjoy and relax. There was shelving here with books, games, CDs and movies. Both the day room and conservatory had large flat screen televisions.

The dining room was located beyond the day room via double doors with two dining tables which could facilitate six residents each. The main kitchen was alongside the dining room with key-pad access to the kitchen from the dining room. There were two twin bedrooms to the left of the dining room; both had toilet and wash-hand basin en suites. A shower room was available by these rooms for residents.

Other bedroom accommodation was located beyond the conservatory. Residents' bedroom accommodation comprised five single rooms and ten twin rooms as follows:

- three single rooms had en suites with toilet and wash-hand basin facilities
- one single room had a wash-hand basin in the bedroom and toilet en suite
- one single room had a wash-hand basin in the bedroom

- six twin bedrooms had en suite facilities of toilet, shower and was-hand basin
- two twin bedrooms had en suite facilities of toilet and wash-hand basin
- one twin bedroom had a hand-wash sink in the bedroom.

Many of the bedrooms had external fire doors added since the previous inspection as the registered provider was in the process of enlarging many of the bedrooms and the addition of fire doors was a pre-requisite to the building works.

Bedrooms could accommodate a bedside locker and armchair; bedrooms had wall-mounted TVs. Residents had wardrobe and presses for storage and hanging their clothes. Beds with low low provision, specialist pressure relieving mattresses along with safety crash mattresses were seen in residents' bedrooms. Some bedrooms and corridors had flooring replaced since the last inspection and this looked well.

There was an additional bathroom with shower, toilet, wash-hand basin and bath in close proximity to bedrooms. Improvement was noted in en suite bathrooms with lovely wall-mounted mirrored cabinets for residents to keep their toiletries. Handrails were on both sides of corridors to support residents if required. Call bells were fitted in bedrooms, bathrooms and communal rooms.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name and offered assistance. The inspector observed that residents appeared comfortable and relaxed with each other and staff.

Residents said that the quality of their meals was good. Some residents were observed having their breakfast in the dining room at the start of the inspection, while others said they preferred to have their meals in their bedrooms. Some residents were in isolation due to suspected COVID-19 and their meals were brought to them by designated staff. The dining room was prepared for residents before meals with condiments, table napkins and delftware. The menu of the day was displayed in the dining room and this showed choice for each course for the main meal. Snacks and beverages were offered at 11:00hrs, 15:00hrs and 20:30hrs. Residents who chose to remain in their rooms had their meal and snacks served to them in their bedrooms. Lovely interaction was observed between staff and residents during mealtime and when staff served residents in their bedroom. Staff were observed making fresh tea, coffee and other drinks for residents as they requested them, however, one staff was observed inside the protected zone in the kitchen.

Throughout the inspection, the inspector observed that the nominated person, person in charge, CNM and staff were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. Residents spoken with said they were happy with the service. The activities co-ordinator was recently appointed and residents said that she was 'cheery, helpful and had great energy'. Completed residents' satisfaction surveys were seen and they said that staff were 'awesome and supportive'. They said that staff solve their problems/complaints, and try and ensure that it does not happen again. Many had highlighted that they would like more activities and said that this was now

addressed with the recent appointment of the activities co-ordinator.

Residents were observed independently going to the garden areas to the designated smoking areas. Some residents explained that they preferred to stay in their rooms and not attend group activities. Staff visited those residents in their bedrooms where one-to-one activities were facilitated and staff reported that this was working well. The activities co-ordinator read the newspaper to residents in the morning and discussed current affairs. In the afternoon, she facilitated a game of bingo and lively banter was heard; following this beverages and snacks were offered to residents. She then visited residents in their bedrooms for individualised socialisation with residents.

As the centre had just declared a COVID-19 outbreak, visiting was curtailed in line with HPSC outbreak management guidance. The person in charge had contacted all the residents' families to explain the COVID-19 status and residents spoken with were familiar with the necessary precautions and restrictions.

Designated staff were seen with responsibility for residents with COVID-19. Personal protective equipment (PPE) stations were placed outside the relevant bedrooms; one of these was re-positioned during the inspection to an alcove with no through-traffic. Clinical waste bins were repositioned during the inspection and placed inside the bedrooms rather than on corridors in line with HPSC guidance. Equipment such as hoists were removed from these areas and places in the conservatory to negate the necessity for staff to enter the 'red' zone. Appropriate donning and doffing practices were observed. Additional clinical waste bins were ordered and delivered and domestic waste bins with yellow clinical bags were removed and replaced with the appropriate clinical bins during the inspection. Additional wall-mounted hand sanitisers were installed following the last inspection; advisory signage displaying proper hand hygiene technique was displayed by the hand gel dispensers. Dani centres were available to store personal protective equipment (PPE) such as disposable gloves and aprons.

