



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

## Issued by the Chief Inspector

Name of designated centre:	Clarenbridge Care Centre
Name of provider:	The Village Nursing Home Limited
Address of centre:	Ballygarriff, Craughwell, Galway
Type of inspection:	Unannounced
Date of inspection:	22 June 2021
Centre ID:	OSV-0000764
Fieldwork ID:	MON-0033252

## About the designated centre

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

Clarenbridge nursing home is two storey in design and purpose built. The building is set in mature gardens and designed around a secure internal courtyard, some bedrooms have access to their own private garden space. It can accommodate up to 56 residents. It is located in a rural area, close to the villages of Clarenbridge and Craughwell and many local amenities. Clarenbridge nursing home accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite and convalescent care. It also provides care for persons with acquired brain and spinal injuries, dementia, mild intellectual disabilities, post orthopaedic surgery and post operative care. Bedroom accommodation is provided in 42 single and seven twin bedrooms. 25 bedrooms have en suite shower facilities and accessible bathroom facilities are provided adjacent to the other bedrooms. There is a variety of communal day spaces provided including a dining room, day room, conservatory, seated reception area, juice room, prayer room, hair dressing room, physiotherapy room, sensory room, adopted kitchen and a multi purpose room with large viewing screen on the first floor. Residents have access to a secure enclosed courtyard garden area as well as mature gardens surrounding the centre.

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

Number of residents on the date of inspection:

46

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
Tuesday 22 June 2021	09:30hrs to 17:30hrs	Mary Costelloe	Lead
Tuesday 22 June 2021	09:30hrs to 17:30hrs	Marguerite Kelly	Support

## What residents told us and what inspectors observed

The inspectors met and spoke with several residents during the inspection. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that staff kept them up-to-date regarding the restrictions and the COVID-19 pandemic.

The inspectors acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in ensuring that residents had not been infected with COVID-19.

The inspectors arrived unannounced to the centre and staff guided the inspectors 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 inspectors carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

The observation and interaction between residents and staff was positive, engaging, patient and kind. Staff had strived to ensure that the normal routines and schedules of the centre had been disrupted as little as possible while trying to maintain social distancing in line with public health guidelines.

On the morning of inspection, some residents were up and about, some were relaxing in their bedrooms listening to music, reading the newspapers, while some were still in bed. Some residents were seated in the main day room reading the newspapers while the activities coordinator was reading news articles to others. Residents told the inspectors how they enjoyed getting the daily newspapers and how staff kept them up to date with all the news.

Some residents spoken with mentioned how they enjoyed viewing the daily mass broadcast on television and keeping up to date with news items on the television and in the daily newspapers. Residents said they were looking forward to the local priest returning to celebrate mass in the centre which was due to take place in the coming week.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There was an activities coordinator on duty, they were seen to encourage participation and stimulate conversation. Residents told the inspector how they enjoyed partaking in a range of activities. The monthly activities schedule was displayed and included newspaper group, relaxation group, quizzes, music sessions, baking, floor games, arts and crafts, gardening and sing along. A group of musicians were due to visit the centre in the coming week.

After lunch residents were observed to enjoy a relaxation hour with relaxing music

and aroma therapy. Some residents were observed walking independently both inside and outside the centre while others were supported by staff to go for walks.

During the afternoon, two of the residents were supported to go on a day trip to a local coffee shop and nature park in the centres minibus. Nursing management staff told the inspectors how day trips were being facilitated again now that the COVID-19 restrictions had been eased. Other residents were observed enjoying viewing and listening to their preferred music artists on the large television screen in the main day room. Residents told the inspectors how they could select and view a great selection of music and videos on 'You Tube' which was accessible on the SMART television.

Throughout the day residents were observed availing of and partaking in physiotherapy sessions. There was a full-time physiotherapist employed and a large well equipped physiotherapy room was available. Several residents stated that the therapy was fantastic, that it was very beneficial to them and they were making great progress in their rehabilitation.

Residents had access to a variety of enclosed garden areas and a large poly tunnel. The doors to the garden areas were open and residents could easily access same. Some residents told the inspectors how they enjoyed being able to get outside, go for a walk and get some fresh air. Some residents could access the enclosed courtyard garden directly from their bedrooms. Other residents enjoyed gardening, sowing seeds and watering plants in the poly tunnel. There was a Boccia (paralympic sport of control and accuracy, similar to curling or lawn bowling) court located to the rear of the centre. Staff told inspectors how some residents played boccia and how tournaments had been hosted in the past.

