



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

## Issued by the Chief Inspector

Name of designated centre:	Glendonagh Residential Home
Name of provider:	Glendonagh Residential Home Limited
Address of centre:	Dungourney, Midleton, Cork
Type of inspection:	Unannounced
Date of inspection:	28 September 2021
Centre ID:	OSV-0000229
Fieldwork ID:	MON-0034369

## About the designated centre

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

Glendonagh Residential Home is located near the village of Dungourney in East Cork. It is set on well maintained, extensive grounds. The centre is registered as a designated centre under the Health Act 2007 for the care of 42 residents with 24-hour nursing care available. The centre is registered to provide accommodation for 42 residents over two floors. There is a specific nine bedded dementia care unit for residents who required additional support called the Orchard unit. Care is provided by a team of nursing staff who are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	41
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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
Tuesday 28 September 2021	09:00hrs to 14:45hrs	Caroline Connelly	Lead
Tuesday 28 September 2021	09:00hrs to 14:45hrs	Kathryn Hanly	Support
Tuesday 28 September 2021	09:00hrs to 14:45hrs	Siobhan Bourke	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that Glendonagh Residential home was a nice place to live in and apart from the recommended restrictions during the COVID-19 pandemic and the current outbreak in the centre, residents generally had choice in their daily lives. Staff promoted a person-centred approach to care and were observed by inspectors to be kind and caring towards residents. The inspectors met a number of residents during the inspection and spoke with ten residents in more detail. They also met two sets of visitors who were visiting for compassionate reasons.

The centre is divided into three units named the Orchard unit, which accommodates nine residents in seven single rooms and one twin room, the Courtyard unit which accommodates 14 residents in two twin and 10 single rooms and the Manor unit accommodates 19 residents over two floors. The majority of bedrooms have en suite facilities. Residents who were COVID-19 positive were isolating in their bedrooms and inspectors saw a number of residents who were COVID-19 negative mobilising independently around the centre and they noted that residents could easily access the centres' communal spaces. The communal accommodation comprised of two dining rooms, two sitting rooms, two visitors'/ quiet rooms and a chapel available to residents. Communal rooms were spacious, well decorated and suitable furnished. The garden doors were open throughout the centre which meant that residents maintained daily access to outdoor life and reaped the benefits of the fresh air and the good weather as applicable. A secure garden area had been carefully planted to provide sensory stimulation and there was plenty accessible outdoor seating for residents' use. The inspectors met a number of residents who told them the outdoor space was very important to them and a number of residents were seen enjoying the outdoor space despite the inclement weather and the COVID-19 outbreak.

The corridors were a hive of activity with staff in and out of residents' bedrooms. There were trolleys with PPE at various locations and bins available for disposal of PPE on the corridors. Alcohol hand gel was available at numerous locations throughout the centre, including on trolleys with PPE. The inspectors observed staff donning and doffing (putting on and taking off) PPE and found that it was generally conducted in the correct manner, however, the inspectors observed inappropriate mask wearing by one staff member. The inspectors also observed ineffective staff control measures with staff crossover between COVID and non COVID areas. An example of this was that there was only one nurses office and one clinical room. Inspectors observed the three nurses who were on duty during the inspection were all using this small office. There were a number of times during the day when the nurse working in the COVID positive area who had been observed coming out of bedrooms of COVID positive residents was sat in the office beside the nurse working in the COVID negative area. Staff caring for COVID-19 positive residents should not mix with those caring for residents who had contracted the infection. Such practices

puts residents at an increased risk of developing COVID-19.

Inspectors observed a number of issues which required immediate action and review. Several items of resident equipment and furniture were visibly unclean. Not all equipment, particularly frequently used equipment, was cleaned in accordance with national and evidence-based guidelines. Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Cleaning trolleys were also visibly unclean and stocks of personal hygiene products including toothpaste and razors were stored on the unclean cleaning trolleys. The inspectors saw that there were insufficient cleaning resources to meet the needs of the units inspected during the outbreak. There was no cleaner on duty after 3pm daily and overall there was a lack of oversight and supervision of cleaning processes and staff. All of these issues will be outlined further in the report.

The inspectors saw that a number of bedrooms were personalised with residents' family photographs, ornaments and other personal memorabilia. There was adequate storage space in residents' bedrooms for their clothing and belongings and items of personal assistive equipment such as walking frames. The inspectors observed on their walk around the centre that flooring in parts of the centre required replacement particularly in an en-suite bathroom and parts of the centre required repainting. This is discussed further in the report.

Residents were very complimentary about the food and inspectors saw that residents were offered choice. Inspectors saw menus displayed and staff also informed residents regarding the choices on offer. The menu was seen to be varied and the residents said if they didn't like what was on the menu they were given other food choices. Modified diets were well presented and appetising. The food overall appeared nourishing and in adequate portions. Due to the COVID-19 outbreak in the centre, the main dining room was available to residents from the Courtyard and Manor units who were not COVID-19 positive and social distancing was observed. Residents in the orchard unit had their own dining facilities which were used by residents living in that unit. Due to the COVID-19 outbreak a large number of other residents had their meals served in their bedrooms. Inspectors observed that tables in the dining room were attractively set and assistance was given to residents in a discrete and unhurried manner when this was required. Mealtimes in the dining rooms were observed to be a social occasions and a number of residents told the inspectors that they looked forward to their meals. One resident told inspectors that they generally stay in their room because of the outbreak but enjoy going down for their meals and meeting people at mealtimes and then return to their bedroom.