The sluice room, laundry and cleaners' room were located to the side of the main building and were secure to prevent unauthorised access. The cleaning trolley facilitated storage of clothes to enable household staff change cleaning cloths and floor mop-heads between rooms. The washing machine and dryer in the laundry were designated for cleaning mop-heads and other cleaning cloths. Clinical and domestic waste was discretely stored to the side of the building and clinical; waste was securely maintained in line with health and safety.

Emergency evacuation floor plans were displayed in the centre, however, some did not have emergency evacuation routes detailed and were not orientated to correlated with their relevant position in the building.

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

It was evident to the inspector that management and staff provided a good standard of care and quality of life, and promoted residents' independence. However, improvement was required in areas of infection prevention and control, and many of these issues were remedied at the time of inspection.

Padre Pio Nursing Home was a residential care setting operated by the Web Hill Limited and the company comprised two directors, one of whom was the nominated person (the person nominated by the registered provider with responsibility for the service). This was a family-run centre with a clear organisational structure. The person in charge was responsible for the day-to-day running of the centre and was supported in his role by the clinical nurse manager (CNM2), senior nurse and staff. The nominated person was on site on a daily basis to support the service.

A COVID-19 outbreak was declared on the morning of the inspection. The person in charge had liaised with Health Services Executive (HSE) public health team the evening before when suspected cases were identified and sought their advice regarding outbreak management. However, on the morning of the inspection, poor household cleaning practices were observed which were brought to the immediate attention of the nominated person and person in charge; both of whom addressed the immediate concern by assigning a different staff to household duties. An external decontamination and cleaning company was procured to undertake a deep clean of the centre and they were on site follow the inspection. Additional house-keeping staff were rostered delegating staff to the COVID and non-COVID rooms as well as cleaning frequently touched surfaces sa part of infection control management.

The person in charge and nominated person had management systems in place with core responsibilities of clinical and non-clinical segregated respectively. The schedule of audits was seen for 2021 and 2022 with monthly, quarterly and bi-annual audits completed by the nominated person, person in charge and CNM2. The results of these along with the key performance indicators such as incident, falls and antibiotic usage, informed the monthly quality meetings which were attended by the nominated person, person in charge, CNM2, and senior nurse; the chef attended these meetings when necessary. Resident satisfaction surveys were completed quarterly and these provided valuable information which influenced residents meeting as well as the quality meetings. Safety pauses were held on a daily basis where risks associated with individual residents were highlighted as well as reminders to staff on issues such as infection control, hand hygiene and other COVID-19 related updates.

The person in charge had undertaken reviews of the quality of care and quality of life of residents on a quarterly basis using the HIQA national standards' template, and he was in the process of compiling the annual review for 2021. These quarterly reviews showed a thorough review of the service with action plans for 2022 detailed; residents' satisfaction surveys and feedback from residents' meetings fed

into the action plan showing that residents' voices were acknowledged and heard.

Staffing levels had increased following the last inspection with additional staff up until 20:00hrs each night. The training matrix examined showed that staff were up to date with their mandatory training.

The statement of purpose and floor plans were updated at the time of inspection to ensure the information reflected the layout, facilities and sizes of rooms in the centre. The registered provider was in the process of upgrading the premises and had engaged the expertise of an engineer and fire safety consultant. Prior to commencement of building works, external fire evacuation doors were installed in several bedrooms in line with the pre-requisites detailed by the fire consultant's.

Residents had contracts of care in line with regulatory requirements. The directory of residents was updated on inspection to ensure regulatory compliance. Schedule 5 policies were available to staff and easily accessible in the nurses' office. Relevant policies included information relating to COVID-19 guidance such as the admissions policy. Incidents and accidents were comprehensively maintained. The risk register included risks associated with COVID-19.

Lots of issues raised by residents were recorded in the complaints log and these were recorded in line with regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation were timely submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse who had the required qualifications, management experience and experience of nursing older persons specified in the regulation. He had completed an additional management qualification of MSc in Management in September 2021. He had commenced a post graduate course in infection prevention and control.

Judgment: Compliant

Regulation 15: Staffing

Evening time staffing levels had increased since the last inspection to enable appropriate care and attention for residents. Additional household staff were rostered as part of their outbreak management strategy.

Judgment: Compliant

Regulation 16: Training and staff development

Relevant staff were not knowledgeable regarding the Act and regulations made thereunder.

Better staff supervision was necessary as described under Regulation 27 Infection Control findings.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was updated on inspection to include the time of death of a resident as required under regulation 19.

