



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

## Issued by the Chief Inspector

Name of designated centre:	Newpark Care Centre
Name of provider:	Newpark Care Centre Limited
Address of centre:	Newpark, The Ward, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 August 2022
Centre ID:	OSV-0000150
Fieldwork ID:	MON-0037268

## About the designated centre

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

The designated centre provides 24- hour nursing care to 72 residents, male and female who require long-term and short-term care. The purpose-built one storey facility is situated in a rural area. It is divided into three areas: Mayfield, Aisling and Papillon (a dementia specific unit). There are a variety of communal rooms and residents' bedroom accommodation is made up of 69 single and one three-bedded room all of which are en suite. The philosophy of care is that each resident will be viewed as a unique individual and respected and cared for by all members of the staff team.

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

Number of residents on the date of inspection:	64
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 11 August 2022	09:00hrs to 17:00hrs	Arlene Ryan	Lead
Thursday 11 August 2022	09:00hrs to 17:00hrs	Helena Budzicz	Support

## What residents told us and what inspectors observed

On the day of inspection the inspectors were met by the reception staff and assistant director of nursing. Following an introductory meeting the inspectors walked around the nursing home with the person in charge.

The environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Residents informed inspectors that they felt safe living in the nursing home. The centre was well maintained and overall very clean. The designated centre was divided into three units, Mayfield, Aisling and Papillon (a dementia specific unit). The residents in the Mayfield and Aisling unit shared a central dining room and day room, with an additional sun room located at the end of the corridor. The central dining rooms and seating areas were brightly lit by windows which opened up into some well maintained courtyards. Access to these court yards was through multiple doors which were seen to be open on the day of inspection.

Residents in the Papillon unit had a separate dining area and sitting room. There was adequate seating throughout and an additional sun room with unrestricted access into a bright and safe courtyard. Some maintenance work was ongoing on the day of inspection, such as preparation work for the installation of new clinical hand washing sinks. The areas where the sinks were to be installed had temporary wall coverings to ensure the safety of residents and staff.

Residents told the inspectors that their rooms were cleaned daily and that they were happy with this arrangement. Inspectors observed that the residents' rooms were clean and tidy and many rooms had personal items such as pictures, photographs, books and other items on display providing a homely feel. The en-suite bathrooms were spacious and contained adequate storage for the residents' toiletries.

Residents were observed undertaking various activities during the day including reading newspapers, watching television and engaging in activities provided. The residents appeared to have choice in terms of what they wanted to do and were seen moving about the nursing home during the day of inspections. The residents in the dementia specific unit were supervised by the staff and there was a relaxed atmosphere. Staff were familiar with the residents' medical conditions and care requirements and were on hand to support them with their needs.

Residents told the inspectors that they enjoyed the activities provided for them. One resident said that there was a schedule of activities but they were unable to remember what was planned for that afternoon, but that this 'didn't matter as a member of staff would let her know when the activities were about to start'. Inspectors noted that the activities board was located on the corridor outside the dining room, and questioned its placement as many of the residents did not frequently use this section of the corridor.

The Resident forum met regularly and was chaired by residents. Photographs of the residents with responsibilities for the committee were on display in the entrance corridor. This arrangement allowed for empowerment and greater control of the committee by the residents in the centre.

Visitors were seen coming to and from the nursing home. Visiting was returning to normal following the recent COVID-19 outbreak in line with the Health Protection Surveillance Centre (HPSC) and public health guidance.

Laundry services were outsourced. The residents told the inspectors that they were happy with the laundry services provided and that they always received their items of clothing back clean and fresh. Lockable drawers were available for residents in each room and they said they could request a key if they wanted to use this facility.

The inspectors had the opportunity to observe the residents' dining experience at lunch time. Meals smelled good and the food was served hot. It was observed that the staff on one unit appeared very familiar with the residents but this led to some residents not being asked what their food or drink preference was on each and every occasion. This meant that residents were not provided with choices or opportunity to change their mind in respect of food ordered. There were also no table cloths or condiments available in one dining room, whilst in the other there were. Some residents chose to dine in their bedrooms and this was facilitated by the staff. Residents said that the food was good and that they always had a choice of meals and had plenty to eat.

