



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

|                            |                                  |
|----------------------------|----------------------------------|
| Name of designated centre: | Oghill Nursing Home              |
| Name of provider:          | Eochiall Enterprises Limited     |
| Address of centre:         | Oghill, Monasterevin,<br>Kildare |
| Type of inspection:        | Unannounced                      |
| Date of inspection:        | 10 February 2021                 |
| Centre ID:                 | OSV-0000077                      |
| Fieldwork ID:              | MON-0031898                      |

## About the designated centre

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

Oghill Nursing Home is a private family run 34 bedded centre, open since 1997. The centre is situated in a rural setting, a short drive from the town of Monasterevin. The centre comprised of 24 single bedrooms and five twin bedrooms all located on the ground floor. Communal rooms comprised of a sitting room, a day room, a conservatory, a dining room and a link lounge. The centre had an enclosed outdoor courtyard for residents. The centre accepts both male and female residents over the age of 18 years and provides 24 hour nursing care. The centre caters for residents with long term, respite, convalescence, dementia and palliative care needs. The provider employs nurses, care support staff, catering, household, administration and maintenance staff to meet residents' needs. The centre's statement of purpose stated that their aim is to provide residents with a safe, secure, 'home away from home' environment, which promotes the health and well being of all. Oghill Nursing Home also aims to provide residents with a person-centered service, access to information and protection of rights and to deliver safe and effective services using the best available evidence and information.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 27 |
|--|----|

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 |
|-------------------------------|-------------------------|----------------|------|
| Wednesday 10<br>February 2021 | 10:30hrs to<br>16:30hrs | Helena Grigova | Lead |

## What residents told us and what inspectors observed

The inspector spoke with eight residents who described their lives in the centre and their experience of the COVID-19 pandemic. The general feedback from residents was of satisfaction with the care and service provided. The inspector observed the atmosphere in the communal area to be relaxed and happy.

The inspector arrived to the centre unannounced and staff guided the inspector through the infection control precautions necessary on entering the designated centre. The person in charge of the centre was absent on the day of the inspection but the deputy manager of the centre was present. The deputy manager showed an excellent knowledge of the centre and resident's needs. The deputy manager had introduced the inspector to the residents and staff. The atmosphere was very welcoming and the residents were happy to chat. The inspector observed that residents were encouraged and facilitated to socially distance as per national guidelines, in response to the COVID-19 pandemic. One resident described the pandemic experience as "I'm on my own, but I don't feel on my own. I can do the things I want to do here. I watch TV programmes that I want to watch and the staff do everything for me that needs doing. I'm very at home here".

The inspector completed a walk about of the designated centre with the deputy manager and found that the premises was well laid out. Residents were satisfied with their bedroom accommodation and they confirmed that they had enough storage space, including locked storage space. All bedrooms were bright, with a view of the outdoors. The inspector observed that there were televisions in all bedrooms and many of the residents had personalised their bedrooms with their own furniture, family photographs, ornaments and plants. The centre was clean and suitably decorated to ensure a comfortable and homely residence. Residents had access to a well-maintained and landscaped external garden. Photographs on display showed that the residents enjoyed the festive times in the garden during the summer months.

The inspector observed that there was a relaxed atmosphere in the centre and good interactions between staff and residents. The residents were chatting and joking amongst themselves and with staff. Residents said they "love it here, it's my home". Residents told the inspector that they knew they could make a complaint if they were dissatisfied but they wouldn't as there is nothing to complain about. Another resident said 'I wouldn't stay here if I didn't like it here'.

A recent residents' feedback survey was carried in the centre and the person in charge completed the analysis of residents' and relatives' responses and implemented improvements in response to their feedback which improved the quality of residents' daily life. For example, the activity programme was adjusted to reflect residents wishes and menu was updated based on the residents preferences. The residents who spoke with the inspector confirmed that they felt they were listened to and there was always positive and efficient reply to their requests. This

was supported by the records from residents meetings.

The inspector observed that the residents interactions with staff were seen to have an individualised and person-centred approach. The inspector saw staff dancing with the residents and residents were laughing, clapping hands and truly enjoyed activity programme during the day. All residents who spoke with the inspector said that they felt valued and respected. The residents said that they were not afraid to speak with the staff about anything and felt as a part of the family.