Judgment: Compliant

Regulation 21: Records

A sample of Schedule 2 staff records were examined. Staff had vetting disclosures in accordance with the National Vetting Bureau(Children and Vulnerable Persons) Act 2021. Written references were seen and these were verified by either the nominated person or the person in charge. Staff appraisals formed part of the Schedule 2 files.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance certification was evidenced which met the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

More robust monitoring systems were necessary to ensure the service provided was safe, appropriate and consistent, for example, in areas such as infection control and staff supervision, with information detailed under the relevant regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care were examined and these included details of fees plus additional fees that may be charged. Room occupancy and room numbers were recorded in the contracts.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose (SOP) was updated to include:

- date of the current SOP
- arrangements for the management of the service where the person in charge was absent from the centre
- laundry arrangements
- floor plans to reflect the size of each room individually detailed, outdoor garden and courtyard areas, and external facilities; internal facilities such as hand-wash basins in bedrooms.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the regulatory requirement to submit

notifications and these were submitted in a timely manner and in accordance with the regulations. Documents relating to accidents and incidents reviewed showed that notification submitted correlated with these records.

Judgment: Compliant

Regulation 34: Complaints procedure

Following a review of the minutes of residents' meetings and chatting with residents, it was evident that they could raise issues and they were sorted in a timely manner and to the satisfaction of the complainant. Satisfaction surveys also reported that residents identified who they could raise their concerns with, and that they would be dealt with appropriately. The complaints log was examined and lots of issues were documented; issues were followed up immediately and were recorded in line with the regulation requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available to staff in the centre. They were updated in 2021 and included information relating to COVID-19.

Judgment: Compliant

Quality and safety

In general, the inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner. Residents' independence was encouraged and promoted in accordance with their ability and preferences. However, some improvement was required in areas of infection prevention and control, assessment and care planning, premises and fire safety.

Residents had access to SAGE advocacy and care documentation showed that people were supported to access this service in accordance with their assessed needs and choice. Resident satisfaction surveys were completed and several issues were highlighted. These were actioned by the person in charge to ensure the premises and service was improved. For example, some residents preferred not to

part-take in group activities and suggested staff come to their room; this was facilitated on a daily basis and was resident-led. Records were maintained of activities and the degree of resident engagement with the activities programme.

Minutes of residents monthly meetings were seen and these showed that residents were consulted with regarding the upgrading of the premises. A resident representative was appointed regarding the building works; the resident attended meetings with the architect and engineer and the nominated person highlighted that he had made excellent suggestions regarding the proposed kitchen and dining room reconfiguration; and explained that this was the resident's expertise prior to their admission to the centre.

Consent was routinely obtained from residents for interventions and care documentation, in line with a rights-based approach to care. The daily narrative with updates on the resident's status provided good detail on the resident's well-being and was updated by both day and night duty staff. There was no bed-rail restrictive practice in use in the centre. A sample of residents care plans and assessments were reviewed and additional information was necessary to ensure assessments and care plans were comprehensive. Nonetheless, staff spoken with had excellent insight into the psycho-social care needs of residents, but this was not always reflected in the care documentation reviewed. Appropriate transfer letters were filed in residents notes relating to their transfer in and out of the service.

The GP attendance the centre routinely. Medication records were electronically maintained; a sample of administration records were seen and these were comprehensively maintained. Records demonstrated that there was ongoing review of prescriptions and medications were adjusted in accordance with blood reports and residents well-being.

The service was not a pension agent for any resident and did not maintain petty cash for residents.

Daily fire safety checks were comprehensively completed. Routine fire safety drills were completed with staff and residents. Emergency evacuation plans displayed throughout the centre, however, these required updating to ensure they were fit for their intended purpose.

The taps in the hand-wash sink in the laundry were upgraded at the time of inspection to hands-free mechanism in line with infection control guidance.

Regulation 11: Visits

Information pertaining COVID-19 visiting restrictions and precautions was displayed at the entrance to the centre. Visiting was suspended in line with current HPSC guidance of outbreak management. Residents and families were informed of the suspension, nonetheless, compassionate visiting was permitted and many bedrooms had their own entrance so that visitors would not pass through the main entrance in

line with current guidance.

Judgment: Compliant

Regulation 17: Premises

While some flooring was upgraded since the last inspection, flooring to areas such as the conservatory and day room required upgrading.