During the inspection the inspectors observed that oratory was being used as a store room. This removed communal space from the residents and impacted on their spiritual needs. The Chief Inspector of Social Services had not been informed of the changes in the use, function and purpose of this room, which was not used in line with the designated centre's conditions for registration. The inspectors acknowledged that the provider took prompt corrective action and the management team arranged for the oratory to be returned to its original function and submitted evidence of this shortly after the inspection.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Newpark Care Centre Ltd is the registered provider of the centre, and the service is managed

by Mowlam Healthcare Services Limited on behalf of the provider.

The Chief Inspector had been informed that the centre had a COVID-19 outbreak on the 1st July 2022, in which a total of nine residents and two staff tested positive for the virus. All had recovered at the time of inspection and the centre were awaiting the final decision from public health team to declare the outbreak over.

Overall the inspectors were assured that the provider and person in charge had a clear commitment to providing a quality service for the residents. Improvements had been made since the last inspection. However, this inspection identified that further action and improvements were still required in relation to staffing, training, the management of records, premises, fire precautions, infection control and residents' rights. The inspectors found that the governance and management arrangements in the centre had the capacity and capability to bring the centre into regulatory compliance, however enhanced focus and oversight was required to ensure identified areas of non-compliance were promptly addressed and followed up and that a sustainable high quality service continued to be provided for the residents.

The management structure within the nursing home was clear. On the day of inspection the person in charge was supported by a regional manager, an assistant director of nursing, a team of nurses, healthcare assistants, catering, housekeeping and maintenance staff. A dedicated activity coordinator was on duty to ensure that the residents' social needs were met. Inspectors were informed that routinely there are two activities staff on duty each day. However, there was a social gathering planned for the weekend and therefore the other activities staff had changed duty to facilitate this. Health care assistants were leading some activities with the residents in the absence of the second activities staff.

Improvements had been made in respect of the management systems in place, and the person in charge was implementing changes to develop these further across the centre. Audits were completed by the person in charge and assistant director of nursing which were forming part of the quality improvement plan. The reporting structure and processes were being established and implemented, ensuring consistent monitoring by Mowlam Healthcare Services.

The planned staffing schedule on the day of inspection was adequate for the number of residents in the centre, however on the day, there were less staff on duty than originally planned. Despite this staff were providing a good level of care to the residents. Recruitment for new staff was ongoing with four new staff due to commence employment within the coming month.

Staff told inspectors that training was available to them and the training matrix (an electronic record of staff training) showed that staff had undertaken their mandatory training. When staff were due refresher training this was scheduled and recorded on the matrix. However, some staff practices observed on the day did not demonstrate the implementation of training into practice.

Evidence of thorough investigation of complaints was seen by the inspectors. Feedback to the complainant was recorded for each complaint logged. Any feedback, complaints or concerns raised during the residents' forum meeting were

recorded and followed up accordingly.

### Regulation 15: Staffing

From a review of the duty schedule, the inspectors found the number and skill mix of staff was appropriate. There was an active recruitment plan in progress to ensure that the centre was not relying on over-time and agency staff to cover all shifts.

Judgment: Compliant

### Regulation 16: Training and staff development

While staff had attended mandatory training, enhanced monitoring and supervision of staff practices were required to ensure the principles of training and correct procedures were consistently implemented in line with centre's policies and as per best evidence guidelines.

- The inspectors identified that some staff knowledge of fire precautions was lacking as evidenced by the obstructions of means of escape observed on the day, such as the blocking of fire exits and latching open of fire doors.
- In addition, a number of poor manual handling practices and hand hygiene were observed by inspectors in the dementia unit during the lunch time meal.
- Not all staff working in the centre adhered to the centre's uniform policy. Some unclean uniforms were seen left in the staff changing room. Inspectors observed that staff used aprons during mealtimes, but others were seen holding unclean laundry against their uniforms while not wearing protective aprons.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The directory of residents contained the relevant information as detailed in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records



The storage and maintenance of residents' records was not safe and not in line with regulatory requirements. Inspectors found three contracts of care, and four manual handling assessment records in residents' bedrooms for residents who were no longer residing in the centre.

