



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

Issued by the Chief Inspector

Name of designated centre:	Holy Family Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Holy Family Residence, Roebuck Road, Dundrum, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	09 February 2021
Centre ID:	OSV-0000050
Fieldwork ID:	MON-0031684

About the designated centre

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

Holy Family Residence can accommodate 60 residents, both male and female over 65 years of age. The centre can accommodate residents with low to maximum dependency levels. The aim of the centre is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes the health and well-being of all residents.

The centre is located on the outskirts of Dublin City, with nearby bus routes. The centre has pleasant garden which provide enjoyable walks to residents. The centre consists of four floors and contains 60 single en suite bedrooms. There are many communal spaces available to the residents, including a library, a concert hall, a tea rooms, sitting rooms and more.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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 9 February 2021	08:55hrs to 16:05hrs	Deirdre O'Hara	Lead
Tuesday 9 February 2021	08:55hrs to 16:05hrs	Niamh Moore	Support

What residents told us and what inspectors observed

The inspectors arrived at the centre in the morning, and the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and temperature checks. Following an opening meeting, the person in charge accompanied the inspectors on a tour of the centre where they also met and spoke with residents in the corridors, and in the dining and day rooms.

This was a good centre where a relaxed and friendly atmosphere was seen. The centre was warm and homely and provided adequate physical space for residents to have their individual assessed needs and preferences met. Residents were encouraged to have personal mementos, furniture, souvenirs and photographs in their rooms. Many had availed of this opportunity. Residents were seen to move freely through the centre and many took walks on the well-kept grounds of the campus. There were two budgies also resident in the centre, where both staff and residents were seen to enjoy their company and antics.

Inspectors saw that the centre was located over four storeys and set in Dundrum, County Dublin, where residents had access to an in-house shop, a tea room, sitting rooms, a chapel, prayer room, a well-stocked library and a range of visitors rooms. Access to each floor was by either by lifts or stairs.

In a food and mealtime survey, feedback from residents showed that they were generally happy with food and mealtimes and any suggestions or areas for improvement had been addressed by staff in a timely way. Residents also confirmed to inspectors that they were happy with the meals provided. They spoke very highly about the food and described that they had a choice of daily meals on offer. Inspectors observed the dining experience at lunchtime and saw that tables were nicely set out. Mealtimes were observed to be a social, unhurried experience where staff were seen to chat with residents and inspectors saw the food was well presented. Inspectors were told that residents sat in the same 'groups' for all their meals to help in preventing any onward transmission of the COVID-19 virus should it occur in the centre.

Staff who spoke with inspectors were knowledgeable about residents and their needs. It was evident that staff knew residents well and were responsive to their needs. Staff promoted a person-centred approach to care and interactions between residents and staff were conducted in a kind, caring and gentle way

Care was seen to be provided in a dignified and respectful manner. Residents were complimentary of staff and confirmed to inspectors that they were very helpful when assistance was requested and the ethos of the Little Sisters of the Poor was reflective of the care that staff gave. One resident told inspectors that living within

the centre has been the 'next best thing to being at home'.

Due to the outbreak in the centre, residents were restricting their movements and some remained in their rooms for dining and activities and others were seen to dine in the dining room or watch TV or listen to music in sitting rooms in a safe physically distanced way.

Residents reported that, changes in their routine due to COVID-19 and why they were necessary were explained to them by staff and their families were frequently updated by the person in charge. Residents said that they knew that restrictions were necessary to keep everybody safe from COVID-19 and were delighted to have received the COVID-19 vaccine.

Essential visiting was facilitated and necessary steps were taken to maintain contact with friends and family through window visits, telephone and social media platforms. Window visits were seen to be occurring on the day of inspection and were facilitated by the activity staff.

Inspectors were told by the person in charge that recreational activities had decreased within the centre since the recent Level 5 restrictions implemented in December 2020. The person in charge had allocated activity staff to coordinate the window visits to ensure infection prevention and control measures were adhered to which decreased the time they had available to facilitate activities. Two residents who spoke with inspectors said that in recent times they don't do much with their day.

All residents observed on the day were well dressed in appropriate clothing and footwear. In conversations with residents inspectors were told that they felt safe in the centre and that if they had a concern or a complaint they would raise it with staff and it would be dealt with quickly.

