



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

Issued by the Chief Inspector

Name of designated centre:	Portiuncula Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Multyfarnham, Westmeath
Type of inspection:	Unannounced
Date of inspection:	13 July 2021
Centre ID:	OSV-0000084
Fieldwork ID:	MON-0033321

About the designated centre

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

Portiuncula Nursing Home is a purpose built two- storey facility located in Multyfarnham Village, close to Mullingar town. The centre opened in 2004 and is under the management of Newbrook Nursing Home company. It is registered for 60 beds. The designated centre provides long term 24 hour general care, and short term convalescence and respite care to a range of male and female residents over 18 years of age with dementia, intellectual disability, acquired brain injury and palliative care. The accommodation is provided in 47 single rooms, five twin rooms and one three bedded room across the two storeys. All bedrooms have en suite facilities. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that residents can consider a 'home away from home'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

52

How we inspect

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 13 July 2021	08:30hrs to 16:45hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

Overall, the inspector was assured that residents' lived experience in the designated centre was very positive and that they were supported to enjoy a good quality of life. Feedback from all visitors and residents on the day was overwhelmingly positive in respect of the care they were receiving in the centre, staff and communication throughout the pandemic. While they credited the staff and management to keeping the centre COVID-19 free, the inspection found a drop in the quality and standards of care provided in the centre, specifically in care planning arrangements and access to medical review. Significant effort was now required to improve the oversight and governance of the centre so that a safe and appropriate service was provided to the residents going forward.

The inspector communicated with more than 10 residents and five different visitors throughout the day and spent time observing staff interacting with the residents. All interactions observed were positive and courteous and it was evident that staff knew the residents well. One of the visitors who communicated with the inspector said that it was lovely to see the same staff all the time and that this gave them additional assurance that their loved one was well cared for by staff who knew their needs well. All relatives spoken with gave unreserved praise to the staff and management team who were 'brilliant' and proactive at communicating with them throughout the pandemic, and 'deserved an A1' in their measured, cautious and compassionate way of handling restrictions and keeping the centre COVID-19 free.

Throughout the day residents were observed taking part in numerous activities, or going out for walks in the beautifully landscaped grounds, assisted by staff or visitors. The activities programme displayed was rich and varied and it included live music therapy sessions, physical exercises, hairdressing, bingo and games, Mass and Rosary. The inspector observed that the activities on the day were tailored to meet the needs of all the residents. For example, in the area with higher dependency needs, activities were calm and low stimuli and the inspector observed gentle one-to-one as well as group activities such as painting, threading games or puzzles. In other areas residents were observed taking part in lively music activities and storytelling. Activities were popular and generated high levels of participation. In the afternoon more than 20 residents took part in a competitive game of bingo and it was evident that they were having a great time. However the inspector observed that additional measures needed to be put in place to ensure that social distancing was maintained and promoted, in line with public health guidance.

A spacious and well-maintained Oratory was available to the residents in the centre and many residents were observed watching Mass which was streamed live on the day. Furthermore, the Friary located on the grounds of the nursing home was also easily accessible to the residents and it provided an opportunity to meet with friends and neighbours from the community.

It was a warm, sunny day and residents were provided with regular drinks and the

inspector observed that choices were always offered and respected. Staff in charge of activities said to the inspector that they accompanied up to 10 residents on the weekly bus outings for picnic or to visit the nearby lakes and local landmarks. This was also confirmed by two residents who said that they really enjoyed these outings. They were quick to add that there were other activities organised for the residents left behind to ensure they were not missing out. Another resident said that they felt 'blessed to live in this centre because it's a family' and that the attention and care they got from the staff on a daily basis was exemplary; they appreciated that staff always 'took time to listen to you if you have a problem, they don't tell you what to do'.

Residents looked well-groomed and neatly dressed and were observed to be mobilising freely around the centre. Residents were also supported to engage in craftwork, and their works were displayed in various locations throughout the centre. All residents who communicated with the inspector said they had plenty to do and their day was busy with fun and activities. One resident said that they had brought in their personal violin and they were supported to pursue whatever hobbies they wanted.

A monthly newsletter was issued in respect of activities and the life in the designated centre, which was shared with residents and families. Residents' surveys had been completed in May 2021 and any issues raised by the residents were followed up by the provider. Records of the residents' meeting showed good levels of participation and consultation. Residents knew the person in charge and the management team and said that they were always available to answer queries and support. They said they did not need to complain as whenever they raised any issues it was followed up and addressed. One resident said living in the centre was 'great' and there was always something to do.

