



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

Issued by the Chief Inspector

Name of designated centre:	Edenderry Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Ofalia House, St. Mary's Road, Edenderry, Offaly
Type of inspection:	Unannounced
Date of inspection:	15 July 2021
Centre ID:	OSV-0000525
Fieldwork ID:	MON-0031306

About the designated centre

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

The designated centre is located within walking distance from Edenderry town centre. The centre is a single-story premises and provides accommodation for 28 male and female residents over 18 years of age in single and twin occupancy bedrooms, most with full en-suite facilities. The centre is arranged into two separate areas, on either side of the nicely decorated reception area. Communal sitting and dining rooms are located in both sides of the centre and residents have access to two enclosed gardens. The centre provides long-term residential care, respite, convalescence, dementia and palliative care services. Nursing care is provided for people with low, medium, high and maximum dependency needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 July 2021	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

There was a quiet atmosphere in the centre. The arrangements in place to contain potential infection and prevent cross infection were overly restrictive and were negatively impacting on residents' quality of life and their freedom of movement. Although all the residents were vaccinated and the inspector was told that scheduled visiting was encouraged in accordance with public health guidance, most of the residents stayed in their rooms and visiting was mostly by window visits.

On arrival to the centre, the inspector was met by the person in charge and following completion of infection prevention and control procedures including hand hygiene and temperature checking entered the centre and residents' accommodation. After a short introductory meeting, the person in charge and the inspector completed a walk around the centre. This tour of the centre gave the inspector an opportunity to meet the residents, interview three residents in depth and observe care practices to gain insight into their experiences of living in the designated centre. Residents' feedback to the inspector was positive regarding their physical care experiences and regarding staff caring for them in the centre. Staff were observed by the inspector to be attentive, kind and caring towards residents. The centre experienced a large COVID-19 outbreak in November 2020 that affected the majority of residents and staff. Although the outbreak was declared over on 13 January 2021, most of the residents spent their day in their bedrooms and only a small number of residents spent some time in the communal rooms.

The inspector was told that all residents had accepted vaccination. Residents told the inspector that they were grateful that a vaccine was made available to them and they were happy to accept it. Some residents told the inspector that the outbreak in the centre 'was a terribly worrying time', they worried about their families, 'Thought it would never end' and two residents expressed their feelings of 'Fear' of another outbreak. Two residents spoken with were of the opinion that their lives were not returning to normal. This feedback concurred with the inspector's observations that some residents had lost their confidence and although staff tried to encourage them, they had become institutionalised and somewhat withdrawn. Residents said they were pleased that their families and friends were able to come to visit them again. However, the person in charge told the inspector that although the service encouraged visitors to come into the centre, offered them their visitor's room and outdoor visits in the garden, residents' visitors preferred to continue with window visits. The inspector observed some window visiting taking place on the day of inspection.

The person in charge told the inspector that the centre held a recent outdoor live music session in the garden and invited residents' families to join residents who attended it. At the time of inspection, the person in charge took delivery of a large amount of new outdoor furniture for the gardens and shared her plans to encourage residents to be involved in painting the furniture. The second garden had a large marquee-type structure to facilitate sheltered outdoor activities and visiting.

Although the weather was sunny and warm on the day of inspection, this garden was not observed in use by any residents.

While residents came together as a group for the rosary prayer on the morning of the inspection, day-to-day group activities did not take place. Staff told the inspector that residents were no longer interested in group activities but enjoyed one-to-one activities led by staff. This concurred with residents' feedback to the inspector, that they not interested in resuming the social activities with other residents that they used enjoy before the pandemic and were happy to continue with one-to-one engagement with staff. Several residents were observed being accompanied around the garden in wheelchairs by staff on the day of inspection in one area of the nursing home and they were clearly enjoying the outdoors. However, there was a dependence on television viewing for a small number of residents in the sitting room on the other side of the nursing home. The centre's hairdresser had not returned following the easing of COVID-19 restrictions and staff who had previous experience in hairdressing styled residents' hair for them. The Activities coordinator role was shared by two staff over seven days per week. A care staff member was designated in each of the units in the centre to facilitate residents' activities each day. However, the arrangement in place, where the activity coordinator was required to remain in one area of the centre for the period of her work day meant that this key member of staff was not in a position to supervise and to ensure residents were encouraged to socialise as a group in other areas of the centre.