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

Capacity and capability

This inspection was unannounced to monitor compliance with regulations and was also prompted by a second COVID-19 outbreak in the designated centre which was reported to the Chief Inspector on 8 January 2021. The first outbreak took place between 3 May 2020 and was declared over on 8 June 2020. During the first outbreak eight residents and 10 staff contracted the COVID-19 virus. All those effected had recovered and staff had returned to work.

On the day of inspection there were no active cases of COVID-19 in the centre,

however there was an outbreak which had not been officially been declared over by Public Health as 28 days had yet to pass since the last case was detected. Residents on one floor were also advised to continue to restrict their movements. During this outbreak three staff and two residents had tested positive for COVID-19.

Overall of this centre demonstrated its sustained capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Records viewed by inspectors showed that there were arrangements in place to manage the COVID-19 outbreak in the centre. An outbreak control team met regularly where the person in charge was identified as the lead person.

The registered provider had a clear pathway in place for testing and receiving swab results to detect the presence of a COVID-19 infection. The provider was seen to have taken the necessary steps in relation to restricting visiting as part of COVID-19 preventative measures, and in line with public health guidance.

Feedback through surveys, resident meetings and conversations with residents contributed to residents experiencing a good and responsive service. Choices and consultation with residents and families in this regard were confirmed in conversations inspectors had with residents and within documents reviewed.

A complaints process was in place and records showed there were no written complaints received since 2019. Concerns were recorded and learning implemented to improve care and provide better outcomes for residents.

An up-to-date statement of purpose was available to residents. Records to be maintained in respect of Schedules 2, 3 and 4 were available and were stored securely and were readily accessible on the inspection day. Staff files were maintained as required by regulation.

The numbers of staff and skill mix on duty was sufficient to meet the assessed needs of the residents. Residents said they were satisfied with the staffing arrangements and responses were prompt when they needed assistance. Staff were sufficiently experienced and suitably trained to meet each resident's needs, to support their abilities and promote general well-being.

Regulation 15: Staffing

The skill mix of staff was appropriate with regard to the residents assessed needs and the size and layout of the centre.

There were at least two registered nurses available in the centre at all times. Staff were supervised in their work by the person in charge, assistant director of nursing and a senior nurse.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were out of date for fire safety training since November 2020, as the external trainer could not attend the centre due to COVID-19. However, fire drills were taking place and staff who spoke with inspectors were knowledgeable about emergency evacuation procedures. Inspectors were assured by the provider that the centres fire safety officer would be conducting refresher training for staff in the weeks following inspection.

All staff had completed training in safeguarding and moving and handling and infection prevention and control. Six staff were trained to take swabs for the detection of COVID-19 in the centre.

Judgment: Compliant

Regulation 21: Records

Staff records were found to contain all documentation required under Schedule 2 of the regulations, however vetting by An Garda Síochana was not in place for one staff member before they commenced employment in the centre but was in place on the day of inspection.

There was evidence of active registration with the Nursing and Midwifery Board of Ireland seen in nursing staff records viewed.

Judgment: Compliant

Regulation 23: Governance and management

Holy family residence is owned and managed by the Little Sisters of the Poor. Prior to the COVID-19 pandemic, the centre had a good level of compliance identified during inspection in 2019. Following this inspection the provider submitted plans to the Chief Inspector setting out how they would address the issues identified in that inspection and showed a willingness to make improvements.

There was a clear management structure in place. The registered provider representative, person in charge, assistant director of nursing actively participated in the operation of the centre. The person in charge was supported by the registered provider representative to ensure that care provided was appropriate and was

consistently monitored. Inspectors found that the centre was adequately resourced to ensure the effective delivery of care.

There was a plan in place to respond to major incidents and emergencies, including an infection outbreak such as COVID-19 which was reviewed and updated regularly and when national guidance changed. While there were quality assurance frameworks in place, infection control required more oversight, this is discussed under regulation 27.

An annual review was in progress where consultation with residents was seen in surveys sought. There had been only one survey during 2020 with regard to food and meal times. Resident feedback showed that residents were generally happy with the service provided and that any suggestions or requests were seen to be dealt with quickly.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All the required information was seen in three records of contracts of care reviewed by inspectors. They included information with regard to fees, room numbers and the services available to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information required under Schedule 1. The provider had been updated it within the last year to reflect the service provided.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place with information displayed in reception on how to make a complaint. While there were no written complaints in 2020, all concerns received were seen in a recording system, which showed how concerns were managed and the satisfaction levels of the complainant. Records showed that complaints and concerns were responded to promptly.