The inspector completed a tour of the premises with the nurse manager who deputised in the absence of the person in charge. Overall the premises appeared clean on observation, communal and residential areas were bright and free from odours. However, a number of areas for improvement were identified to ensure compliance with infection prevention and control standards. The specifics of these are further described under regulations 17 and 27.

All residents who communicated with the inspector said that they were satisfied with their living arrangements and said that staff were diligent in ensuring their rooms were maintained. Individual bedrooms were observed to be clean and personalised with residents' photographs and personal memorabilia. The dining room was very spacious and beautifully decorated in a restaurant-like fashion with large chandeliers and mahogany antique display cabinets and mantelpieces that gave a luxurious atmosphere of opulence.

The gardens were beautifully landscaped and appropriately equipped with benches and garden furniture to allow the residents to enjoy the outdoor space. A new chicken coop had been installed in the internal courtyard and residents could watch the chickens running free through the courtyard.

There was clear signage in place and alcohol hand gel was located next to each bedroom and at frequent points throughout the building. A clear procedure was in place for visiting and the inspector observed staff guiding visitors through the procedure and ensuring they had the temperature checked. Individual risk assessments were completed and visitors ensured they cleaned their hands prior to entering the centre.

The next two sections of the report will describe the findings of the inspection under the relevant regulations, firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

Capacity and capability

Overall, the inspector found that the governance and management of this centre required to be strengthened, and significant improvements were needed in respect of the oversight of the service. This designated centre had a very good history of regulatory compliance and although it had remained COVID-19 free throughout the pandemic, the findings of the inspection showed that the standards of care had declined in several of the regulations inspected. As a result, the inspector issued an immediate action plan in respect of inappropriate storage practices and inadequate signage for emergency lighting evacuation, which had not been identified by the provider. Strong leadership and better oversight was now required to achieve and sustain improved regulatory compliance and ensure a safe and high quality service was provided to the residents. The inspector found that the centre was appropriately resourced and that this was a committed and responsive provider who, with increased focus, had the capacity and capability to provide a good service.

The registered provider is Newbrook Nursing Home Unlimited Company. There had been no changes in the governance and management arrangements in the centre since the last inspection. From an operational perspective the person in charge was supported by two clinical nurse managers, and there were effective deputising arrangements to ensure management cover was available at all times, including the weekends.

At governance level, the arrangements had been further strengthened with the addition of a Health and Safety Manager whose role encompassed practice development, together with a Clinical Compliance Operations Manager who oversaw a number of other designated centre belonging to the Newbrook Group. The governance team, including the registered provider representative visited the centre on a regular basis and attended monthly governance meetings with the person in charge where they reviewed accidents and incidents, complaints, the risk register and quality and safety indicators. A recent environmental and infection control audit which was carried out in the centre at the end of June 2021 by the provider had

already identified some areas for improvement and an action plan had been put in place, which included the timelines for completion and the person responsible for its implementation. Nevertheless, this audit had not identified or effectively addressed some of the issues found during this inspection.

As a result, while there were some management systems in place to oversee the service, the inspector was not assured that they were consistently effective at picking up areas for improvement. For example, auditing of residents' care planning arrangements had failed to identify delays in the creation of care plans and medical reviews within acceptable timeframes after the admission of the residents to the designated centre. Furthermore, improved oversight of staff practices, housekeeping, record keeping and staff training and was required to ensure a high quality service.

While training in restrictive practices was provided to staff, a more proactive approach to reducing the number of bedrails in the centre was required as more than a third of the residents continued to use bedrails on a regular basis. Engendering cultural change among staff by reframing the use of bedrails/ restraint within a human rights perspective could support the move towards a restraint-free environment in line with local and national policy.

The inspector also acknowledged that the management team had worked very hard to maintain residents' safety throughout the pandemic. There was a multidisciplinary approach to contingency planning and robust arrangements were in place in the event of an outbreak of COVID19. The centre was well-resourced and there were no staffing vacancies.

Additional activities staff had been employed to support residents' social and communication needs and prevent isolation during times of increased restrictions. Communication with residents, families and staff took place on a regular basis and records showed that it included regular updates in respect of current public health advice. Staff said that they felt supported in their work and that management team were always approachable and listened to any concerns.