Residents who spoke with inspectors were very complimentary about staff, saying that staff were friendly, kind and understanding. Despite the wearing of PPE, staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents said staff made a special effort to facilitate them to talk to their families during this time, when visiting was restricted. One resident described having window visits over the weekend and inspectors observed some residents receiving compassionate visits. Staff said they were making an effort to sit and chat

more with residents whenever they could, to ensure residents were not too lonely in the absence of their visitors and not being able to go out with families or to day rooms as they would normally do. On the morning of the inspection there were six residents observed sitting in the sitting room with little interaction from the busy staff. One resident was reading a paper the others were snoozing or glancing at the TV. Some of the residents who stayed in their rooms told inspectors they did not mind being in their bedroom and enjoyed reading and watching TV. One resident said they were staying in their room as they were frightened of catching COVID-19. The lack of a programme of activities and staff allocated to activities was evident during the inspection and some residents told inspectors the day could be very long with little to do. The care staff told the inspectors that they would provide activities when they could but as they were working short of one carer on the day of the inspection there was not time for activities. This is discussed further in the report.

Residents described the person in charge as kind and approachable and the person they would talk to if they were worried or dissatisfied about any areas of the service provided. Residents were also seen to interact with the administration manager stopping for a chat and reassurance. Very person centred interactions were seen between staff and residents and it was obvious to inspectors that they knew each other well.

Residents told inspectors that they were kept well informed by staff and were aware that there was a COVID-19 outbreak in the centre. Inspectors saw the six residents on the orchard unit who had recovered from COVID-19 were mobilising well and looked well-nourished and cared for. Records confirmed that they were well cared for by staff and their GP during the outbreak.

Overall, the residents expressed feeling content in the centre. Inspectors observed weaknesses in infection prevention and control measures implemented at the centre to protect staff and residents against COVID-19. These risks collectively presented a risk particularly in the context of the ongoing COVID-19 outbreak.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## **Capacity and capability**

The findings of this inspection are that the impact of a COVID-19 outbreak was magnified by a failed system of governance and management. In line with the findings of the previous inspection, the management systems in place required significant review and enhancement, to ensure the service provided was safe, appropriate, consistent and effectively monitored. Clinical oversight and supervision

of cleaning staff was found to be poor and inadequate.

This was an unannounced risk based inspection conducted due to an outbreak of COVID-19 in this centre and to follow up on the actions required from the previous inspection. The centre had a recent history of poor compliance with the regulations identified during an inspection on the 11 August 2021 which identified that the governance and management arrangements were not well defined or clearly set out.

At the time of the inspection the registered provider as notified to the Chief Inspector was Glendonagh Residential Home Ltd, a limited company comprised of two directors. Neither director was present in the centre and available to oversee the care of residents or support the person in charge due to being out of the country. The person in charge was experienced in the role of person in charge in this centre. The recently vacated role of clinical nurse manager (CNM) was not replaced. A finance and governance manager provided remote support attending the centre two afternoons a week. The centre also employed an administration manager who had been employed during 2021. This left the person in charge as the sole full-time experienced manager identified to manage the centre. Due to staff shortages the person in charge was regularly working as a nurse providing direct care to residents further reducing managerial oversight of the centre. This resulted in inadequate supervision of staff to ensure a safe and effective service. At the weekend all rostered staff were engaged in resident care with no additional staff available to to ensure supervision of staff and practices.

Inspectors acknowledged that residents and staff, living and working in centre had been through a challenging time due to the global pandemic. This inspection was carried out following notification to the Chief Inspector of an outbreak of COVID-19 in the centre affecting a number of residents and staff. The first part of the outbreak occurred in the Orchard unit at the end of August 2021 and six residents who contracted COVID-19 made a full recovery. The second wave followed within days and occurred in the main part of the centre. The infection outbreak was at its peak with 14 residents and 5 staff positive for COVID-19 at the time of the inspection.

Staffing shortages and the associated risks identified by inspectors in August 2021 had not been addressed at the time of this inspection. During the COVID-19 outbreak the centre worked regularly with nurse shortages and most of the time with only one nurse on night duty as had been the case prior to the outbreak. This meant that the nurse on night duty had to provide care to both COVID-19 positive and COVID-19 negative residents. As already outlined the person in charge was regularly counted in the nursing complement reducing managerial and clinical oversight. Shortages of cleaning staff and limited hours worked made it particularly difficult to control the transmission of COVID-19. Some assistance was received from the HSE in the form of a manager to allow the person in charge to take a very necessary break from the centre.

Inspectors observed weaknesses in infection prevention and control measures required to protect staff and residents against COVID-19. These risks were exacerbated in the context of the COVID-19 outbreak ongoing at the time of the inspection. In addition issues identified by Infection prevention and control audits



undertaken by specialist HSE staff were not addressed.

Many of the issues identified on this inspection are repeat findings from the inspection of the 11 August 2021 and although the timeframes agreed had not expired inspectors saw little progress had been made and the benefits of such actions had yet to be realised.

## Regulation 15: Staffing

Inspectors identified a number of serious issues with staffing levels on the previous inspection which included

- Inspectors were not satisfied that night time nursing levels were appropriate to meet the needs of the 42 residents living in the centre located over two floors and in three separate units. There was only one nurse on duty from 20.00hrs for the night.
- The available workforce was not in line with the Provider's statement of purpose most notably the nursing whole time equivalent, (WTE) in the center was less than what should have been available.
- Rosters reviewed showed that the person in charge was also required to provide clinical care as a full time nurse, and was one of the two nurses on duty on certain days each week, due to nursing shortages.

In their action plan response to the previous inspection the provider committed to a time frame of the 30 November to be fully compliant. They also stated that they would ensuring that there were sufficient staff with the appropriate skill mix on duty both day and night and stated that a new dedicated Activity Coordinator had been appointed. Whilst recruiting was ongoing, the provider committed to ensure supplementary resources from the health care team should additional care and overnight be required such as a resident with increased supervision requirements, end of life care or any other care commitments. This was to be assessed by the director of nursing on a rolling basis.