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 private in their bedroom or in the designated visiting rooms in line with national guidance. Other residents choose to meet with their visitors outside in the garden areas or in the poly tunnel. Residents commented that they were satisfied and happy with the arrangements and confirmed that they had received recent visits and that other visits were scheduled. Inspectors observed that many visitors were facilitated throughout the day of inspection.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. The inspectors observed that a variety of snacks and drinks were offered between meals times. Residents were consulted regarding their preferred choice of meal mid- morning on a daily basis. Residents and staff told the inspectors that birthdays were regularly celebrated and how the chef always baked a birthday cake for each resident.

The building is a purpose built two-storey nursing home. Bedroom accommodation is provided in 42 single and seven twin bedrooms. 25 bedrooms have en suite shower facilities and accessible bathroom facilities are provided adjacent to the other bedrooms. There is a variety of communal day spaces provided including a

dining room, day room, conservatory, seated reception area, juice room, prayer room, hair dressing room, physiotherapy room, sensory room, adopted kitchen and a multi purpose room with large viewing screen on the first floor. There was a lift provided between floors which allowed residents to independently access each floor. There was appropriate directional signage provided on doors and corridors to assist residents in finding their way around the centre. There was ample space on corridors for the movement of any specialised or assistive equipment that a resident might require. Grab-rails and handrails were provided to bathrooms and corridors. Residents were observed to be moving about as they wished within the centre.

While the building was generally found to be visibly clean and well maintained, some areas of the building and external grounds were observed to be in need of repair and maintenance. This is discussed further under regulation 17: Premises.

Residents spoken with told the inspectors how they liked their bedrooms as they were spacious, clean and comfortable. The inspectors observed that there were televisions in bedrooms and residents had personalised their bedrooms with their own family photographs and other personal belongings of significance to them. The inspectors saw that systems were in place for the safe return of laundered personal clothing to residents.

The inspectors observed that there were hand sanitizers at the entrance area, on the corridors throughout the centre 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
- following notification to the Chief inspector of the departure of the person in charge
- to follow up on information of concern received by the Chief Inspector
- to review infection prevention and control measures in light of the COVID-19 pandemic.

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. This centre had a good history of compliance with the regulations.

The provider was The Village Nursing Home Ltd. Both directors of the company

were actively involved in the management of the centre, they were also involved in the management of five other nursing homes in the Windmill nursing home group. They worked full time in the group and visited the centre on a regular basis. The clinical director advised that a new person in charge had been recruited and was due to commence in the role on the 9 July 2021.

At the time of inspection, the clinical nurse manager 2 (CNM2) was the nurse in charge of the centre. She was supported by the operations manager and two clinical nurse managers 1 (CNM1). The nursing management team knew the residents and their individual needs well. The nursing management team were supported by the directors of the company, the operations manager, human resource person and administrator. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of 46 residents. The management team 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. The training matrix reviewed identified that staff had completed mandatory training and further training was scheduled

The inspectors reviewed the complaints log and were satisfied that complaints were being managed in line with the centre complaints policy.

Issues of concern which had been brought to the attention of the Chief Inspector were reviewed as part of this inspection and not substantiated on the day.

While the management team had systems in place to monitor the quality and safety of care received by residents, further improvement was required in relation to fire drill documentation, areas of the premises that require repair and maintenance, some aspects of cleaning, infection control and ensuring adequate privacy in shared bedrooms.

## Regulation 14: Persons in charge

At the time of inspection the post of the person in charge was vacant. The clinical director advised that a new person in charge had been recruited, was due to commence in the role on the 9 July 2021 and that the required notification and documentation in respect of the new person in charge would be submitted. The clinical nurse manager 2 (CNM2) was the nurse in charge of the centre at the time of inspection.