Residents who were spoken with said that they had nothing to complain about as

the care was excellent and they would talk to staff if they had any concerns or complaints and they were dealt with quickly. There was an independent person nominated to ensure that complaints were appropriately responded to.

Staff were aware of how to respond to complaints and all said that they would bring any issues to the attention of senior staff if they were not able to resolve them themselves.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life. An ethos of respect for residents was seen. There was evidence of consultation with residents, and their needs were being met through good access to healthcare services. However, some areas with regard to infection control, care plans, managing behaviour that is challenging and resident's rights required improvement. These are discussed further under regulation 27, 5, 7 and 9 respectively.

A review of the designated centres infection prevention and control protocols was needed. While it was acknowledged that the centre had made changes to ensure that their infection prevention and control programme was effective on the ground there were elements of this programme that required review. These included cleaning procedures, cleanliness of cleaning equipment, provision of janitorial fixtures in some cleaners' rooms, monitoring of staff for signs of COVID-19 infection, a review of adequate hand hygiene facilities, further development of infection control audit tools and cleaning check lists.

Inspectors reviewed a sample of residents' assessments and care plans. The assessment process involved the use of a variety of validated tools and residents' care plans were found to be person centred to direct care. However, inspectors found that some improvements were required to ensure that where changes occurred for residents, that their care plan reflected their current needs and preferences for care and support. A sample of care plans for managing behaviours that challenge were reviewed and found to have insufficient detail to ensure staff were able to respond to and manage the behaviour. Recording of PRN (as required medication) needed improvement. Examples were seen where there was no clear directions recorded on when to give the PRN medication.

Residents had comprehensive access to general practitioner (GP) services and to a range of allied health professional services.

The premises and grounds were maintained to a good standard with suitable heating and lighting. The centre was clean and well decorated, with furnishings and fixtures to ensure a comfortable and homely residence. There was plenty of seating areas within the centre to allow for social distancing. Residents were seen to spend

time in these areas on the day of inspection.

While staff had implemented a social care programme to meet the individual needs of residents, from 8 January 2021 to the inspection day there was no activity schedule for social or recreational activity. This was due to the centres outbreak and within the context of the current level five restrictions on social distancing and group activities.

There was a risk management policy and register in place. COVID-19 risks were identified with an emergency plan in place to guide staff.

In line with Government guidelines, the centre was closed to visitors except in exceptional circumstances. Scheduled window visits were facilitated on the day of inspection.

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. There were measures and actions in place to guide staff with regard to abuse, unexplained absence of any resident, accidental injury to resident, visitor or staff, aggression and violence and self-harm.

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk register was updated to include the risks of transmission of COVID-19. There were contingency controls in place for managing a COVID-19 outbreak which included deputising arrangements, workforce planning and sufficient resources.

Judgment: Compliant

Regulation 27: Infection control

During this COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. The person in charge and the assistant director of nursing were liaising closely with Public Health and frequent outbreak control meetings were seen in communication documentation.

The centre had an infection prevention and control policy which included the management of COVID-19 which had recently been updated to reflect national guidelines. The Health Protection Surveillance Centre "Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" guidance was also

available in the centre.

There was on-going monitoring of residents to identify signs and symptoms of COVID-19, however there were gaps seen in staff monitoring records. Staff were aware of the local policy to report to their line manager if they became ill. In conversations with inspectors staff showed that they were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Visitors to the centre were also checked for symptoms of infection at a hands free monitoring unit before they could enter the centre and there was PPE available for their use.

While there were infection prevention and control signs on display in the centre, additional signage was required on bedroom doors, to ensure that staff were aware of the infection prevention and control precautions needed when caring for residents who were restricting movement in the centre. This was addressed during the inspection.

Social distancing measures were observed by staff when they were on break. There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift. There was a changing facility for staff on each floor to help prevent potential cross infection between staff.

While there was alcohol based hand rub available in the centre, additional hand rub units were required at strategic points in the building such as at lifts and along corridors. This was partially addressed during the inspection, and in addition to this, the provider had ordered more dispenser units prior to the inspection day.

Hand hygiene practice was good on the day of inspection, however, staff were seen to wear watches, a bracelet, a stoned ring and long sleeves which was not in alignment with the centres policy.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE in the correct manner.

There were safe laundry and waste management arrangements in place. Clean and dirty laundry were separated and laundry staff were knowledgeable about infection prevention and control measures.