Two communal rooms which residents used were no longer available to them. The multi-sensory, snoozolan room had been repurposed as a store room for activity equipment. The inspector observed that a resident who liked to watch the traffic on the busy road was facilitated to do so while sitting in a wheelchair in a lobby area. A very comfortable small quiet sitting room with views of the road was not available to residents as it was being used as a staff rest-room.

The designated centre was on ground floor level throughout. The inspector observed that several residents had personalised their rooms to a high standard with their photographs, flower displays and many other personal items. The layout and space in residents' bedrooms met their needs and provided them with adequate storage space for their clothing and personal possessions. While all parts of the centre were potentially accessible with wide circulating corridors throughout, two sets of internal doors were electronically locked and could only be opened with a swipe card held by staff. This was a finding from the last inspection which the provider committed to address by May 2020. The inspector was told that the electronic locks were refitted to these doors during the COVID-19 outbreak in the centre in November 2020 to ensure cohorting arrangements were adhered to. The inspector observed that these locked doors physically restricted residents access around the centre and to key communal areas such as the main dining room, the oratory and the outdoors. The person in charge told the inspector that staff were instructed not to close these doors but the inspector found them to be locked on several occasions during the day of inspection.

Without exception, the centre was decorated and maintained to a high standard. This high standard was also observed regarding cleaning of residents' assistive

equipment and other equipment in the centre. However, there were no cleaning procedures for a three piece suite in a residents' sitting room to ensure that it was effectively cleaned, this seating posed a risk of cross infection. The person in charge had already identified this risk and was making progress with putting effective measures in place to ensure all equipment was effectively cleaned.

Residents told inspectors that if they were dissatisfied with any aspect of the service, they would talk to one of the staff members or their families and confirmed they were satisfied with all areas of the service.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that oversight by the provider required improvement to ensure the quality and safety of the service and residents' quality of life in the designated centre. An ad hoc arrangement for review of quality and safety of the service did not provide assurances that issues were appropriately escalated or that areas identified as needing improvement were progressed and completed. Urgent assurances were required regarding timeliness of emergency evacuation of residents in the event of a fire in the centre to a place of safety. These assurances were received in the days following the inspection. A post COVID-19 outbreak review was completed by the provider. However, areas identified for learning and for strengthening the service's preparedness plan for another outbreak were not made available to, or known by the centre's local management team. Infection prevention and control measures in place were not adequately risk assessed and measures in place were overly restrictive and impacted on residents rights and their quality of life.

This was an unannounced risk inspection carried out to monitor compliance with the Health Act 2007 following a COVID-19 outbreak in the designated centre in November 2020. During this infection outbreak 24 residents and 22 staff were confirmed to have contracted COVID-1 and sadly, two residents passed away. While the service was challenged due to reduced staff availability, the inspector was assured that this risk was managed promptly through the temporary employment of agency and redeployed staff. The inspector acknowledged that residents and staff living and working in the centre has been through a challenging time. However, improvement and focus was now required to ensure that residents' quality of life and support for them to resume meaningful social engagement with their families and other residents in the centre.

The purpose of a number of rooms was changed during the COVID-19 outbreak in the centre and had not been reverted back in line with the centre's statement of purpose and conditions of registration, as discussed in section one of this report.

Although the outbreak was over, there were no plans to revert these rooms back to their original purpose. This action reduced the communal facilities available to residents.

The Health Service Executive is the registered provider for Edenderry Community Nursing Unit and a general manager of older persons services represents the provider. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources information technology, staff training and finance. The person in charge worked on a full-time basis in the centre and was supported in their role by three clinical nurse managers, staff nurses, care staff, an activities coordinator, catering, household, cleaning, laundry and maintenance staff. The inspector was informed that the registered provider representative had maintained contact with the centre's management team on-site during the outbreak in the centre and by email and phone contact at all other times since early 2020. However, records of these communications were not available for inspection to evidence escalation of risks and address of issues that impacted on the quality and safety of the service.

The provider had systems in place to monitor the quality and safety of the service. However, this process required review to ensure areas needing improvement regarding residents' safety in the event of a fire in the centre and issues that negatively impacted their quality of life were identified and appropriately addressed. Improvements made to residents' care plan documentation since the last inspection in November 2019 were inconsistent and care plan audits were not used to inform comprehensive improvements in care planning.