Judgment: Substantially compliant

### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of 46 residents. There were two nurses, a clinical nurse manager and 10 care staff on duty during the morning time, two nurses, a clinical nurse manager and six care staff during the afternoon and evening, two nurses and four care staff on duty at night time. The clinical nurse manager 2 (CNM2) was in the nurse in charge and was currently working supernumery in a management role and was being supported 3 to 4 days a week by the operations manager. The staffing compliment included a physiotherapist, an occupational therapist, house keeping, catering, activities coordinators and administration staff. The CNM2 and operations manager confirmed that staffing levels were being kept under constant review having regards to the dependency and needs of residents to ensure appropriate and suitable staffing levels were provided. They advised that there was on-going recruitment of nurses and care staff. They confirmed that they had currently stopped admissions to the centre until additional staff were recruited.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix reviewed identified that staff had completed all mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. Training included specialist training in acquired brain injuries, disorder of consciousness, peg feeding, stoma care, wound management, dysphagia, epilepsy, diabetes and person centered care. All nursing staff had completed medicines management training.

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

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team had organised systems and processes in place to ensure that they maintained oversight and monitored the quality and safety of care received by residents. There was an ongoing audit schedule in place. For example, clinical care audits were completed on a weekly basis and regular audits were completed in relation to infection control, hand hygiene, medicines management, incidents and complaints. The results from audits were used to bring about improvements to the service provided, Feedback from residents' committee meetings and residents and relative satisfaction surveys continued to be used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents. The annual review on the quality and safety of care in the centre had been completed for 2020.

While the management team had systems in place to monitor the quality and safety of care received by residents, further improvements were required in relation to fire drill documentation, areas of the premises that require repair and maintenance, some aspects of cleaning and infection control and ensuring adequate privacy in shared bedrooms.

Judgment: Substantially compliant

#### Regulation 34: Complaints procedure

The inspectors were satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in prominent locations in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman.

All complaints logged had been investigated and were managed in line with the complaints policy.

All complaints were reviewed by the person in charge and discussed at the management meetings.

Judgment: Compliant

#### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider had notified the Chief Inspector of the departure of the person in charge and of the arrangements that had been put in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

## Quality and safety

Inspectors found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. Social care assessments and care plans were in place which outlined their individual preferences and interests. These assessments informed the programme of activities in place. There was a range of activities taking place including a schedule of day trips, visits from musicians and a visit from the local priest was due to take place.

There were no restrictions on residents' movements within the centre. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines. Access was available to private phone lines, internet services and video calls to facilitate residents to stay in contact with their families and keep up to date on outside events. Many of the residents had their own mobile telephones.

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.

Details of access to advocacy services were displayed and the CNM2 advised how she recently had discussions with residents regarding the availability of and the role of national advocacy services.

Nursing documentation reviewed, indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents individual needs. The sample of care plans reviewed by the inspectors provided assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and informative.

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.

Infection control practices were generally of a good standard. While most parts of the premises and equipment used by residents appeared visibly clean, there were areas identified that required more thorough and regular cleaning. These are discussed further under regulation 27: Infection prevention and control. All staff had completed training in infection prevention and control and hand hygiene. Nursing management supervised staff to ensure that training was implemented in practice. During the inspection staff were observed to be wearing surgical face masks as per the relevant guidance.

The building was two storey in design, with accommodation for residents provided on both floors. The entrance reception area and some bedrooms had recently been redecorated and the operations manager advised that the further redecoration was planned. The inspectors identified a number of areas which required repair and maintenance during the inspection. These are discussed further under regulation 17: Premises.

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. While fire drills had been completed, further improvement was required in relation to the documentation of fire drills in order to provide assurances that residents could be evacuated safely. This is discussed further under Regulation 28: Fire Precautions.

### 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.

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

Judgment: Compliant

### Regulation 17: Premises

The following areas were identified as requiring repair and maintenance.

- The walls to some rooms were stained and paint was flaking.
- The wooden doors and door frames to some bathrooms were severely

marked and scored and could not be effectively cleaned.

- The screening curtain rail to one shared bedroom was defective and hanging loosely from the wall.
- The enclosed paved garden courtyard and parking areas to the front of the centre were not well maintained. There were weeds in the flower and shrub beds. There were weeds growing between some of the paving bricks. Some of the paving bricks were loose and the grouting between bricks required repair.

Judgment: Substantially compliant

### Regulation 27: Infection control

Inspectors noted that the following areas were not visibly clean.