Residents records were stored in the attic space which was not easily accessible by staff.

Judgment: Not compliant

### Regulation 23: Governance and management

Although lines of accountability and managements systems to oversee the service were in place, they were not sufficiently robust and proactive to ensure a safe and appropriate service was provided at all times, as evidenced by the findings of this inspection.

- The management systems in place had failed to identify the issues found by inspectors on the day.
- An urgent action plan was issued to the provider in respect of the storage, maintenance and management of records, the safe and appropriate storage of oxygen cylinders, the management of fire precautions in respect of the attic space and maintenance room.
- Staff practices in respect of fire safety were not effectively monitored, despite checking systems in place. For example: The inspectors found a fire door latched open in breach of fire safety standards. This was addressed immediately by the provider.
- The registered provider had failed to inform the Chief inspector of changes in purpose and use of residents' communal space such as Oratory for storage

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care and saw that they outlined the residents' room number, occupancy of the room and any additional fees to be charged.

Judgment: Compliant

## Regulation 31: Notification of incidents

Mandatory notifications were appropriately submitted to the Chief Inspector in line with Schedule 4 of the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

A copy of the complaints procedure was displayed in the entrance corridor of the nursing home. Complaints were recorded electronically and responded to in line with the centre's policy. The satisfaction of the complainant was recorded following feedback on the complaint. Any concerns/ complaints raised by the residents were recorded, including those obtained during the residents forum meeting.

Judgment: Compliant

## Quality and safety

Overall, the atmosphere in the centre was relaxed and calm, residents appeared comfortable in their setting, and their independence was seen to be promoted.

Residents living in Newpark Care centre were generally satisfied with the quality of the service they received and stated they felt safe in the centre. Inspectors were assured that residents' medical and health care needs were being met. Nonetheless, key areas of safety including the management of fire precautions and infection prevention and control required improvements to ensure residents' safety was promoted and maximised at all times.

There was good access to general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place for services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. Their input and guidelines were available in residents' files.

Staff in the centre continued to monitor residents and staff for COVID-19 infection and had protocols in place for testing and isolation. The centre was cleaned to a high standard. However, a number of gaps were identified and improvements were required in a number of infection control practices, as further detailed under Regulation 27: Infection Control.

The overall premises was laid out to meet the needs of the residents and was bright

and generally well-maintained. However, some deficits in maintenance of premises adversely impacted residents' quality of life and the oversight of residents' rights required review. In addition, the lack of storage and staff facilities negatively impacted the general environment in the centre as outlined under Regulation 17: Premises.

The inspectors reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting. However, the fire safety management in the centre required urgent attention concerning serious findings related to fire safety as detailed under Regulation 28: Fire Precautions.

The inspectors found that residents were free to exercise choice in how to spend their day. Residents were engaged in activities on a daily basis, and residents confirmed to the inspector that they were satisfied with the activities programme. Residents had access to newspapers, radio and television. Advocacy services were also available for residents.

### Regulation 11: Visits

Visits were unrestricted, and aligned to the latest public health guidance. Inspectors observed visitors walking around the centre with their loved ones or visiting them in their bedrooms.

Judgment: Compliant

### Regulation 17: Premises

While efforts had been made to address a number of maintenance issues, and improvements were seen throughout, the following issues in relation to Schedule 6 of the regulation were identified: For example:

- Inspectors observed that the wardrobes in some of the bedrooms were not of adequate size for the residents to hang their clothes in them.
- There was inadequate ventilation in the treatment rooms across the centre. The records from January 2022 showed a room temperature of 26 to 27 degrees Celsius for a number of days in both rooms. This poses a risk for safe storage of the medicinal products; inspectors saw that the labelling of some of the medications stored stated that storage was required at a temperature maximum of up to 25 degrees Celsius.
- Inspectors observed that grab rails were missing in a number of the residents' bathrooms.
- Call-bells were missing in some rooms and in the smoking areas so residents could not alert staff if they needed assistance.