The inspector found that the centre was well managed. It was evident that the staff worked very closely together and they said that they felt supported by the management. The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety.

Overall, every person who communicated with the inspectors had a positive outlook to the future, looking forward to the vaccination for the COVID-19 and expressed confidence in the service and supports available to them.

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

The purpose of this inspection was to monitor ongoing compliance with the regulations and to review infection prevention and control measures in light of the COVID-19 pandemic. The centre had remained COVID-19 free up to the time of this inspection.

The centre is owned and operated by Eochiall Enterprises Limited who is the registered provider. The management team operating the day to day running of the centre consists of a Director of Nursing (DON) who is supported by an assistant director of nursing, registered nurses, care staff, kitchen, household, cleaning, laundry, administration staff and maintenance staff. The lines of accountability and authority were clear and all staff were aware of the line management structure.

The governance systems in place were robust. There were systems in place to ensure that the provider had good oversight of all aspects of the service. Key performance data was gathered and analysed and audits were completed. Clinical audits were carried out on call bell, end of life, complaints, residents' care plans, weight loss, infections, pressure ulcers/wounds, medications and others. The results of audits were analysed and handled appropriately. A commitment to continuous quality improvement was evident.

The centre had appropriate policies on recruitment, training and vetting of new employees. There was a comprehensive programme of training in place. All staff had

completed training on COVID-19 infection, hand hygiene and wearing/removal of personal protective equipment (PPE). There was also a good tracking system where the time-lines of testing, test results, and vaccination records with the COVID-19 vaccine.

A review of staff records showed that staff were recruited in compliance with employment and equality legislation, including the appropriate An Garda Siochana vetting disclosures. All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

There was a suite of comprehensive policies in place which had been regularly updated and provided guidance to staff on the standard of care that was to be implemented in the designated centre. Policies and procedures had been reviewed and amendments added to reflect the risk that COVID-19 presented.

A synopsis of the complaints procedure was displayed with information about the nominated complaints officer and the independent appeals process. Complaints were generally managed in line with the complaints policy.

There was on going investment in the service and the maintenance programme. Maintenance plans for 2020-2021 included:

- Upholster chairs.
- Extra storage unit for PPE and cleaning products
- Refurbishment of front door and fire doors.
- The log cabin for visitors- this was completed and the area surrounding the log cabin was developed.

The management team were very responsive to the inspection process and engaged proactively and positively throughout this inspection.

## Regulation 15: Staffing

The number and skill mix of nursing and care staff were appropriate to the assessed direct care needs of residents. There were sufficient staff on duty to provide safe care and support for the residents. There was a minimum of one registered nurse on duty at all times. The person in charge and assistant person in charge were additional to the nursing compliment during the week. Staff were supervised and were aware of the line management reporting arrangements. On-call arrangements were clear and ensured that staff had prompt access to managerial and clinical support when needed.

Judgment: Compliant

## Regulation 16: Training and staff development

A comprehensive training matrix was available to the inspector for a review. There was evidence that mandatory training was completed along with other relevant training such as the understanding of Alzheimer's, dementia care, health and safety, dying and bereavement, dysphagia and nutrition. Nursing staff also attended clinical training such as wound care, medication management, end of life care and swab training for COVID-19. Staff told the inspector they were supported in their role during the course of the pandemic. They all worked very closely together and were aware of the accountability of their actions outside of the centre. Staff said that they are very proud of keeping all residents safe and free of COVID-19.

Judgment: Compliant

## Regulation 23: Governance and management

The designated centre was well resourced and effectively managed to ensure that a good quality and safe service was being provided for the residents. The designated centre is family owned and managed. There was a clearly defined management structure in place which specified roles and detailed the responsibilities for all areas of the service. There were regular senior management meetings in the centre and effective communication and oversight was evident.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with a detailed quality improvement plan for the year ahead. This review was prepared in consultation with residents and their families. A copy of the review was available to residents.

Judgment: Compliant

## Regulation 3: Statement of purpose

The centre had an up-to-date statement of purpose containing all the information required under Schedule 1 of the regulations available for review. This contained a statement of the designated centre's vision, mission and values.