- The staff toilet facilities and changing rooms located on the first floor were not maintained in a clean condition with a build up of dirt and cobwebs evident.
- The floor and unused shower outlet gulley in the equipment storage room required thorough cleaning.
- Cobwebs and dead insects were noted to the high ceiling areas of the day and dining rooms.
- The mechanical extract ventilation fans to some bathrooms showed a build up of dust and grime.
- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. While fire drills had taken place regularly and had simulated both day and night time scenarios, the fire drill records were inconsistent and did not provide adequate details to provide assurances that residents could be safely evacuated. For example, recent fire drill records did not always include the number of residents evacuated, the number of staff involved in the evacuation, the evacuation needs of residents and the time taken to evacuate the compartment.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents files and also nursing documentation which was maintained on a computerised nurse documentation system. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents.

Each resident's needs were assessed on admission and at regular intervals thereafter. The inspectors reviewed the care plans of a number of residents including end of life care, wound care, nutritionally at risk, at high risk of falls, presenting with responsive behaviour, with restraint measures in place and with specific care requirements. Care plans were maintained under regular review, and the sample reviewed by the inspectors provided good assurances that a high standard of nursing care was provided to the residents. The care plans of current residents were up to date and contained all of the information required to guide care.

There was evidence that residents and their relatives were involved in the development and review of care plans.

Judgment: Compliant

## Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). There were routine monthly visits from GPs. There was a full-time physiotherapist and occupational therapist employed. There were weekly visits from the chiropodist. There was evidence of referral and access to services such as speech and language therapy (SALT), psychiatry of later life, psychiatry for under 65's, dietetics, dental and optician. Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Judgment: Compliant

## Regulation 8: Protection

The operations manager and CNM2 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.

Systems were in place to safeguard and protect residents' property and money. The

inspectors were satisfied they were managed in a clear and transparent manner. All pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines. Residents accounts were audited internally by the accounts department as well as by an external auditor.

Staff continued to promote a restraint free environment. There were two residents using bed rails at the time of inspection. Risk assessments including multi-disciplinary input, care plans, resident consent and safety checks in line with national policy were documented in all cases.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspectors found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

The inspectors noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. However, inspectors noted that the privacy screening curtains in one twin bedroom did not fully enclose each bed and did not afford adequate privacy to residents.

There were no restrictions on resident's movements within the centre. Residents were observed to be moving about as they wished both inside and outside the centre. There was a variety of communal day spaces where residents could sit and relax.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place.

Residents' religious rights continued to be facilitated during the pandemic. Residents were facilitated to view religious ceremonies on the televisions and listen to religious services on local radio. There was a prayer room provided where residents could spend time in quiet reflective prayer. The local priest was due to attend the centre to celebrate mass.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Clarenbridge Care Centre OSV-0000764

Inspection ID: MON-0033252

Date of inspection: 22/06/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The required documentation in respect of the new PIC was submitted to the inspectorate on the 28th June 2021.</p> <p>The new PIC has been appointed since the inspection and is in post at Clarenbridge Care Centre since July 12th 2021</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>Fire drill documentation will be reviewed by the PIC by July 30th 2021</p> <p>The premises are undergoing repairs and maintenance and will be completed by September 2021. This will continue on an on going program</p> <p>IPC compliance and promoting privacy will be addressed by 23rd July 2021. Cleaning and Painting in the areas mentioned are completed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

Repairs and maintenance to the rooms identified will be completed by October 2021 and will continue on an ongoing repair, painting and maintenance program.  
 Screening curtains will be replaced.  
 The external garden is currently being upgraded and this will be completed by August 2021.  
 Due to the challenges procuring tradesmen during the pandemic delayed the repairs and maintenance.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Staff facilities have been cleaned and painted along with the shower gully.  
 High ceilings in day areas and dining room areas have been cleaned and painted.

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 drill records have been updated to include more detail on the number of residents evacuated, the number of staff involved, the evacuation needs of the resident and the time taken to evacuate the compartment.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 Privacy screening curtains are being extended and being replaced.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(1)	There shall be a person in charge of a designated centre.	Substantially Compliant	Yellow	12/07/2021
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	31/10/2021
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	30/09/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/09/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/07/2021
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	30/09/2021