- There were no lockable cabinets in the sluice rooms to store chemicals safely.
- The sliding door in the kitchenette posed a risk of injury for residents as the door was not fixed on the bottom, and there was no slow-closing mechanism installed.
- Storage rooms were not organised and contained both clean and dirty items. Inspectors observed that hoists were inappropriately stored in some bathrooms.

Judgment: Not compliant

## Regulation 27: Infection control

Despite the numerous examples of good practice observed on the day, there were issues fundamental to good infection prevention and control that required improvement. For example:

- There was inappropriate storage of equipment. For example: residents' shoes and a foot spa machine were stored in the sluice room (dirty room), and residents' equipment such as chairs and laundry trolleys were stored in the communal bathrooms, posing a risk of cross-contamination. A number of residents' equipment, such as hoists, were stored in the communal bathroom blocking access to the toilet and sink. Crash mats were observed stored on the floor therefore posing a risk of cross contamination.
- Multi-purpose use of storage room was not appropriate. Inspectors observed that one storage room was used for the storage of residents' equipment, hoist slings and supplies. It was also used as a changing room facility by some staff with clothing and personal bags in the room. The room was very unclean and dusty.
- Some laundry skips had no lids to ensure the safe transfer of contaminated linen and prevent cross-contamination.
- The coats used for staff prior to entering the kitchen were unclean.
- The management of sharps was not in line with best practice. Sharps bins were observed stored on the floor in the medication rooms posing a health and safety hazard. Furthermore, labels on the sharps bins had not been signed and dated to support effective tracing of contaminated waste .
- Inspectors observed that the centre did not have a functional sluice machine on the day of the inspection. One of the three sluice rooms was not functional and was being used to store laundry trolleys.
- There were no racks for drying the washed equipment.
- There was limited availability of appropriate hand-washing sinks for staff use across the centre. Those present were not in line with national standards. Multiple hand washing sinks only had cold water running through them, including clinical hand washing sinks and sinks in some toilets. One sink had only a cold water supply piped to it.

Judgment: Not compliant

### Regulation 28: Fire precautions

The registered provider was working with a contractor on completing fire compliance works within the centre. However adequate precautions against the risk of fire were not taken to ensure the safety of residents. For example:

- Four oxygen bottles were inappropriately stored in the container beside highly flammable materials and electrical equipment. The temperature in the container was not monitored. Oxygen cylinders and concentrators both stored, and in use, in the centre did not have appropriate hazard signs in place to alert staff in the event of a fire. This was addressed immediately by the provider at the request of inspectors
- Inspectors observed electrical equipment such as a hoist were inappropriately stored in the resident's bathrooms creating a hazard to residents and staff.
- There was a manual locking mechanism on the fire doors, posing a risk that the doors would not close automatically in the event of a fire. This was immediately removed.
- Inspectors observed that the wall in the maintenance room was made from wood, and the doors in this room were not fire-rated. There were gaps around the frame on the inside of the door frame offering little protection. In addition chemicals and flammable substances were stored in the room increasing the risk of a fire.
- The attic space in the centre above the oratory was used as a storage area for records. The provider was requested to address and submit a fire risk assessment completed by a competent person to the Chief Inspector of Social Services.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The person in charge had a system in place to assess residents' needs prior to admission to ensure their needs could be met in the centre. The inspectors saw that there were individualised care plans in place for nutrition, mobility, skin integrity and a range of other areas where residents may require support. There was evidence that the care plans were reviewed at intervals not exceeding four months. The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the assessed needs of residents.

Judgment: Compliant

## Regulation 6: Health care

The health of residents was promoted through ongoing medical reviews. Residents were reported to have good access to general practitioners (GPs). Residents living in the centre also had access to a consultant specialising in older persons medicine and a medical consultant specialising in psychiatry of old age who attended the centre to review residents if required.