Judgment: Compliant

## Regulation 31: Notification of incidents



All statutory notifications of incidents and quarterly monitoring notifications had been appropriately submitted to the Chief Inspector within the timescales specified by Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Page 11 of 27 Centres for Older People) Regulations 2013.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints log was available, and the sample of records reviewed showed details on the nature of the complaint, the investigation, communication with the resident and family. However, in one complaint the outcome of the investigation, the action taken and the level of satisfaction from the complainant was not recorded.

Judgment: Substantially compliant

### Quality and safety

Residents were receiving a high standard of safe and appropriate care to meet their assessed needs. Positive interactions between staff and residents were observed during the inspection. Records reviewed indicated that there was good ongoing communication and consultation with residents. A number of residents had complex health and social care needs. A multi-disciplinary approach was used to develop appropriate, person-centred care plans for each resident. Care plan review contained input where necessary from the resident's general practitioner and allied health services such as dietician, speech and language therapy or tissue viability nurse.

There was a fire safety policy and strategy in place. Emergency fire plans were displayed throughout the building. Records were demonstrated of fire safety checks such as daily, weekly and monthly checks and these were comprehensively maintained. Service records showed that the fire safety equipment including fire extinguishers, the fire alarm and emergency lighting were checked at appropriate intervals. All residents had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. Staff were up to date with annual fire safety training. Simulated fire drills were held regularly to facilitate staff to practice fire evacuation procedures. However, the inspector found that no record was available for a whole compartment evacuation drill with night time staffing levels. A drill was conducted and submitted to the Chief Inspector following the inspection, this provided assurances that a compartment with six residents could be safely

evacuated in a timely manner.

The centre had up-to-date policies and procedures relating to health and safety. 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. A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place. There were suitable arrangements for recording adverse events and incidents in the centre. These were investigated and learning from these to manage future risk and improve the service quality.

Residents who spoke to the inspector said that they were consulted about the daily activity schedule and planned activities were changed if residents preferred to do another activity. The activity program was displayed on the activity board in large footprint to make it accessible to all residents. There were suitable facilities in place and the inspector observed that seats had been spaced out so that residents engaged in small group activities would comply with social distancing requirements. Residents had access to daily newspapers, television and Internet services and were well-informed about the news and current public health guidelines. Televisions and radios were seen in residents' bedrooms and residents were seen reading the daily paper.

All residents looked well-groomed. The hairdresser had not attended the centre in several months, however the management team has confirmed that one of the care staff is qualified hairdresser and continued to provide a weekly services for residents.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions or allegations of abuse.

## Regulation 11: Visits

The centre normal run of the centre was disrupted due to the COVID-19 pandemic. The centre was currently closed to visitors except in exceptional and compassionate circumstances for end of life. Relatives were observed coming to windows outside of the bedrooms and the sitting room. The family were able to communicate with residents via telephone or video calls. Relatives who met the inspector confirmed that staff always made them feel welcome and they are happy to adhere to current guidelines as they know that the residents are safe.

Judgment: Compliant

## Regulation 26: Risk management

The centre had a risk management policy in place and regularly completed environmental and individual risk assessments. However, hazards were identified on the day of inspection which were not risk assessed:

- A service record for bedpan washer indicated that the last service was completed in November 2019. Maintenance records required further review and improvements in servicing schedule.
- The oxygen concentrators were not easily accessible in case of emergency. Also there was no cautionary signage in place warning against the use of naked flames etc and would present as a fire risk.

Judgment: Substantially compliant

## Regulation 27: Infection control

Overall audit results showed good compliance, however, through this inspection the need for further improvement was identified, as detailed further below:

The oversight and management of cleaning process and procedures needed to be improved upon. For example:

- The cleaning trolley was dirty and there was no procedure in place to ensure this equipment was deep cleaned. A review the induction and training of housekeeping staff was warranted to ensure they had the necessary skills and knowledge to carry out their role effectively.
- There were inconsistencies in the housekeeping checklist for daily cleaning. There were gaps in the cleaning schedule documentation of frequently touched areas and terminal cleaning records for resident rooms. The cleaning schedules for ancillary facilities needed review.
- The inspector saw that there was not sufficient segregation of clean and used linen. Used linen when it was taken to the laundry to be washed was transported through an area where clean duvets and other clean equipment was stored. This presented a risk of cross contamination, therefore work-flows in the laundry required review.
- Cleaning schedule for medical equipment and storage of drip stands required immediate attention. It was evident that equipment was stored without being cleaned properly.
- Seating which was upholstered with fabric was evident in several communal areas but there was no system to ensure that these were effectively cleaned.