On this inspection inspectors identified additional non-compliance with the regulations in relation to staffing and the underlying shortage of staff was exacerbated by the COVID-19 outbreak.

- There were no cleaners available in the centre outside the hours of 8am to 3pm despite the fact that there was an outbreak of COVID-19
- The lack of a second nurse at night meant it was not possible to provide separate teams to care for COVID-19 positive and negative residents. This was a risk of further ongoing transmission of COVID-19 to residents.
- There were insufficient numbers of staff to meet the additional care needs of residents, particularly at night.
- There were insufficient numbers of staff to meet the social care needs of residents

Judgment: Not compliant

### Regulation 16: Training and staff development

On the previous inspection deficits in training had been identified and the provider had given a date of 04 November 2021 to come into compliance. Fire training had been provided since the previous inspection, other training required on the previous inspection remained outstanding. However there was evidence that training in the management of responsive behaviour was booked and scheduled for all staff in the next number of weeks.

There were a number of new issues identified on this inspection in relation to training and staff development

- Two new cleaning staff had commenced work in the centre who did not have appropriate training in infection prevention and control.
- There was also no comprehensive induction and supervision in place for new cleaning staff. This was particularly relevant as the centre was in the middle of a COVID-19 outbreak.
- At the weekend all rostered staff were engaged in resident care with no additional staff available to ensure supervision of staff and practices. This was evidenced by poor mask wearing, poor medication management practices and some ineffective cleaning practices.

Judgment: Not compliant

### Regulation 21: Records

As identified on the previous inspection inspectors found that improvements were required in the storage of residents' records to ensure they were stored in a safe and accessible manner as required by legislation.

Personal care plans for residents were observed in an unlocked press under the sink in the kitchenette in the Orchard unit. These were moved to a locked press by staff during the inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

At the time of the inspection the registered provider as notified to the Chief Inspector was Glendonagh Residential Home Ltd, a limited company comprised of two directors. Neither director was present in the centre and available to oversee the care of residents or support the person in charge. Both directors of Glendonagh Residential Care Ltd were out of the country and were not present in the centre to manage the day to day operation of the centre and oversee the care of residents.

The Governance structure as set out in the center's Statement of Purpose and function was not in place at the time of the inspection as the post of Clinical Nurse Manager (CNM) was vacant

The governance arrangements in place did not ensure the effective delivery of a safe, appropriate and consistent service in the centre. This was evidenced by a lack of senior nursing staff to support the person in charge to discharge the duties attached to the role. This meant that the duties and responsibilities of the person in charge could not be efficiently or effectively carried out particularly in the absence of the CNM. These duties included audit, staff supervision and monitoring of staffing levels, records and staff training. The person in charge confirmed that she was under-resourced in this regard.

Management systems in place did not ensure that all areas of the service provided was safe, appropriate, consistent and effectively monitored as required by Regulation 23(c) during the COVID-19 outbreak in the centre. Inspectors found that although some areas of the service were audited, audit tools were not comprehensive and did not inform necessary continuous quality improvements. For example the infection prevention and control audit tools used were not comprehensive, in that they did not identify a number of poor staff practices or that the environment and equipment was not clean.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was cleaned in accordance with best practice. These were all outlined and discussed further under the specific regulations.

Overall the governance and management in the centre required strengthening to provide effective oversight and ensure the quality of care and safety of the service was effectively monitored:

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose continues to require review to fully reflect the facilities and services provided at the centre as required in Schedule 1.

The statement of purpose required updating to reflect the changes in the

organisational staff structure
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
<p>Incidents were notified to the Chief inspector in line with regulatory requirements since the previous inspection.</p> <p>Daily updates were received in relation to the COVID-19 status in the centre.</p>
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
<p>Complaints records indicated that complaints had been appropriately managed and closed to the satisfaction of the complainant, a copy of the complaints procedure was not displayed in a prominent position in the centre, as required by the regulations. This was a repeat finding from the previous inspection.</p>
Judgment: Substantially compliant
<b>Quality and safety</b>
<p>Overall, despite the COVID-19 restrictions and COVID-19 outbreak residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents. Residents' needs were being met through good access to healthcare services but further opportunities for social engagement were required. Improvements were required to safeguard residents from the risk of infection and fire.</p> <p>Public Health were assisting in the management of the outbreak. An Infection Prevention Control nurse specialist had attended the centre on a number of occasions during the outbreak to advise on outbreak management and infection prevention and control practices. However the registered provider did not ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by HIQA were implemented by staff. Findings in this regard are detailed under regulation 27.</p> <p>The inspectors found that an ethos of respect for residents was evident. The design</p>

of the premises in normal times would enable residents to spend time in private and communal areas of the centre while maintaining social distancing. There was easy access to the garden and there were walkways and seating in the garden to be enjoyed by residents as they wished. Staff made efforts to ensure that wearing full PPE was not a barrier to communicating with residents. Staff were seen to be supportive and respectful in their interactions with residents.

Based on a sample of five care plans viewed appropriate interventions were in place for residents' assessed needs. There was a good standard of care planning in the centre and care plans were seen to be person centred. Validated risk assessments were completed to assess clinical risks including risk of malnutrition, pressure ulcers and falls. However, a small number of the assessments in the care plans reviewed required updating. Furthermore two of the COVID-19 care plans had the incorrect length of time for isolation recorded. This was brought to the attention of the person in charge on the day of inspection who was aware that the correct time frame should have been recorded as 14 days and confirmed that residents were isolated for 14 days.

The centre normally operates an open visiting policy. However, due to the COVID-19 outbreak, the centre had closed to visitors except in exceptional circumstances. Compassionate visits were facilitated for residents receiving end of life care. Scheduled window visits were facilitated where possible.