An annual review had been completed for 2020. There have been no unsolicited information received by the Chief Inspector in respect of the centre since the last inspection and no complaints received by the centre. A suggestion box and complaints procedure was displayed in the centre.

Regulation 15: Staffing

There were sufficient number of staff and appropriate skill mix to meet the needs of the residents. There was a minimum of one nurse working in the centre at all times. A sample of staff files reviewed showed that they included all the required documentation.

Judgment: Compliant

Regulation 16: Training and staff development

While staff had access to mandatory training, records showed a small number of the newly recruited staff had not completed the required training, including fire training, safeguarding vulnerable adults or manual handling practices.

Staff supervision and oversight required to be improved to ensure they consistently adhered to and implemented local policies and national guidelines. For example, throughout the day several staff were observed wearing inappropriate face coverings or wearing the masks incorrectly. There were numerous gaps in the records reviewed by the inspector which demonstrated that the supervision of key areas such as housekeeping, cleaning or the twice daily staff temperature checks was not effective. For example cleaning schedules had not been accurately completed and some days were unaccounted for.

Judgment: Substantially compliant

Regulation 21: Records

Staff rosters were not well-maintained and they did not reflect the staff working in the centre on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although there were management systems in place to oversee the service and the quality of care, they were not always effective at identifying and addressing all areas for improvements. As a result, the inspector issued an immediate action plan in respect of:

- The storage of communal slings in an occupied residential bedroom
- Confusing evacuation signage which did not provide clear direction was observed on one escape route;
- A manual lock had been added to a fire door which posed a risk to the process of evacuation.

Improved focus and better oversight of staff training and practices as described in this report, was required to ensure that a safe and quality service was provided for

the benefit of the residents living there. Furthermore, the auditing systems had failed to identify gaps in residents' care planning arrangements to ensure corrective action was put in place.

Judgment: Not compliant

Regulation 31: Notification of incidents

The quarterly notifications for 2021 had not been submitted in line with regulatory requirements. At the request of the inspector they were submitted retrospectively.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was clearly displayed in the centre and it included an appeals process. It did not specify who was the nominated overseer of the complaints process in the designated centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

While all Schedule 5 policies were available and reviewed, they were not consistently implemented by staff. For example residents' admissions policy and the care planning arrangements policy were not implemented. This was important to ensure staff delivered safe and high quality care that met residents' individually assessed needs and which was in line with best practice guidelines and regulatory requirements.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector observed that residents were well-cared for, looked comfortable and relaxed in the centre and their lived experience was a very positive one. Despite numerous examples of good practice observed on the day and as

reported by staff and residents, the inspection identified significant gaps in the care provision which had the potential to negatively impact the quality of care and safety of the residents. Urgent action was required on provider's part to ensure corrective action was taken in respect of residents' care planning arrangements, medical reviews, premises and infection prevention and control.

Admissions to the designated centre were based on pre-assessment to ensure the centre could meet the needs of the residents. A comprehensive assessment and regular risk assessments were subsequently completed to identify resident's needs. Although initially there were some delays in developing care plans after admission, the care plans inspected were comprehensive, person-centred and reviewed at four monthly intervals or more frequently, if the resident's condition changed. Care plans were shared with the residents or their families as appropriate.

The inspector was informed that residents had access to a general practitioner (GP) of choice and a GP visited the centre on a weekly basis. In addition, out of hours medical cover was also provided. There was evidence that staff actively monitored residents for signs and symptoms with temperatures checked and documented on a twice daily basis. However, a review of residents' records showed that residents were not regularly reviewed by the GP on admission to the centre. While the inspector was satisfied that when healthcare needs were identified, residents were appropriately reviewed and referred for specialist review, the clinical oversight in the centre was not sufficiently robust to ensure the highest quality of care was provided to the residents.

A physiotherapist visited the centre once a week and access to dietetic service, speech and language therapist, occupational therapist, tissue viability nurse, Psychiatry of Old Age, chiropody services and dentist was available when required, via referral.

Key quality indicators showed that overall the number of falls, wounds/ pressure sores, or residents losing weight was very low. Accidents and incidents were appropriately managed and effectively responded to with multidisciplinary input. Staff were familiar with residents needs and were observed to provide care in line with assessed needs.