This inspection also identified additional opportunities for improvement in relation to the ancillary facilities inspected:

- The storage of residents' equipment required full review. For example five commodes were stored in the sluice room and were blocking the access to the bed pan washer and residents hoist was stored in residents bedroom.
- The treatment room was cluttered with equipment and could therefore not be effectively cleaned.
- There was no signage on bedroom doors, when residents required to be isolating.
- The surface of the hand rails on the corridors and some armchairs was chipped and could not be effectively cleaned.
- There was no drip tray under the storage unit in the sluice room.

Judgment: Not compliant

### Regulation 28: Fire precautions

The inspector noted that a number of fire doors throughout the centre required attention. Two doors in the centre had significant gaps between the doors and door frames making them ineffective to contain fire, smoke and fumes in the event of a fire. The inspector noted that the replacement of fire doors and frames was included in the quality improvement plan for 2020. Given the degree of risk to risk provider was required to progress this action as a priority.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

All residents in the centre were comprehensively assessed before the admission to the centre. Evidence-based risk assessments were in place to determine the dependency and care needs of residents and care plans were completed within 48 hours of residents' admission. The inspector reviewed a sample of care plans for a number of residents, including end of life care, wound care, COVID-19 precaution and COVID-19 safe care, weight loss. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated in regular intervals.

Residents' end-of-life care plans described their wishes in relation to their physical, psychological and spiritual care. Some residents' care documentation recorded advanced care directives. Specialist palliative care advice was available remotely. Anticipatory prescribing was in place to ensure residents were provided with timely effective pain relief and symptom management. There was also evidence that residents and their relatives, where appropriate, were consulted in the development of the care plans.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. Residents had a choice of general practitioners (GP). GPs continued to visit residents weekly or more often if required. Dietetic support, occupational therapy and speech and language therapy services were also available on a referral basis. A chiropodist visited the centre on a three monthly basis. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians. Furthermore consultant specialists in Gerontology and Psychiatry of Old Age were also available to provide additional expertise and support.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights were upheld and that care was person centred. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of whether they wished to stay in their room or spend time with others. Some residents told the inspector that they enjoyed reading the daily newspapers that were delivered to the centre. Residents told the inspector that they liked the food, and commended the good variety and choices on offer. The inspector saw that drinks were readily available and that staff prompted residents to have drinks during the day.

Activities had continued throughout the period of national restrictions. These activities were modified to include the need for social distancing where possible. Residents' meetings were convened and the records evidenced that residents' views were sought and acted upon.

Judgment: Compliant

### Regulation 8: Protection

The inspector found an allegation of verbal abuse had been managed as a complaint and not identified as abuse. Hence it was not managed in line with the centre's safeguarding policy.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title                                  | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                    |                         |
| Regulation 15: Staffing                           | Compliant               |
| Regulation 16: Training and staff development     | Compliant               |
| Regulation 23: Governance and management          | Compliant               |
| Regulation 3: Statement of purpose                | Compliant               |
| Regulation 31: Notification of incidents          | Compliant               |
| Regulation 34: Complaints procedure               | Substantially compliant |
| <b>Quality and safety</b>                         |                         |
| Regulation 11: Visits                             | Compliant               |
| Regulation 26: Risk management                    | Substantially compliant |
| Regulation 27: Infection control                  | Not compliant           |
| Regulation 28: Fire precautions                   | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant               |
| Regulation 6: Health care                         | Compliant               |
| Regulation 9: Residents' rights                   | Compliant               |
| Regulation 8: Protection                          | Substantially compliant |