Since the previous inspection improvements were seen in fire safety in that gaps in fire doors were fixed and compartments were identified. All staff had received fire safety training. Daily and weekly checks had been completed. An evacuation drill of the largest compartment simulating night time staffing levels was conducted in a timely manner. It was noted that the dementia unit is the largest compartment in the centre and is a long corridor with 9 residents living there. Evacuation drills of largest compartment undertaken following the previous inspection provided some assurance, but staff in the centre were concerned that due to residents levels of cognitive impairment evacuation may prove difficult and consideration could be given to the subdivision of this compartment. Further fire safety concerns were identified on this inspection. An immediate action was issued on the day of the inspection and inspectors were assured they were rectified with immediate effect. These and other fire issues are outlined under Regulation 28 Fire precautions.

Inspectors were assured that residents dietary and fluid requirements were well met. Food was seen to be nutritious and appetising. Meal trays coming from residents rooms who had COVID-19 demonstrated good nutritional intake. The dining experience for other residents with two separate sittings, facilitated residents to have a relaxed and social dining experience. Activity provision continued to require enhancement to provide more frequent opportunities for residents to participate in activities in accordance with their interests and capacities. Nonetheless, residents were seen to have access to radios, television, telephones and newspapers.

## Regulation 11: Visits

The centre was generally closed to visits due to its current outbreak of COVID-19 and families had received communication in relation to this.

The inspectors saw that compassionate Visits were carried out in line with the updated guidance and window visits had been facilitated as requested.

Judgment: Compliant

## Regulation 13: End of life

It was evident to inspectors that appropriate care and comfort was provided to residents approaching end of life. A sample of care plans reviewed showed that staff had actively engaged with residents to elicit their end-of-life care wishes. End of life care documentation showed that residents had timely access to GP services. Compassionate visits were facilitated and care was seen to be provided with dignity and respect to residents' at end of life.

Judgment: Compliant

## Regulation 17: Premises

The premises were generally compliant with the regulations and a number of actions had been completed since the previous inspection such as the door at the top of the stairs had been repaired and inappropriately stored items had been removed from the sluice room.

Other issues to be addressed as identified on the previous inspection and on this inspection were planned but not completed to date and a date for completion given in the previous action plan response was 01 November 2022. These included:

- Painting and furniture required upgrading in parts of the centre.
- Flooring in one en suite toilet area was very stained and required replacing.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The nutritional status of residents was monitored through regular regular weights and nutritional assessments. Residents who were not in isolation were able to choose where to dine and this choice was respected. Choice was offered to residents at mealtimes and meals viewed by inspectors appeared wholesome and nutritious. The centre had two sittings for mealtimes to enable social distancing. Regular drinks were available between meals. Intake and output charts were recorded by care staff for residents who required them.

Judgment: Compliant

### Regulation 26: Risk management

The centre's risk management policy set out the risks identified in Schedule 5. The risk register had been updated to include the risks associated with COVID-19. There were arrangements in place for recording and investigation and learning from serious events involving residents. There were risks identified during the inspection which are actioned under Regulation 27: Infection control, Regulation: 28 Fire precautions and Regulation 29: Medicines and pharmaceutical services.

Judgment: Compliant

### Regulation 27: Infection control

Infection prevention and control practices in the centre were not in line with the National Standards for infection prevention and control in community services and other national guidance. Staff did not demonstrate competence in applying standard and transmission-based precautions as per standard 2.1. As a result, efforts to prevent and control COVID-19 transmission were severely restricted.

For example:

- Staff cohorting arrangements were ineffective. Inspectors observed staff crossover between COVID and non COVID areas.
- A portable fan was in use in a shared office being used by staff caring for residents with COVID-19 and staff caring for residents that had not tested positive for COVID-19. Portable fans should not be used during COVID-19 outbreaks as fans may play a role in transmitting COVID-19.
- Inspectors observed that personal protective equipment such as masks were not worn correctly by a number of staff during the course of the inspection.
- Staff were observed to be wearing hand and wrist jewellery.

- Individual moving and handling slings were not used for all residents that required their use.
- Inspectors were informed by two staff members that resident's wash-water was emptied down clinical hand wash sinks in residents rooms. This practice should cease as this will significantly increase the risk of environmental contamination and cross infection

The provider did not comply with legislation and national and international best practice recommendations for the infrastructure of the facility to effectively reduce the risk of infection as per standard 2.2 and 3.1.

For example:

- There was no designated area within the designated centre for the storage of cleaning trolleys. Equipment used for washing floors was stored inappropriately in a sluice room.
- Hand hygiene facilities were not provided in line with best practice and national guidelines. There was a limited number of hand wash sinks dedicated for staff use in the centre. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection as outlined in National standards 2.2 and 2.3.

For example:

- Several items of resident equipment and furniture observed during the inspection were visibly unclean. The non-compliances observed during the inspection showed that all equipment, particularly frequently used equipment, was not being fully cleaned in accordance with national and evidence-based guidelines.
- There was some ambiguity among cleaning staff regarding cleaning products, processes and local guidelines. For example surfaces were not cleaned prior to being disinfected with chlorine.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites.
- Cleaning trolleys were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is contaminated
- Stocks of personal hygiene products including toothpaste and razors were inappropriately stored on the cleaning trolleys.
- Inspectors were informed that the carpets in communal areas such as the staircase of the centre had not been vacuumed since the beginning of the outbreak and had never been steam cleaned.

Judgment: Not compliant



## Regulation 28: Fire precautions

Whilst the actions required from the last inspection were generally completed. There were a number of additional issues identified in relation to fire precautions during this inspection.

Inspectors saw items stored in the communications room including alcohol hand gel and paper towels which could lead to a high risk of fire. An urgent action was given on the day of the inspection to remove same and assurances were given that this had been completed.