Residents' rights were upheld in the centre. Three activities staff were available each day and the activity programme ran seven days a week. This ensured that residents' enjoyed a good quality of life, which was rich in opportunities for meaningful engagement and communication. This was evident on the day and the inspector observed that residents were empowered and facilitated to live as independently as possible.

The premises were largely clean with few exceptions. Residents' accommodation was provided in 47 single rooms, five twin rooms and one three bedded room, spread across two floors. All bedrooms had en suite facilities, which were observed to be clean and well-maintained. Overall the layout and design of the centre met residents' needs, however some improvements were required, specifically in respect of storage and other areas as described under regulation 17.

While systems to support infection prevention and control practices were in place, enhanced oversight was required to ensure they were implemented in practice. For example a tagging system had been introduced to identify items of equipment that were clean. However, the tags were not in use on the day of inspection, and the inspector observed that access to these tags was blocked by the linen skips stored in the sluice room. There was an up to date infection prevention and control policy which provided clear guidance to staff in relation to expected standards of practice required to ensure a safe service. However, based on inspector's observations on the day, enhanced supervision of staff practices in the centre was required to ensure they were in line with policy and best practice guidelines, the details of which are listed under regulation 27.

The inspector was satisfied that some areas for improvement had already been identified by the provider and a refurbishment programme had commenced. In addition, new cleaning trolleys and a flat mop system had recently been introduced, which were well organised, safe and secure. All residents and the vast majority of staff had been vaccinated against COVID-19.

Regulation 11: Visits

Visits took place by appointment and were observed to take place in line with public health guidance (Health Protection and Surveillance Centre, *Guidance on Visits to Long Term Residential Care Facilities*). All visitors spoken with were satisfied with arrangements in place.

Judgment: Compliant

Regulation 17: Premises

Action was required in respect of the following:

- Suitable storage facilities; for example hoists were stored under stairwells; access to electrics in the communications room was blocked by maintenance equipment; residents' equipment stored in communal bathrooms.
- The ventilation in the smoking room required review as it was not effective.
- Lockable presses were required in the sluice room in line with National Standards
- The radiator in the clinical room was rusty and not fit for purpose; a grab rail in a communal bathroom was broken and was visibly rusty.
- Some of the external paths, including the internal courtyard, had moss and were not well-maintained
- Hand washing facilities did not meet the required specifications as per guidelines; for example clinical sinks were not elbow operated, or the size of

handwashing sink in the laundry facility could not support good infection prevention and control procedures.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy included specified risks and a live risk register was in place which included identified risks and the mitigating controls in place. A major emergency plan was in place and there was evidence that where an incident occurred, reviews which identified learning were completed and informed the risk register. Maintenance records showed that all equipment was serviced on a regular basis.

Judgment: Compliant

Regulation 27: Infection control

While there were numerous examples of good practice observed on the day, the following areas required improvement;

- Some areas of the centre were not visibly clean; there was dust in the clinical treatment room; there were overfilled ashtrays in the staff smoking area and numerous cigarette butts on a footpath at the back of the centre; some alcohol gel dispensers were unclean.
- Not all equipment was fit for purpose; there were pillows and bed bumpers that showed visible signs of wear and tear, a number of hand towel dispensers were observed to be broken.
- Some fixtures and fittings did not support effective cleaning practices; for example the lining on some chairs was torn or damaged and required to be reupholstered.
- Storage practices required full review; linen skips stored in the sluice room blocked access to handwashing sinks; linen was not covered on trolleys on the corridors and this posed a cross-contamination risk; communal slings were inappropriately stored in a bedroom; wheelchairs and residents' equipment stored in communal bathrooms which posed an infection control risk.
- The use of shared items such as communal slings for hoists was not appropriate and the decontamination procedures in between each use were not clear; the system in place to identify whether items had been decontaminated and were ready for use was not implemented in practice, as the clean tag system was not used. Furthermore, the shared slings were observed hanging next to each other which posed a risk of cross-

contamination.

- Access to handwashing facilities was obstructed in the sluice and laundry facilities.
- Additional signage was required in the laundry to support the two way system in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a sample of four residents' care plans randomly reviewed on the day, the inspector found that three residents did not have a care plan initiated within 48 hours from admission to the designated centre, as required by regulations. One resident had been living in the centre for over one month without a nursing care plan in place. This meant that the care that residents received on a daily basis was not informed by individualised plans of care developed in collaboration with the resident. It also meant that there was a significant risk that residents' care needs were not timely identified and addressed.