# Compliance Plan for Oghill Nursing Home OSV-000077

Inspection ID: MON-0031898

Date of inspection: 10/02/2021

## 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 34: Complaints procedure   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The outcome of the investigation, the action taken and the level of satisfaction from the complainant has been recorded and the case is now closed off. A risk assessment has been completed to prevent recurrence.</p> <p>Completed.</p>   |                         |
| Regulation 26: Risk management  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Bedpan washer maintenance service record is up to date and completed and an annual service record is now in place. This was submitted to HIQA on 11/02/2021 . This has been included in our risk register.</p> <p>Oxygen concentrators are now stored in the equipment room and are easily accessible. Cautionary signage to indicate where oxygen concentrators are stored is now in place. Oxygen concentrators are never plugged in when not in use. Cautionary signage to indicate when oxygen is in use is always put in place. On the day of inspection no oxygen concentrators were plugged in as no one required oxygen.</p> <p>Completed.</p> |                         |



|  |               |
|--|---------------|
| Regulation 27: Infection control   | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The cleaning trolley is cleaned after every cleaning shift and deep cleaned weekly. It is now included and documentated in our cleaning schedule records.<br/>Completed.</p> <p>All housekeeping staff have IPC training completed on HSEland . A new induction and training pack for housekeeping staff has been implementated.<br/>Frequently touched areas have been included in the cleaning schedule documentation.<br/>Housekeeping staff have been reminded to sign when terminal cleaning has been carried out on residents rooms.<br/>Completed.</p> <p>Used linen is now transported directly to the washing area and not through the clean linen area thereby by reducing the risk of cross contamination. Used linen trolleys always have closed lids in place.<br/>Completed.</p> <p>The two drip stands in question have been removed. There is a cleaning schedule for medical equipment with named staff responsible . All staff have been reminded to keep up with their responsibilities and documentation.<br/>Completed.</p> <p>There are three seats with fabric covering in the nursing home, two have been sent for reupholstery in a wipeable material. The remaining fabric covered chair in one residents room is now steam cleaned weekly and this has been included in the cleaning schedule.<br/>Completed.</p> <p>Following review the number of commodes stored in the sluice room has been reduced ensuring easy access to the bedpan washer.<br/>Completed.</p> <p>There is a specific area for storage of hoists . Staff have been reminded to return hoists to the allocated area after use and to sign confirmation of decontamination between use on residents.<br/>Completed.</p> <p>Shared residents equipment is decontaminated after each use<br/>A decontamination schedule of shared residents equipment has been implementated.<br/>Completed.</p> <p>The treatment room has now been decluttered and is easily accessible for cleaning.<br/>Completed.</p> <p>There was a fridge available to store specimens . Signage has been put in place to indicate this.<br/>Completed.</p> <p>Initially there was signage to highlight the isolation area but this was found to have an upsetting fearful effect on the residents whose bedrooms are located close to the isolation area and the signage was removed. We have now put in place individual signs on the allocated isolation bedroom doors.<br/>Completed.</p> |               |

|  |                         |
|--|-------------------------|
|  |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/> Fire door replacement was completed in 2020. New intumescent strips were required for fire doors in rooms 22 and 24 and these have been replaced.<br/> Completed.</p>  |                         |
| Regulation 8: Protection   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:<br/> An NFO6 form has been completed and submitted to HIQA on 11/02/2021 as per our safeguarding policy in line with the safeguarding vulnerable adults national policy and procedure. A risk assessment has been carried out to prevent a recurrence.<br/> Completed.</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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 26(1)(a) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre. | Substantially Compliant | Yellow             | 12/02/2021                      |
| Regulation 26(1)(b) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.              | Substantially Compliant | Yellow             | 11/02/2021                      |
| Regulation 27       | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare  | Not Compliant           | Yellow             | 12/03/2021                      |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | associated infections published by the Authority are implemented by staff.   |                         |        |            |
| 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 | 08/03/2021 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 11/02/2021 |
| Regulation 34(1)(g) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the   | Substantially Compliant | Yellow | 11/02/2021 |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | outcome of their complaint and details of the appeals process.   |                         |        |            |
| Regulation 34(1)(h) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint. | Substantially Compliant | Yellow | 12/02/2021 |
| Regulation 8(1)     | The registered provider shall take all reasonable measures to protect residents from abuse.  | Substantially Compliant | Yellow | 11/02/2021 |
| Regulation 8(2)     | The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.  | Substantially Compliant | Yellow | 12/03/2021 |
| Regulation 8(3)     | The person in charge shall investigate any incident or allegation of abuse.  | Substantially Compliant | Yellow | 11/02/2021 |