- A fire blanket was required for the smoking area, for use in the case of a fire
- A means of attracting attention for residents who smoked was required as the smoking shelter was at the back of the building away from the residential area.
- The fire extinguisher in the dementia specific unit was kept in a cupboard for safety reasons. However, the sign identifying its location was covered which was a risk, should the extinguishers be required in an emergency as staff who may not be familiar with the unit would not know where to locate the extinguisher. This was a repeat finding from the previous inspection.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Further oversight of medication practices and storage was required to ensure all that all medicinal products dispensed or supplied to a resident are stored securely at the centre.

The inspectors observed that

- During medication rounds medications were stored on top of the medication trolley and not secured in the trolley. During a walk around the center in the morning inspectors also observed that the clinical room where the two medicines trolleys were stored was not secured.
- At lunch time a medication trolley was left unsecured and unsupervised, outside the dining room with numerous residents' medications on top of it whilst the nurse assisted a resident with his meal.
- Controlled medication ampoules were seen on the counter top in a clinical room, part of the ampoule had been administered to a resident but the remainder had not been disposed of in line with best practice guidelines.

The above practices did not indicate safe practice in the storage of medicines and

could presented a significant risk to the safety of residents.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of five residents' care plans. A number of assessments required updating. While COVID-19 care plans were detailed and person centred, two of these care plans recorded the time frame for isolation as 10 days instead of 14 days. The Person in Charge confirmed that staff were aware of the requirement for 14 days isolation.

Judgment: Substantially compliant

### Regulation 6: Health care

There was a good standard of evidence-based health care provided to residents in this centre. Residents were regularly reviewed by their GP. There was evidence of access to health and social care professionals such as physiotherapist, dietitian and occupational therapist. GP visits continued weekly and more often if required during the outbreak.

Judgment: Compliant

### Regulation 9: Residents' rights

As identified on the previous inspection residents were not provided with adequate opportunities to engage in activities in line with their interests:

- Residents in the dementia specific unit were not seen to be afforded meaningful activity on the day of inspection.
- Staffing had not been made available for a range of meaningful activities over seven days. The person recruited to the role of activity co-ordinator had not commenced in the centre at the time of the inspection.
- In general, there were no morning activities routinely held in the centre and there were no activities taking place on the day of the inspection.
- The activity schedule displayed was dated August 2021 despite the inspection taking place on 28 September 2021.

- Inspectors observed residents in the sitting room with a television on, without staff engagement or supervision at that time.

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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Glendonagh Residential Home OSV-0000229

Inspection ID: MON-0034369

Date of inspection: 28/09/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to assuage the concerns of the Inspectors, and to accommodate commitments previously agreed with the Chief Inspector following the 11 August 2021 inspection, the Register Provider will pursue the following plan:</p> <p>1. Staff Recruitment: To ensure the Registered Provider's capacity to deliver care services in the Centre and with a view to ensuring effective nursing care services, including during a COVID-19 outbreak, the Registered Provider has committed resources to the recruitment of further nursing and care staff in the following manner:</p> <p>Nursing Staff:</p> <ul style="list-style-type: none"><li>(i) The CNM post which is subject currently to maternity leave in compliance with Irish Employment law is now filled with two senior qualified nurses now filling the position on a job-share basis.</li><li>(ii) Two additional nurses have been recruited and are engaged to take up their positions on 8 November 2021.</li><li>(iii) The Registered Provider has engaged a further third nurse who is expected to take up her position (from overseas) by 31 November 2021.</li><li>(iv) Bearing in mind that our Centre is registered to accommodate a maximum of 42 resident, this recruitment exercise brings our Centre's nursing team to 8 WTE with additional flexibility ahead of the third nurse arriving.</li></ul> <p>Senior Care Staff:</p> <ul style="list-style-type: none"><li>(i) The Registered Provider already employs six senior level HCAs to support the nursing team within the Centre.</li><li>(ii) Of those six HCAs, all have 5+ years' experience in their role as well as a minimum of 2 years within the Centre.</li></ul> <p>Staff Support/Contingency Plan:</p> <ul style="list-style-type: none"><li>(i) In addition to recruitment, the Registered Provider supported by the PIC has carried out a two pronged in-depth review of the Nursing and HCA Teams across both day and night to understand if current staffing levels as noted in the SOP are sufficient and in line with Care &amp; Welfare Regulations, this review has taken account of the size and layout of</li></ul>	

our Centre. A detailed profile of both the day and night duties was carried out to establish any vulnerable points within normal operating practices along with exceptional circumstances such as COVID outbreak (Updated within COVID Policy)/ winter bugs etc. Ongoing monitoring of staffing levels in regards dependency levels and changing needs of residents is also in place.

(ii) As part of the Registered Provider's contingency plan to address an outbreak in COVID-19, the PIC/nursing team continues and will continue to engage with Public Health/HSE services for advice in support, bearing in mind that COVID-19 is a "public health" challenge which where an outbreak happens, occurs in a "private residential setting" and requires effective engagement with/from the public health authorities.

(iii) The Registered Provider has sourced local accommodation to support smooth foreign recruitment as required, with an immediate focus on any recruitment of overseas nursing staff.

(iv) Mindful that staff illness at any time may challenge the capacity of the Registered Provider to meet Regulation 15 under duress, especially where COVID-19 illness may occur during permanent staff or where permanent staff are required to isolate in compliance with public health requirements.

(v) The Registered Provider has and continues to recruit the correct skill mix across all departments with a particular focus on the Medical (Nurses and HCAs) and House Keeping Team.

## 2. Rostering

Rosters have been reviewed in line to support additional senior oversight during night-time medication rounds within the Centre.

With the additional two nurses coming on site in November 2021, additional shift cover will occur from 2-10pm, giving the night nurse more support to carry his/her medication round uninterrupted and other clinical duties that may require his/her attention. It is intended to review this approach again taking in to account the dependency levels, residents changing needs and any other factors such as a COVID outbreak when the additional staff become available.