To facilitate social distancing, the small private visitors' room in the conservatory was removed to enable additional seating for residents, consequently, residents did not have access to a private space other than their bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented. Residents said they looked forward to their meals as they were very tasty and hot; the presentation of meals was appealing. The dining room was prepared in advance of residents coming for their meals and looked well. There were several sittings to ensure social distancing. Some residents spoken with chose to stay in their rooms for their meals and this was facilitated. Residents in isolation had their meals delivered to their rooms.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

When the resident was temporarily absent from the centre, transfer letters with relevant information was provided to the receiving centre to ensure the resident could be cared for in accordance with their assessed needs. Upon return to the centre, the person in charge ensure that relevant transfer information was in place. These letters were maintained as part of the residents medical files.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy had the specified risks as detailed in the regulation. A risk register was maintained with clinical and non clinical and individual risks detailed.

Judgment: Compliant

Regulation 27: Infection control

The household staff member was observed coming out of a bedroom of a resident suspected of COVID-19 infection without doffing their PPE. In addition, the staff member was going to take the cleaning trolley into the bedroom. As outlined earlier, corrective measures were immediately put in place to prevent recurrence.

In line with good food safety and infection control practices, there was a red line on the floor of the kitchen to highlight to staff the protected area not to be entered, however, one staff was observed inside this protected zone in the kitchen. In addition, care staff entering this protected area did not have the appropriate PPE donned.

Judgment: Not compliant

Regulation 28: Fire precautions

The orientation of the evacuation floor plans displayed on walls did not consistently reflect their relative position in the building. Evacuation routes were not consistently included in these plans. Occasionally the point of reference to orientate people to their location in the building was not identified.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Electronic medication records were in place. The CNM was knowledgeable regarding the scope of the management system including generating reports as part of medication management auditing to inform their quality management oversight. Medication administration charts were reviewed and administration records were comprehensively maintained.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were examined. Some assessments had good detail to inform the care planning process, however, other assessments did not provide details on the communication needs or behaviours for example. Care plans had the 'supports I need to achieve my goals' section and while there was a lot of valuable information input here, sometimes, the narrative was the daily update rather than a care plan update. Another resident did not have a falls risk assessment completed even though they were identified as being a falls risk.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical services, including consultant and community psychiatry services and geriatrician services. Resident notes showed that residents had timely referrals and reviews by allied health professionals and community services with effective oversight of residents' condition, medication management and responses to medications. Headway services were accessed following the lifting of COVID-19 restrictions and this service supported residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection showed that staff knew residents really well and had excellent insight into their care needs and preferences.

Judgment: Compliant

Regulation 8: Protection

This service was not a pension agent for any resident and did not maintain petty cash for residents. Residents had lockable storage space in their bedrooms. Staff training relating to protection of residents was up to date for all staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' independence was promoted here and their input into the service delivery was continually sought through residents' meetings, surveys and chatting with residents. An activities co-ordinator was recently appointed and she provided group and one-to-one socialisation with residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Nursing Home OSV-0005314

Inspection ID: MON-0035716

Date of inspection: 24/01/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>There is a plan in place to make use of existing continuous staff education system to make staff knowledgeable about health act and regulations. This will be achieved with staff involvement whereby every staff member will be supported to present a synopsis of selected regulations during the weekly training sessions. We expect to have this completed by 31st May 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The matter was discussed in the clinical governance meeting held on 01/02/2022. There is a plan in place to improve staff supervision. A revised schedule has been made for unannounced spot checks. This will be carried out between the PIC, the RPR and the CNM. Data from the inspection will be used for training needs analysis. The PIC is responsible for compiling a quarterly report on the progress of the staff supervision and training needs analysis.</p> <p>This will be an ongoing project and the first installment will be completed before 31/03/2022.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As discussed at the time of inspection, the alteration works are expected to commence in the month of March 2022. The builder and engineer were consulted on 26/01/2022 in the nursing home and plan was made to prioritize the flooring. A new space for a designated private visitation area was discussed and was approved by the engineer.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Plan in place for direct supervision of staff by PIC and RPR to ensure complete compliance with IPC standards. The PIC will compile a report on the training needs of the staff. Further training will be added to the existing training system based on the report. The PIC will review the system on a quarterly basis and discuss in the clinical governance meeting. First installment of the plan to be completed by 31/03/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The evacuation floor plans were all corrected and were displayed on walls on the 26/01/2022.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Staff nurses have been made aware of the issue. There is a plan in place for the detailed analysis of assessment and care plan standards. Training will be provided based on the assessment. All assessments and care plans for all residents are to be rewritten by the</p>	

key worker as a part of the new electronic documentation system. This is to be completed by the 31/03/2022.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/05/2022
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	26/01/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/03/2022

	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	31/03/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	26/01/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive	Substantially Compliant	Yellow	31/03/2022

	assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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