Judgment: Compliant

## Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. The centre was a pension agent for two residents, and adequate arrangements were in place for the management of residents' finances. The registered provider facilitated staff to attend training in the safeguarding of vulnerable persons. Residents had access to advocacy services, and referrals had been made to avail of these services.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspectors observed numerous examples of good practice on the day of inspection; however, also observed that the residents' rights were not consistently upheld. For example:

- The dining experience required review to ensure that residents were afforded choice around their dining experience in the dementia unit. Inspectors found that there still remained some institutionalised practices within the centre which did not promote a rights-based approach and assurance around residents' choices. For example, the staff did not consistently ask each resident about their preferences before serving food and drinks.
- The functional layout of the furniture of a triple-occupancy bedroom was not appropriate as it did not support residents' choice to undertake activities in private. For example, the wardrobe for one resident was positioned in front of the bedside lamp, so the resident could not access it. There were no chairs available to the residents in this room, and a lockable cabinet for one resident was missing. If one of the residents turned on the ceiling light, it lit above the other residents. Additionally, if the residents wanted to watch television beside their bed, there was no individual listening device available to prevent

disturbing the other residents.

- There was no obvious directional signage around the centre to support the residents and visitors navigate the environment, for example outside the dining rooms and sitting rooms.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not 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 Newpark Care Centre OSV-0000150

Inspection ID: MON-0037268

Date of inspection: 11/08/2022

## 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> <ul style="list-style-type: none"><li>• All new staff will be provided with a formal induction programme which includes mandatory training courses as well as regular updates. The mandatory training/induction programme for nursing and care staff includes competency assessments of fundamental skills, including safe manual handling and fire safety awareness and practices, such as ensuring that fire doors are not held on the latch and that there are no obstructions to fire exits.</li><li>• As part of supervision and daily monitoring, the management team observe staff handwashing techniques and will advise individual staff members on corrective actions required if non-compliances are identified. Regular handwashing audits are included as part of hygiene and infection control audits.</li><li>• The PIC will continue to hold weekly management team meetings with the ADON and CNMs for the purpose of setting priority objectives for the week ahead, and each nurse manager will complete regular safety rounds throughout the day in the clinical areas to monitor practice and to provide support and guidance to staff.</li><li>• Commencing September 12, 2022, staff training and development needs will be discussed and documented during the probationary period, performance appraisal and clinical supervision meetings; and staff will be given the opportunity to identify areas of development they feel would benefit them.</li><li>• In conjunction with this, targeted education and training will also be facilitated where staff skills deficits are identified, based on individual training needs analysis. The PIC, ADON and CNMs will enhance supervision to oversee that training theory is implemented in practice by staff.</li><li>• The PIC has commenced discussions with staff regarding adherence to the uniform policy with all staff at handovers, meetings or safety pause, to ensure that all staff understand the importance of compliance with the policy and the appropriate wearing of protective items such as aprons and gloves. The management team will continue to monitor compliance with the uniform policy and address with individual staff members if required.</li></ul>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• We will implement appropriate arrangements for the storage, maintenance, and management of records. A system for off-site archiving of records will be introduced and records will be removed off site for storage.</li> </ul> <p>Completion date: 30/09/2022</p> <ul style="list-style-type: none"> <li>• The storage of records within the centre will be maintained in accordance with the nursing home policy on record-keeping.</li> <li>• All resident records have been removed from resident bedrooms.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The PIC is supported by a HCM and the Director of Care Services to ensure compliance with quality, safety, capacity, and capability standards. The PIC produces a weekly report outlining the key performance indicators (KPIs), risks, hazards, wounds, weight loss, incidents, complaints, and quality monitoring initiatives. This enables the PIC to prioritise areas that require immediate attention and the HCM will continue to provide support and guidance.</li> <li>• There is a suite of scheduled audits tools in place to monitor quality standards and assess compliance with regulatory requirements. The PIC identifies a Quality improvement Plan to address any areas of identified non-compliance. The PIC and HCM review QIPs to ensure that recommended actions are effectively implemented as planned and an overview of the audit findings is presented at monthly management team meetings.</li> <li>• Commencing in September 2022, the PIC will conduct regular staff communication meetings in the home, including daily, weekly and monthly meetings with nurses and care staff, where staff will be updated regarding all matters of interest to them and the home; staff will have an opportunity to raise items they wish to discuss, and this will facilitate a consultative approach.</li> <li>• There is a scheduled monthly management team meeting which provides an opportunity for discussion of all areas of operation of the home.</li> <li>• Commencing September 1, an action plan will be implemented to ensure that appropriate arrangements are in place for the storage, maintenance, and management of records. A system for off-site archiving of records will be introduced when all items</li> </ul>	

inappropriately stored within the attic space and maintenance room have been removed.