The PIC, supported by CNM and with the administrative support of the Administration Manager, will ensure that there is always a suitable mix of staff rostered and that staff allocations are determined based on resident care needs and dependency levels both day and night. Where a staff member calls in sick, the Administration Manager, having first engaged with the PIC/CNM, as appropriate, will then make all necessary administrative steps to ensure that another staff resource is assigned to cover the shift.

## 3. PIC Duties Review

A review of the PIC's duties has been carried out to assuage concerns voiced by the Inspectors in the context of an inspection conducted in the Centre for a maximum of 42 residents during a COVID-19 outbreak within Centre. The concerns voiced by the Inspectors focused on the PIC's workload to ensure an appropriate balance in the PIC's workload between the discharge of front-line clinical duties, oversight duties and senior management duties.

Following on from this review, a new Registered Provider Representative has been appointed within the Centre and has already been progressed with the consent of the Chief Inspector.

The administrative office of the Centre will work under the direct supervision of the

Registered Provider Representative and Administrative Manager who in turn will take over direct oversight of the Maintenance Team, Kitchen and House Keeping with appropriate day-to-day engagement with PIC/her team, in the normal course, in order to ensure effective care service delivery to the residents.

The shared role of the CNM and additional recruitment will also provide greater support for the PIC and permit the PIC to achieve a more appropriate balance away from frontline nursing duties on the floor of the Centre.

#### 4. Additional Matters

The Registered Provider confirms that a dedicated activities Co-Ordinator is in place. Her dual remit as an HCA ensures a robust knowledge of the residents' requirements ensuring these are met throughout a variety of tailored activities.

The Registered Provider already provides a focused Social Programme with which our residents are very happy through feedback from regular resident forums and resident/family questionnaires. As before. Our Centre provides music therapy, dog therapy and a fully qualified fit for life instructor on site. A detailed activities schedule is produced every 2 weeks for both the Courtyard (Manor inclusive) and Orchard, and all our Social Programme activities are available respectful of COVID-19 public health requirements. Glendonagh has reviewed both its self-directed and group activities to ensure residents changing needs are always met. On the back of the COVID outbreak we have also updated our contingency plan to include an activity programme for residents as well as rolled out further wifi throughout the facility to support both activities and communications with family. Individual activity programmes are now included in all resident care plans.

The Registered Provider has arranged to the alteration of the rostering of the Centre's House Keeping Team with working hours to ensure longer coverage on the floor (8.30 – 5pm). In addition, certified on site Infection control training (Cleaners Safety & Infection Control Certificate Course) has been completed across the House Keeping Team, Maintenance and Night HCA Team. A review of governance and management of infection control has been carried out which has resulted in:

- additional oversight in the form of spot checks being by the head housekeeper and night nurse.
- Detailed procedures have been implemented to ensure consistent infection control measures are in place at all times.
- Formal weekly meetings with the Head Housekeeper and Management to ensure any remedial actions are addressed

We are committed to ensuring our Center can maintain its standard of excellence throughout a 24-hour period

Regulation 16: Training and staff development	Not Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- The PIC with the support of the Administration Manager will ensure the training matrix is up to date at all time thus ensuring all staff have received up to date mandatory training and education in line with legislative and regulatory requirements, respectful of public health restrictions. Training updates will be provided at the weekly governance meetings with the PIC.
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- At the time of Inspection on the 11th August 2 staff members did not have up-to-date fire training due to personal circumstances and were unable to attend a previous organized training. It had been agreed with the former Chief Inspector that such training would be completed on the 10th Sept. These staff members had actually completed their training on 10 September 2021, prior to the Inspection on 28 September 2021. The outstanding training for responsive behaviours, in line with the Compliance Plan for the 11 August 2021, is already rostered for 4 November 2021.
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- In line with Compliance Plan for 11 August 2021, the new cleaning staff were already on their first week where orientation took place to ensure they knew the building, residents and staff. These mechanisms provide that the Administrative Manager who will ensure full formal induction is carried out on day one.
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- The Centre's team of 6 Senior HCAs work across all 7 days of the week ensuring robust senior experience on the floor. In addition, the Registered Provider employs a senior nurse who is highly experienced and has previous experience as a DON. She works every weekend within the Centre. All staff are fully trained in regards PPE. Senior management, Nurses and HCAs are all aware of the importance of the correct use of PPE.
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- PPE/hand washing audits are carried out on a monthly basis. The importance of correct usage of PPE is also reiterated at handover both morning and night and at regular staff meetings.
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- All Nurses are fully trained in regards Medication Management and are aware of the importance of Medication Management practices. Daily overview of medical practices and drug rounds are overseen by the PIC.
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- The Centre's House Keeping Team is fully trained on Infection Control Management. The Head House Keeper reports to the Administrative Manager on a weekly basis ensuring best practices are in place. In addition, the Registered Provider Representative carries out daily reviews of the Centre.
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- The Registered Provider Representative will continue to support the PIC to ensure that all training is up to date and that a training matrix is reviewed weekly at management meetings between the PIC and Registered Provider Representative, in order to enable the Person-in-Charge's full compliance with Regulation 16