Judgment: Not compliant

Regulation 6: Health care

Access to a general practitioner (GP) was not made available to the residents on admission, in accordance with local policy and best practice. For example, one resident admitted to the centre had not been admitted and reviewed by a GP for more than four months.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

There was a very low level of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and staff knew the residents really well.

The use of bedrails and restrictive practices were appropriately managed with multidisciplinary involvement, however as described in Capacity and Capability section a more proactive approach to reducing the number of bedrails was required.

Judgment: Compliant

Regulation 8: Protection

Residents reported that they felt safe within the centre. The provider had taken all reasonable measures to ensure residents were protected from abuse. Staff had a An Garda Siochana (police) vetting obtained prior to starting work in the centre.

Staff who communicated with the inspector, were aware of how to identify and respond to alleged, suspected or actual incident of abuse.

The provider acted as a pension-agent for eight residents and a separate account had been created for this purpose, in line with best practice.

Judgment: Compliant

Regulation 9: Residents' rights

There was a rich activities programme available and residents were offered choice in which activities they would like to take part in. Residents had access to radio, newspapers, internet and television and were informed about the current public health guidance. Staff knew the residents well and all interactions were person-centred.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Portiuncula Nursing Home OSV-0000084

Inspection ID: MON-0033321

Date of inspection: 13/07/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff newly recruited staff have had mandatory training provided to them.</p> <p>Deficits in the supervision of staff has been reviewed to ensure adherence to the Centre's Policies and the National Guidelines.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Staff rosters have been updated to reflect the numbers of staff actually working. The Time Management Software used by the Centre will in the future provide the actual worked rosters.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The non-compliances identified by the Inspector have been addressed as follows:</p>	

- 1) Communal slings have been removed from the multiple occupancy bedroom. Individual slings for each resident are being purchased. There will then no longer be communal slings in use.
- 2) The evacuation sign was replaced the day after the Inspection.
- 3) The manual lock has been removed.
- 4) The follow up actions from the audits are being more pro-actively reviewed to ensure gaps in the Service are being eliminated.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 The Quarter One Return for 2020 has been submitted. The Provider reviews at least every six months in line with the Regulation.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 The Complaints Procedure being displayed in the Centre now details the person who is nominated to oversee the complaints process.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 The implementation of the Centre's Policies is currently under review to ensure regulatory compliance.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The following issues highlighted on inspection are being actioned as follows:</p> <ol style="list-style-type: none"> 1) Storage with the Centre is being reviewed and changes made as necessary. 2) The ventilation fan in the Smoking Room has been cleaned. 3) Lockable presses are being installed in the Sluice Room. 4) The rusty radiator in the Clinic Room is being replaced. 5) The grab rail in a communal bathroom is being replaced. 6) The external paths have been power-washed. 7) A review of all handwashing sinks has been carried out. The sinks and/or taps will be replaced as necessary. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The following actions have been/will be taken:</p> <ol style="list-style-type: none"> 1) The cleaning rota and the supervision of Housekeeping staff has been reviewed. The "clean tag" system will be fully implemented. 2) A full audit of equipment and furniture has been undertaken as a replacement/refurbishment schedule is in place. 3) Storage with the Centre is being reviewed and changes made as necessary. This includes the "decluttering" of the Sluice Room and providing lockable storage in there. 4) Communal slings have been removed from the multiple occupancy bedroom. Individual slings for each resident are being purchased. There will then no longer be communal slings in use. 5) A review of all handwashing sinks has been carried out. The sinks and/or taps will be replaced as necessary. 6) Additional signage will be installed in the Laundry. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	

assessment and care plan:

All care plans have been reviewed. The Nursing Team have been made aware that the care plans must be commenced within forty eight hours as per the Regulations.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The Centre has a GP on a retained basis. The Nursing Team have been made aware all new admissions to the Centre should be reviewed by the GP.

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2021
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	30/09/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief	Substantially Compliant	Yellow	15/08/2021

	Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	14/07/2021
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre	Substantially Compliant	Yellow	14/07/2021

	to ensure that all complaints are appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	14/07/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/09/2021
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.	Not Compliant	Orange	31/07/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate	Not Compliant	Orange	31/07/2021

	<p>medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>			
Regulation 6(2)(a)	<p>The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.</p>	Not Compliant	Orange	31/07/2021