- The storage of oxygen cylinders has been addressed and storage is now compliant with safety and security standards.
- The Oratory room has been cleared of all items inappropriately stored there, and returned to the purpose for which it is intended, as per the confirmation photographs submitted to the Authority following the inspection.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A review of the wardrobes in the bedrooms will be undertaken to ensure that they are of an adequate size for the residents to store their personal belongings. Timeframe: 31/10/2022
- The ventilation in the treatment rooms across the centre has been reviewed and an action plan will be implemented to address the temperature controls of each area. These will require an air-conditioning split unit for temperature control. Timeframe: 31/10/2022
- There is a scheduled plan to replace missing grab rails in residents' bathrooms. Timeframe: 30/09/2022
- There is a scheduled plan to replace call bell units where these are missing, including in the smoking areas. A doorbell system for the smoking area has been introduced. Timeframe: 30/09/2022
- Lockable metal cabinets will be installed in the sluice rooms for the storage of chemicals. Timeframe: 30/09/2022
- The sliding door in the kitchenette will have a slow-closing mechanism installed. Timeframe: 30/09/2022
- A review of storage throughout the centre has been undertaken and storage rooms have been cleared of all inappropriate storage. Timeframe: 30/09/2022

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- Since the inspection, the inappropriate storage of equipment in the sluice room and communal bathrooms has been reviewed and inappropriately stored items removed.
- Storage rooms are designated for the storage of specific items and are no longer multi-functional.

- All laundry skips have had the missing lids replaced to ensure the safe transfer of contaminated linen and prevent cross-contamination.
- The coats used for staff prior to entering the kitchen have been removed and replaced with clean coats.
- Sharps bins have been removed from the floor in the medication rooms. Effective immediately, labels on the sharps bins will be signed and dated to support effective tracing of contaminated waste.
- Sluice rooms have had remedial action to ensure all three are fully operational. All inappropriate storage has been removed from sluice rooms.
- Drying racks with drip trays have been installed for washed equipment.
- A survey will be completed in relation to the installation of suitable handwashing facilities to ensure there are sufficient clinical hand washbasins available outside of the residents' bedrooms. Five clinical handwash stations which were in the process of being installed during the HIQA inspection have since been completed. As part of the works schedule, we plan to install an additional two clinical handwash stations.

Timeframe 30/11/2022

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Appropriate storage of oxygen cylinders was addressed on the day of inspection. Further improved storage arrangements have been put in place. A storage cage has been supplied and installed and oxygen cylinders are now stored externally.
- All electrical equipment inappropriately stored in the resident's bathrooms have been removed.
- The manual locking mechanism on the fire doors was immediately removed.
- An action plan is in place for remedial works in relation to the structure of the maintenance room and the storage of chemicals etc. inside.

Timeframe- 31/10/2022

- Additional outside storage will be put in place and the attic space will be cleared of all storage as previously outlined within response regulation 23.
- A fire risk assessment will be completed by a competent person and submitted to the Authority upon completion of all works.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The dining experience has been enhanced; residents are offered a choice in accordance with their dietary preferences in the dementia unit.

- The dining experience in the Papillon Unit has been reviewed and table settings and mealtimes are now of a standard consistent with the other units in the centre.
- A review of the layout of the furniture in the triple-occupancy bedroom has been completed and the layout now affords each resident privacy.
- A survey will be undertaken by the Facilities team in relation to the provision of enhanced directional signage around the centre.

Timeframe: 30/11/2022

## 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	30/09/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/11/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2022
Regulation 21(6)	Records specified	Not Compliant	Orange	31/10/2022

	in paragraph (1) shall be kept in such manner as to be safe and accessible.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2022
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	31/10/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including	Not Compliant	Orange	30/09/2022



	emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/10/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/10/2022
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	30/09/2022

	may undertake personal activities in private.			
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