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• A review of all record management was carried out to ensure correct storage is in place, all files are now kept in locked presses at all times.</li> <li>• The importance of correct record management and storage is addressed with all staff at staff meetings and handovers to ensure all staff are familiar with proper file storage.</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> <p>Staffing Resources</p> <ul style="list-style-type: none"> <li>• The Registered Provider has appointed a new Registered Provider Representative with the consent of the Chief Inspector already given,</li> <li>• The Registered Provider Representative will be ultimately responsible for and responsive to day-to- day oversight and governance of the Centre, with the PIC reporting into the Registered Provider Representative but conscious that the Registered Provider Representative is required by the Care &amp; Welfare to ensure the appropriate provision of resources to ensure the PIC's fulfilment of her statutory functions.</li> <li>• The Registered Provider Representative will be supported by other members of the management team as set out in the Statement of Purpose. The Registered Provider is satisfied that the Centre employs an exceptional wealth of experienced senior nurses with half the current team, each have in excess of 30 years' experience.</li> <li>• The CNM post has now been filled as set out under the Compliance Plan for Regulation 15.</li> <li>• To further support the PIC, Registered Provider Representative has assumed responsibility for overseeing the Maintenance Team, the Kitchen and Housekeeping Team with appropriate regular engagement with the PIC to ensure the smooth operation of services to residents in the Centre. In addition, the Registered Provider Representative will ensure effective administrative support to the PIC on the operation of rosters and arrangements for training within the Centre.</li> <li>• The Registered Provider is assured that it has a team of Senior HCAs in place to further ensure a safe and effective service. The senior team have <ol style="list-style-type: none"> <li>1. Roles and responsibilities</li> <li>2. They have the responsibility to induct new staff.</li> <li>3. Junior staff will report to the senior team</li> </ol> </li> <li>• The Registered Provider is assured that it has a fit-for-purpose Social Programme that has always formed an integral part of Glendonagh's daily culture and with which the residents are very happy. We have both external and internal entertainment provided every day, but which must be operated in compliance with public health requirements</li> </ul>	

especially during a COVID-19 outbreak within the Centre. A newly appointed dedicated activity coordinator is also in place. She has been given additional hours to support her service provision.

### Management Systems

All management systems have been reviewed since the Inspection and please refer to the effective steps taken to ensure compliance with regulatory obligations elsewhere in this Compliance Plan including.

2. A review of all management roles was carried out to ensure clear ownership and accountability.
3. A review has been conducted on the Centre's House-keeping Team which will now operate under the direct supervision of the Registered Provider Representative/ Administrative Manager with their hours of work increased. We have a Head Housekeep in place, this is further supported in direct oversight capacity by the Administration Manager (Mon – Fri) and head nurse (Sat – Sun).
4. On-Site Infection Control training has been provided for the House Keeping, Maintenance and Night HCA Team to further support their knowledge and competency.
5. All staff undergo infection prevention and control training and are aware of its importance and their role within the Centre. Regular cleaning of equipment is carried out and documented throughout the day by the House keeping team and HCAs. A two-step cleaning process was implemented during the COVID outbreak, all housekeeping staff were fully trained to support its effective use. Further oversight has been provided to ensure best practice at all times
6. A CNM (Job share) role has been appointed and is now in place
7. Two additional new nurses will be in place which ensures sufficient capacity for effective governance.
8. All nursing staff have medication management training in date. Policies and procedures are up to date and signed of by staff that they understand. Regular medication round audits is done to support nurses and ensure a high level of safety and good practice is being maintained.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
 The Registered Provider will ensure a review of the Statement of Purpose to ensure that it is updated to reflect all amendments necessitated by this Compliance Plan, once agreed by the Chief Inspector. The Registered Provider, once this Compliance Plan is agreed, will amend the Statement of Purpose and then provide it to the Chief Inspector for agreement so that the Centre may be operated by reference to the new updated Statement of Purpose to ensure ongoing and future compliance with Condition 1 of the

Centre's Certificate of Registration, noting that the judgment under this Regulation 3 confirms the Chief Inspector is satisfied that the Registered Provider is currently running the Centre in substantial compliance with the Statement of Purpose previously agreed by the former Chief Inspector.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- Complaint and Concern Forms were and continue to be available within the Centre.
- To assuage the concerns raised by the Inspectors that the Complaints Procedure was not "on display" during the COVID-19 outbreak on the day of the Inspection, this was rectified on the day.
- An audit of all required documents for display has been undertaken and the Registered Provider Representative has ensured that these are in date and at the front of house on a weekly basis.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Painting is being carried out on a rotational basis throughout the whole Centre respectful of COVID-19 public health restrictions accommodating the Compliance Plan which was previously agreed with the former Chief Inspector and by reference to the timelines previously given in the 11 August 2021.
- Continuous improvement review which will encompass equipment, bedroom, bathroom audits, general maintenance and upgrades are ongoing. These will be reviewed and monitored at weekly governance meetings.
- The dementia unit at the point of inspection was undergoing a revamp to make it more dementia specific and with a view on greater dining space respectful of public health restrictions. This work is ongoing and close to completion.
- One en suite bedroom in the lower Manor (rm 27) has had the floor covering replaced
- All bedrooms are audited on a monthly basis, with upgrades happening on a continual basis.
- Bathrooms are continuously audited and maintained by the maintenance team now operating under the direct supervision of the Registered Provider Representative.
- Maintenance and upgrades are reviewed on a weekly basis at the governance meetings as to what has been done, found and the remedial actions taken.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The Registered Provider continues to arrange education and training of staff on best practice, hand washing, PPE, and infection control, carrying out audits on a regular basis. PPE, Handwashing audits are carried out monthly with staff.
- The Registered Provider, especially through the PIC and her senior nursing team continues to follow Public Health advice and direction in the management of the COVID-19 public health outbreak within our residential care setting.
- At the time of the September 2021 Inspection, our Centre was experiencing a COVID-19 outbreak. The Centre's team, in line with Public Health/HSE guidance and advice and our Centre's COVID preparedness plan (which was reviewed by the Chief Inspector during the 11 August 2021 Inspection, prior to the COVID-19 Outbreak) was evolving on the day of the Inspection to support the increasing number of COVID positive cases and staff illness due to COVID.
- COVID designated areas were and are established. Additional PPE training was provided by the PIC and the Infection Control Officer (HSE).
- Scrubs were put in place with allocated changing areas for the staff. Additional staff facilities were put in place for staff working directly with COVID Positive residents.
- A meeting was held with head of Housekeeping to address Infection Control issues highlighted by HIQA. Supplementary on-site training has been rolled out to all cleaning staff, maintenance and night staff and additional management oversight has been put in place to ensure the House keeping team maintain all infection control standards.
- Maintenance oversees all clinical disposal and has been made aware of HIQA findings. Review of National guidelines was carried out with Maintenance.
- The Registered Provider has ensured that no spare unused clinical waste bags are to be left in staff changing area, as found by the Inspectors on the day of the Inspection All clinical waste bags are stored centrally.
- While the Registered Provider notes the concern raised by the Inspectors by reference to the use of fans in our Centre, a fan is required by one nurse due to pre-existing medical condition. To assuage the concern of the Inspectors by reference to their interpretation of public health guidance, the fan will only be used when the nurse is working in the nurse's station alone.
- All staff have been made aware of the requirements in regards wearing of jewelry as part of good infection control practices. This is addressed at hand hygiene audits, staff meetings as well as PIC oversight on a day-to-day basis.
- A review of handling slings has been carried out and all residents have been allocated a sling. The storage area has been fitted with hooks to support individual storage.
- The risk of contamination and cross infection due to disposal of water following personal care has been addressed with HCAs.
- The Registered Provider will conduct a review of the hand hygiene sink with professional advice with a view to assuaging the concerns voiced by the Inspectors in this regard.
- Dedicated point of Storage for cleaning trolleys has been assigned. Trolleys are deep