While, the provider had adequate numbers of staff with appropriate skills in place to meet the assessed needs of residents, eight staff had not accepted COVID-19 vaccination to date. In the absence of a robust risk assessment, staffing arrangements to protect residents from potential cross infection from staff who were not vaccinated was negatively impacting on residents. The provider had ensured that all staff were facilitated to attend professional development training including COVID-19 infection prevention and control, fire safety and safe moving and handling training. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were competent with carrying out their respective roles. However, staff training arrangements had not ensured that four staff had attended mandatory safeguarding training.

The provider had arrangements in place for recording accidents and incidents that involved residents in the centre and were notified to the Health Information and Quality Authority as required by the regulations. Systems were in place to ensure all new staff who joined the service were appropriately inducted and that all staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for collection of some residents' social welfare pensions and robust procedures were in place to ensure this process was managed in line with the legislation and best practice.

Records including residents' information records were complete and were held

securely.

There was a low number of documented complaints and there was procedures in place to ensure any complaints received were managed in line with the centre's policy.

Residents were facilitated and encouraged to feedback on aspects of the service they received and this informed an annual review of the quality and safety of the service delivered to residents in 2020.

Regulation 15: Staffing

There was adequate numbers and skill mix of staff to meet the assessed needs of residents. There was three nurses on duty during the day and two nurses on duty at night which ensured that there was sufficient staff available to roster two nurse-led teams to manage cohorting of residents who developed symptoms of COVID-19 infection and to care for residents nursed with precautionary arrangements in place following admission or return from receiving treatments outside of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

While, arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles, attendance by four staff at safeguarding training was overdue by more than 12 months.

The findings of this inspection indicated that there was a staff training deficit in relation to developing person-centred care plans for residents.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Oversight of the quality and safety of the service by the provider was weak. The inspector was told that face-to-face monthly meetings had ceased since early 2020 between the person representing the provider and the person in charge. Evidence was not available that issues to ensure residents' safety, warranting escalation to the provider were completed. For example, the outcome of a post COVID-19 outbreak review completed in March 2021 was not made available to the person in charge and therefore she was not aware of any areas needing improvement in preparation for further outbreaks. Evidence was not available that the outcome of the most recent emergency evacuation drill completed on 09 March 2021 was escalated or addressed by the provider. This emergency evacuation drill did not provide assurances of timely evacuation of residents to a place of safety in the event of a fire in the centre.

The management systems in place did not provide assurances that the service provided was safe, appropriate, consistent and effectively monitored. For example, the systems in place to monitor the quality and safety of the service and residents' quality of life in the centre were not effective as evidenced by the following findings;

- assurances were not available that residents' timely and safe evacuation needs would be met in the event of an emergency in the centre
- the impact of precautions put in place to mitigate risk of potential cross infection were not assessed and negatively impacted on residents' rights
- while, care plan audits were identifying several areas needing improvement, evidence that improvement actions were completed was inconsistent. The auditing process was not picking up on deficits found on this and on previous inspections. For example, some residents had more than one care plan for an assessed need and the quality of person-centred information in some care plans was poor.

Judgment: Not compliant

Regulation 3: Statement of purpose

A Statement of Purpose was prepared for the centre and contained the information as required by Schedule 1 of the regulations. The document did not accurately describe the facilities provided.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .

Judgment: Compliant

Regulation 34: Complaints procedure

An up-to-date centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. The person in charge confirmed that there were no open complaints on the day of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Policies and procedures in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance.

Judgment: Compliant

Quality and safety

Significant improvements were necessary to ensure residents' care and support is provided in a way that promotes and maintains their safety and rights in the designated centre. There was evidence that residents' quality of life and access to meaningful social activities was being arranged to facilitate staff. Residents' freedom to move within the centre was curtailed and opportunities to participate in group activities were very limited. All residents had accepted COVID-19, vaccination and the centre was virus-free. The centre premises was well maintained and, with the exception of appropriate procedures for cleaning some fabric covered furniture, was

cleaned to a high standard.

The centre premises had been extensively refurbished by the provider over recent years and was maintained and decorated to a high standard. Residents' bedroom accommodation consisted of eight single and eight twin bedrooms with full en suite facilities and two twin bedrooms with an assisted toilet, shower and wash basin located close to these rooms. The designated centre is registered to accommodate a maximum of 28 residents. Communal areas, utility facilities and storage provided met the individual and collective needs of the residents in the centre. However, residents were denied access to two communal rooms. Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments, plants and soft furnishings.

Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, cognition and their mobility support needs. Residents were closely monitored for any deterioration in their health, including for signs and symptoms of COVID-19 infection and their care plans were updated in consultation with them or their relatives as necessary. Staff were observed to be supportive and encouraging in their interactions with residents

Residents were provided with high standards of nursing care and staff were attentive with meeting their clinical care needs. Residents' care plans to direct their personal care were improved since the last inspection in November 2019 to ensure the care interventions staff should complete were person-centred and clearly reflected residents' individual care needs and preferences. However, this standard of information detail was not found in residents' other care plans.

The centre's risk management policy set out the risks identified in regulation 26(1)(c). Hazards in the centre were identified, risk assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk. This included COVID-19 related risks identified with controls detailed, and responsibilities assigned which minimised the risk to residents, staff and visitors. Arrangements were in place to identify, record, risk assess and investigate any adverse events involving residents or others. However, improvements were necessary to ensure learning from review of the significant COVID-19 outbreak event was implemented to strengthen the centre's preparedness and planning for any further outbreaks.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents. While systems were in place for the purpose of detecting and containing a fire in the centre, urgent assurances were required from the provider regarding timeliness of emergency evacuation of residents to a place of safety in the event of a fire in the centre during night time conditions. Assurances that the L2/L4 fire detection and alarm system in place serviced all parts of the centre was also required. The provider responded with satisfactory assurances in the days following this inspection. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described their

equipment and staff resource needs, including whether they had physical or cognitive impairments that could potentially delay their evacuation procedure. Staff were facilitated to complete fire safety training and to participate in simulated emergency evacuation drills in the centre.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place. However, not all staff attended elder abuse training. This finding is discussed under regulation 16: Staff training and development. The reporting system in place was clear and ensured any disclosures or suspicions were escalated and investigated without delay. Residents with dementia and predisposed to episodes of responsive behaviours due to their diagnosis were regularly assessed and were generally well supported in the centre. However, the information provided in these residents' behaviour support care plans required improvement to ensure a consistent team approach to care. There were no restrictive bedrails used in the centre. Alarm mats were effectively used as alternatives to restrictive bedrails for residents to meet their safety needs.

A good standard of environmental hygiene, equipment cleanliness and adherence to infection prevention and control standard precautions by staff was evident. Staff wore appropriate personal protective (PPE) and completed hand hygiene procedures as necessary.

Regulation 11: Visits

Scheduled visits by residents' relatives were resumed indoors in line with public health guidance at the time of this inspection. However, development of visiting care plans in consultation with residents and their families, based on individual risk assessments had not commenced to implement normalisation of visiting in the centre on 19 July 2021 in line with public health guidance. The inspector was told that this would be progressed. Window visits were continuing.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre premises and facilities provided, although compromised by locked doors in place on circulating corridors, met residents' individual and collective needs. The finding in relation to locked doors on circulating corridors is discussed under regulation 9: Residents' rights. Residents were provided with adequate storage for their clothing and personal belongings and there was adequate storage for assistive equipment used by residents. Overhead hoists were installed in each bedroom to conveniently assist residents to meet their moving and handling needs.

The centre premises was maintained and decorated to a high standard.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents' hydration and nutrition needs were assessed, closely monitored and met. There was sufficient staff available to assist residents with drinking fluids and with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties were referred to a dietician without delay and their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.
Judgment: Compliant
Regulation 26: Risk management
While, arrangements were in place for identification, recording and investigation of serious incidents involving residents such as the COVID-19 outbreak in the centre in November 2020 that affected 24 residents, areas for learning were not communicated back to the centre for implementation.
Judgment: Substantially compliant
Regulation 27: Infection control
Arrangements were not in place for effective cleaning of a fabric covered three piece suite of furniture in a sitting room area for residents. This posed a risk of cross infection to residents.
Judgment: Substantially compliant
Regulation 28: Fire precautions
Measures to ensure residents' safety in the event of a fire in the centre were not adequate and the provider was required to take urgent action as adequate assurances were not available that timely evacuation of residents to a place of safety would be achieved in the event of an emergency during night time conditions,

when staffing levels were at their lowest.