Infection prevention and control and health and safety audits were on-going in the centre. However the gaps identified in infection control during this inspection were not identified in the infection control audit tool being used to give the provider assurances that best practice was in place and was effective.

There were cleaning processes in place which was documented in cleaning sign off sheets. However there were no cleaning checklists for frequently touched surfaces or terminal cleaning to guide staff and provide assurances to the provider that these areas had been effectively cleaned. Cleaning was overseen by a nurse on each floor.

A seasonal influenza and COVID-19 vaccination programme had taken place with a

high uptake of the vaccines was seen by residents and staff. Further COVID-19 vaccination sessions were scheduled in the weeks following inspection.

Overall there was good compliance with infection prevention and control measures however other findings on the day of inspection identified the following areas for improvement:

- A review of all sinks to ensure there was the appropriate provision of hand free bins, hand soap, hand towels and alcohol based hand rub to ensure compliance with good infection control practices.
- Bedpan washers were not serviced to ensure that they worked effectively.
- Two of four household cleaning trollies viewed were not clean. The provision of a janitorial unit in cleaners rooms to facilitate hand washing and prevent cross contamination of cleaning equipment was required.
- There were gaps in practice in regard to the re-use of single use dressings. Wound dressing scissors were not clean. The temporary closure mechanism of sharps boxes were not engaged when they were not in use.
- Repair of damaged tiled flooring in an assisted bathroom to allow for effective cleaning and reduce a potential trip hazard.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a computerised system for recording nursing assessments and implementing person-centred care plans for residents in the centre. Inspectors reviewed a sample of assessments and care plans and comprehensive assessments were seen to occur prior to a resident's admission to the designated centre regarding health needs, mobility, medication, nutrition and falls.

Records viewed showed that care plans were prepared within 48 hours of a resident's admission. These care plans were based on the pre-assessment completed and were found to be person centered and specific to the residents' needs.

Formal reviews took place within four months. However inspectors found evidence when changes occurred between reviews that care plans were not updated. For example, a resident who had a recent fall did not have their care plan updated to detail this fall or increased risk.

Some care plans viewed had insufficient detail recorded within care plans which could lead to inappropriate care and support being delivered. For example a COVID-19 care plan for a resident who was positive did not detail the date the resident would move in and out of isolation.

Daily nursing records reviewed were person centered and informative. Staff

demonstrated appropriate knowledge of residents' individual needs and preferences.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well-met.

There was evidence of good standard of healthcare and appropriate access to medical staff with regular medical reviews documented. Prior to the pandemic GPs visited the centre twice a week. Recently, access to GPs was seen to be facilitated in a remote way. Inspectors were told GPs would also visit the centre as needed.

Referrals were available to a consultant and nurse specialists such as Psychiatry of Old Age, Gerontology and Palliative care to provide additional expertise and support to staff to ensure a good quality of care for residents.

All residents had access to allied health professionals as required. Physiotherapy was available to residents with direct access through the centres physiotherapist who attends the centre twice a week. Occupational therapy were available via community services.

Referral pathways were also set up with dietitians, speech and language therapists, tissue viability nursing, dentists, opticians and chiropodists. Where relevant, residents were supported to access the National Screening Programmes.

Evidence of residents accessing medical services was seen in residents' records.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had a restraints policy in place with a restraints register which was reviewed on a monthly basis. There was a low use of restraints within the centre.

Inspectors found that the restraints register referred to the physical and environmental restraints the centre were using, such as bed rails or chair alarms. For the restraints identified on the register, these were appropriately reviewed, ensuring that alternatives were trialed and evidenced the least restrictive option was used.

Consent forms were reviewed and records detailed consultation with family members where appropriate. Environmental care plans were seen to match the

restraints register and daily notes for residents.

Inspectors viewed records relating to behaviors that challenge and PRN medication. Inspectors found that care plans were not completed in detail to sufficiently guide staff with regard to the behavior. For example, one care plan lacked detail that a male carer was required when assisting the resident with personal care.

Inspectors found that there were no care plans for two residents who received PRN medication. As a result, insufficient guidance was available to ensure that interventions such as PRN was used appropriately and was subject to an evaluation.

The administration of PRN medication had not been included on the centres restraint register and therefore had not been reviewed appropriately, to show that the least restrictive option was used when managing behaviours.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The environment was calm with a person-centred ethos of care in the centre. Details of an independent advocacy service were prominently displayed in the centre.