cleaned by maintenance staff. Residents' toiletries are dispensed by an HCA.

- Sanitizing of equipment i.e wheelchairs, hoists etc are on a cleaning schedule in between resident use and documented.

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

- Additional storage was being facilitated in the communications room (not boiler) during the COVID-19 outbreak on the day of the Inspection. The Registered Provider has ensured that all stored items were now removed.
- A fire blanket as requested by Inspectors has been put in place in the residents smoking shelter. The shelter is monitored by cameras however in light of the concerns raised by the Inspector an additional sounding alarm has been given to a resident who smokes unassisted. Howe

- The Registered Provider, notwithstanding the previous regulatory engagement by the Chief Inspector by reference to the fire safety compliance of our Centre's dementia unit upon which we relied, in order to assuage the current Chief Inspector's voiced concerns the Registered Provider will arrange for our Centre's external fire safety and training consultants - in compliance with public health restrictions – to review the dementia unit from a fire safety perspective and to prepare a succinct professional written report to identify issues (if any) to be addressed on professional advice. The Registered Provider will then share that report with the Chief Inspector and thereafter submit a remediation plan for approval by the Chief Inspector if our external – professionally qualified – fire safety experts advise any remediation steps to be taken. We confirm that due to fact that our Centre's dementia unit is a nine bedded unit with 3 exit areas, we have been happy to date on professional external advice that the fire precaution measures and design of the building are adequate to achieve compliance with Regulation 28.

- In line with external professional advices provided to the Registered Provider, the fire extinguisher is stored in a press and marked with a sign. All staff are aware of this from their fire training and have been notified that under no circumstance should a sign ever be covered. Management will also review all fire signage as part of their daily facility review.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Nursing staff are cognisant of the safe and appropriate management of medication.
- Policies and procedures are in place and up to date and all nurses should be aware of its contents and have signed off that they have read and understand the contents. This is reiterated on a regular basis by PIC.
- All nurses are up to date in their medication management.
- PIC reiterates at all nurses' meetings the importance of safe storage and dispensing of medications and continues to do so.
- Systems are in place to report medication safety, incidents and near misses.
- Medication rounds are and will be audited on a regular basis particularly with newer and less experienced nurses thus they become more familiar with proper medication management.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The Person-in-Charge with support from the Centre's nursing team ensures the review of individual Resident's assessments and care plans in a timely fashion (i.e every 12 weeks or more frequently if necessary).
- Our residents where possible (or their NOK) is involved in the care planning, as appropriate.
- The PIC, with the assistance of the Centre's nursing team and the administrative team, ensures that individual residents' documentation is updated in a timely manner. This is reiterated at all nurse meetings.
- Training for all nurses will be organized in care planning once recruited nurses are on board.

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

- Our Centre's social programme is an integral part of the service provided to our residents. We work to promote and provide meaningful activities that our residents enjoy and make their day more fulfilled whilst being mindful of public health restrictions.
- In responses to the findings of HIQA the centre has purchased a number of tablets and extended its wifi to support greater communication between residents and family.
- A review of activities has been carried out to further support our dementia unit as well

as self directed activities to support any future isolations, this has resulted in increasing our daily newspapers, board games, gentle exercise programmes, arts and crafts, aromotherapy and such activities that will enhance and engage the resident in a meaningful way. This will be reviewed on a regular basis based on dependency levels and changing needs.

- Our residents are involved in determining the activities that are planned through their residents' meetings/questionnaires and suggestions are taken on board.
- The Registered Provider has engaged in activities coordinator who commenced active duty on Wed 20th Oct 2021 who is a talented and creative professional who is in the process of developing a refreshed social programme to include all residents. Our activities coordinator has been allotted additional hours to support this programme. The programme of activities is posted on a fortnightly basis.



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	04/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	04/10/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	30/11/2021

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	01/10/2021
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	30/11/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/11/2021
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.	Not Compliant	Orange	30/11/2021
Regulation 27	The registered	Not Compliant	Red	04/10/2021

	<p>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.</p>			
Regulation 28(1)(a)	<p>The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.</p>	Not Compliant	Orange	31/12/2021
Regulation 28(1)(d)	<p>The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques</p>	Not Compliant	Orange	01/10/2021

	and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/10/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	01/10/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2021
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	01/10/2021
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	30/11/2021

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	20/10/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	20/10/2021