Fire extinguishers were due for servicing in June 2021 and this had not been completed at the time of inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The information in residents' care plan documentation required improvement to ensure that their individual preferences regarding their care, support and assistance needs were clearly described in the interventions to be completed by staff. Care plans in place for residents with diabetes did not consistently describe

- blood glucose monitoring frequencies
- the parameters residents' blood glucose levels should be maintained within to ensure their wellbeing
- the actions that should be taken if blood glucose measurements are outside acceptable parameters.

There was evidence of duplication of some care plans. For example, two residents needing support with managing responsive behaviours due to their diagnosis had more than one behaviour support care plan in place. This posed a risk that residents' care and support needs would not be effectively communicated.

Details of recommendations by the dietician were not consistently documented in some residents' care plans.

Although staff knew residents' needs well, residents' care plans lacked sufficient detail to support agency and new staff to provide person-centred care.

Judgment: Substantially compliant

Regulation 6: Health care

Good standards of evidence based health and nursing care and support was provided for residents in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs) from a local practice, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Allied health professionals provided timely assessment and support for residents as appropriate.

Judgment: Compliant

Regulation 8: Protection

While staff were knowledgeable regarding safeguarding residents from abuse, four staff were not facilitated to attend this training. This finding is discussed under regulation 16: Training and staff development. Staff were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Arrangements were in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to participate in social activities together and choice to freely access key areas including the oratory, main dining room, alternative sitting room and a safe outdoor area were not respected. This was due to two locked doors in the circulating corridors. A swipe card was held by staff and necessary to open these doors. No residents held swipe cards.

Residents social activities were focused on one-to-one interactions with staff. The focus on one-to-one activities was an institutional practice and posed a risk of residents experiencing isolation and denied them opportunities to participate in meaningful socialisation with other residents in the centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	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	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Edenderry Community Nursing Unit OSV-0000525

Inspection ID: MON-0031306

Date of inspection: 15/07/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The four staff identified as requiring refresher safeguarding training have completed this training on the 27th August 2021.</p> <p>Training in developing person-centred care plans for residents has been completed by all staff. Individual one to one training sessions were completed by the Practice Development Facilitator with the entire nurse team. Additional follow up training sessions in person centred care planning are scheduled for Septemeber to review progress on care plans and assess the implemetation of training completed in practice.</p>	
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>The arrangement to strengthen the governance system have been reviewed to ensure a consistent and safe quality service;</p> <p>Formalised meetings between the provider representative and the PIC will be undertaken on a monthly basis. Minutes of these meeting will be available with agreed actions and timelines recorded. Meetings have resumed since 23rd August 2021.</p> <p>Staff team meetings are taking place at regular intervals to overview all issues in relation to health and safety, clinical and environmental risk and clinical care matters arising. Minutes of the meetings are retained and circulated to the staff team.</p>	

The PIC completes a daily walk round of the unit each morning to meet with residents and the staff team and reviews the current day and night reports daily to ensure they are informed on a daily basis of all aspects of the care needs of the residents, staff supervision needs and service planning in relation to the building and maintenance within the centre.

Annual surveys are undertaken with residents and their families to obtain feedback on the service provided and issues highlighted are discussed at staff meetings and actions required implemented.

A fire safety training session has been completed with all staff to ensure the emergency evacuation needs of all residents can be safely met with the assistance and oversight of the HSE, Fire Officer. The evacuation drill with the assistance of the fire officer indicated improved evacuation times. Further in-house fire drills under the supervision of the PIC are planned. A number of fire drill scenarios will be completed at intervals to ensure staff are confident in their emergency response to the fire alarm. Residents' PEEP's have been reviewed to ensure they reflect the most suitable and timely evacuate method for each resident in accordance with their assessed needs.

Individual one to one training sessions were completed by the Practice Development Facilitator with the entire nursing team to support and provide guidance on developing person centred care plans.

A review of the outbreak of Covid 19 in the center has been completed with the support of the Infection Control, Clinical Nurse Specialist and the Risk Advisor. The community infection control team continues to visit the center and provide guidance on best practice to the management team.

The Covid 19, Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of Covid 19 Cases and Outbreaks in Residential Care Facilitates is implemented in our service and updated guidance is available to all staff.