There was good evidence of consultation with residents. Residents meetings were held each quarter. There were also books for residents to record comments or concerns on different floors which were reviewed on a weekly basis. A newsletter was also given to residents on a quarterly basis to detail news from the centre relating to new residents, birthday celebrations and renovations occurring within the centre.

Residents were observed to spend time in their bedrooms, relaxing in communal areas or walking on the corridors and in the garden.

Inspectors observed staff and resident interactions throughout the day and found that staff provided care in a dignified way and knocked on bedroom doors and awaited a response from residents before entering. Bedrooms were seen to be kept to a good standard, decorated to meet personal needs. Residents told inspectors that they were happy with their bedrooms.

Inspectors were provided with documentation relating to the centres activity programme prior to the centres outbreak, this schedule was dated from January 4th-8th 2021. Two residents who spoke with inspectors said that there was no activities taking place for a while. Residents said that they enjoyed the TV and watched mass daily on the television, reading newspapers and others said they really loved the views from their bedrooms over the grounds of the centre or Dublin bay.

Residents who spoke with inspectors were complimentary of the care that they

received. They informed inspectors that the centre had kept them up to date on the COVID-19 pandemic and were knowledgeable about how to keep themselves safe including good hand hygiene and social distancing.

Judgment: Compliant

Regulation 11: Visits

The centre had arrangements in place for residents to receive visitors in line with the current national guidance whilst implementing appropriate measures to reduce the risk of introducing Covid-19 into the designated centre.

All visiting was pre-arranged and the centre had re-purposed three rooms temporarily to allow for window visits on the ground floor. There was sufficient social distancing and infection prevention and control measures occurring in between window visits.

Window visits were seen to take place on the day of inspection and residents told inspectors that they were grateful to have the opportunity to avail of window visits to see family and friends.

During the COVID-19 pandemic, residents were supported to use telephones and video calls to keep in contact with family and friends. The centre had recently installed additional Wi-Fi within the centre to improve and facilitate video calling.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 11: Visits	Compliant

Compliance Plan for Holy Family Residence OSV-0000050

Inspection ID: MON-0031684

Date of inspection: 09/02/2021

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Additional provision of bins, hand soap and gel and paper towels completed 17/02/2021 and 03/03/2021</p> <p>Bed pan washer serviced before 15/05/2021</p> <p>Cleaning trollies cleaned and organized 10/02/2021</p> <p>Janitorial sinks/ wash hand basins project discussed with plumber on 03/03/2021. Awaiting availability of plumber and his findings regarding the complexity of the installations – waste pipes etc. Provisional date to complete this work – 15/05/2021</p> <p>Issues concerning dressings and equipment addressed 10/02/2021</p> <p>Daily cleaning checklists have been updated to include frequently touched surfaces.</p> <p>A more robust Infection Control Audit will be in place from March onwards. This is based on the HCI model. 09/05/2021</p> <p>Staff temperatures are recorded twice daily and a "Safety Pause" in place on each Unit to detect any signs of infection regarding Residents and Staff. 12/02/2021</p> <p>Repair of damaged floor tiling in assisted bathroom 08/03/2021</p> <p>A MEMO was sent out to all staff regarding the wearing of jewellery on duty and highlighting the reference to the Infection Control Policy of Holy Family Residence.16/2/21. This was also displayed on the Staff Notice Board the same day. Nurses were asked to monitor this on a daily basis at each staff handover.</p> <p>A Terminal Cleaning checklist has been devised for use by the household cleaning staff as of 16/03/2021. This was explained to them in a team brief and we will be meeting again to discuss any problems encountered or suggestions to improve on this.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Individual assessments and care plans have been updated as appropriate to reflect the care and intervention that has been delivered at the time of inspection 10/02/2021</p>	
<p>Regulation 7: Managing behaviour that is challenging</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Resident presenting with responsive behavior has a Care Plan in place which will guide staff in the best practice and policies and procedures. The use of PRN medication is now clearly added on psychotropic care plan. Each incident of the use of PRN medication is documented and followed up with PIC review and at clinical governance review. A PRN Medication review takes place on a quarterly basis with the resident, PIC, GP and other allied healthcare professionals. Completed 10/02/2021</p>	

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/05/2021
Regulation 5(4)	The person in charge shall 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.	Substantially Compliant	Yellow	15/02/2021

Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	10/02/2021
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