An incident review report has been completed by the PIC and Risk Management Advisor on the center's previous outbreak and the learning documented with actions implemented and included in the centre's preparedness plan.

The current precautions in place to mitigate risk of potential cross infection have been reassessed to ensure they are not negatively impacting on residents' rights. The lock on the door which restricted access on the day of inspection has been decommissioned. The arrangements to ensure meaningful engagement for all residents in activities is being reviewed in conjunction with the infection control team and through feedback from the residents' committee meetings.

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed and updated to accurately describe the facilities provided.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The center’s risk register is reviewed and updated to reflect the current and ongoing Covid-19 risk and in line with National Public Health Guidance.</p> <p>A review of the outbreak of Covid19 in the center has been completed the support of the Infection Control, Clinical Nurse Specialist and the Risk Advisor. An incident review report has been completed by the PIC of the center’s previous outbreak and the learning documented with actions implemented and included in the centre’s preparedness plan.</p> <p>The provider representative has been provided with a copy of the review completed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The fabric covered three piece suite of furniture in a sitting room area for residents has been removed. A review of all furnishing, fixtures and fittings has been completed to ensure all items are easily cleanable.</p> <p>There is a dedicated team of cleaning staff available. Cleaning schedules are in place for all areas to ensure the correct method and frequency of cleaning. Staff have been trained on infection control precautions and cleaning of high risk spillages.</p>	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 A fire safety training session has been completed with all staff to ensure the emergency evacuation needs of all residents can be safely met with the assistance and oversight of the HSE, Fire Officer. The evacuation drill with the assistance of the fire officer indicated improved evacuation times. The drill practised a night time situation when less staff are rostered.

Further in-house fire drills under the supervision of the PIC are planned. A number of fire drill scenarios will be completed at intervals to ensure staff are confident in their emergency response to the fire alarm. Residents' PEEP's have been reviewed to ensure they reflect the most suitable and timely evacuate method for each resident in accordance with their assessed needs.

All fire extinguishers have been serviced by a certified external contractor.

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:

Training in developing person-centred care plans for residents has been completed by all staff. Individual one to one training sessions were completed by the Practice Development Facilitator with the entire nurse team. Additional follow up training sessions in person centred care planning are scheduled for September to review progress on care plans and assess the implementation of training completed.

Care plans in place for residents with diabetes have been reviewed to ensure they include the;

- blood glucose monitoring frequencies
- the parameters residents' blood glucose levels should be maintained within to ensure their wellbeing
- the actions that should be taken if blood glucose measurements are outside acceptable parameters.

Care plans have been reviewed by each resident's assigned key nurse to maintain and update their care plans to ensure there is no duplication of information within the care plans and the documentation accurately reflect their current assessed needs.

The arrangements for recording the recommendations by all allied health professionals within care plans has been reviewed to the most up to date guidance is recorded and easily accessible with the care plans.

Regulation 9: Residents' rights	Not Compliant
<p data-bbox="172 241 1430 353">Outline how you are going to come into compliance with Regulation 9: Residents' rights: The lock on the door which restricted access on the day of inspection has been decommissioned</p> <p data-bbox="172 398 1390 551">Each resident has a PAL assessment completed to ascertain their interests, hobbies, pastimes and ability level to participate in activities. Residents have a social activation care plan. Residents have formed pods to mitigate the risk of social isolation while simultaneously minimizing their contacts in line with public health guidance.</p> <p data-bbox="172 591 1406 779">The current precautions in place to mitigate risk of potential cross infection have been reassessed to ensure they are not negatively impacting on residents' rights. The arrangements to ensure meaningful engagement for all residents in activities is being reviewed in conjunction with the infection control team and through feedback from the residents' committee meetings.</p> <p data-bbox="172 819 1426 972">The reintroduction of group activities to support the overall health and wellbeing of residents is being implemented on a phased basis taking into consideration the measure to support physical distancing in accordance with Public Health recommendations for Residential Care Facilities, and residents' choice and wishes.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	27/08/2021
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	23/08/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events	Substantially Compliant	Yellow	25/08/2021

	involving residents.			
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	07/08/2021
Regulation 28(1)(a)	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.	Substantially Compliant	Yellow	19/07/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	19/08/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of	Not Compliant	Orange	19/07/2021

	residents.			
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	06/08/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	21/07/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	16/07/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	16/07/2021