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:	Deerpark Nursing Home
Name of provider:	Deerpark Nursing Home Limited
Address of centre:	Deerpark Nursing Home, Lattin, Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 November 2022
Centre ID:	OSV-0000222
Fieldwork ID:	MON-0037876

About the designated centre

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

Deerpark Nursing Home was located in a rural area outside the village of Lattin, Co. Tipperary and provided residential services for 33 older people. The centre was purpose built and first opened in 1972. The provider acquired the centre in 1995. The premises had been renovated a number of times over the intervening years and there had been significant improvements and renovation works in the premises in 2016. For example, there had been significant extension completed in 2016 to increase the number of single bedrooms, extended/renovation of the dining room and provision of new laundry facilities. The centre has accommodation for 33 residents in 10 twin rooms and 13 single rooms, of which there were 10 single en-suite rooms and one twin en-suite room. There was suitable outside paths for residents' use and an enclosed courtyard area with planted flower pots and garden seating provided. There was plenty of outside parking provided to the front and side of the premises.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33

How we inspect

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 2 November 2022	09:30hrs to 17:30hrs	Mary Veale	Lead
Wednesday 2 November 2022	09:30hrs to 17:30hrs	John Greaney	Support

What residents told us and what inspectors observed

This was a pleasant centre where residents enjoyed a good quality of life and were supported to be independent. Residents rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. The overall feedback from residents' was one of satisfaction with the care and service provided. Residents were very positive about their experience of living in Deerpark Nursing Home. The inspectors greeted all the residents on the day of inspection and spoke in detail with ten residents. The inspectors spent time observing residents' daily lives and care practices in order to gain insight into the experience of those living there.

On arrival the inspectors were met by the person in charge. Following a brief introductory meeting with the person in charge and the registered provider representative, the inspectors were accompanied on a tour of the premises.

The centre was homely and clean and the atmosphere was calm and relaxed. The design and layout met the individual and communal needs of the residents. The inspectors spoke with and observed residents in communal areas and their bedrooms. The centre comprised of a single storey building with 23 bedrooms. Armchairs and sofas were available in all communal areas. Communal spaces were spacious, comfortable and bright with views of the surrounding country side. The living room had a fireplace and large television. The living room had an adjoining quiet room for residents' who wished to spend time alone and was a space in which residents' could read the newspaper, listen to music or partake in one to one activities.The dining room had a homely kitchen atmosphere with nicely decorated table clothes. The centre had an indoor smoking room available to residents who choose to smoke. The inspectors observed that the corridors were decorated with pictures, were sufficiently wide to accommodate walking frames and handrails were installed in all corridor areas. Sitting areas were provided in larger corridors areas which were observed to provide a rest area for some residents who walked around the centre. Call bells were fitted in bedrooms, bathrooms, smoking room and communal rooms.

The residents bedroom accommodation was single and twin occupancy bedrooms. Ten bedrooms had an en-suite toilet, shower and wash hand basin. Nine bedrooms had an en-suite toilet and wash hand basin and three bedrooms had a wash hand basin. Bedrooms were personalised, decorated with resident's photographs and art work. Lockable locker storage space was available for most residents and personal storage space comprised a set of drawers and double wardrobe space. Pressure reliving specialist mattresses, cushions, crash mats and other supportive equipment was seen in residents' bedrooms.

The centre had open access to a large internal outdoor courtyard area. This area had artificial grass, garden tables and chairs, and attractive potted plants. Inspectors were told that this area was used by residents and staff when the

weather allowed.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspectors observed many examples of kind, discreet, and person- centred interventions throughout the day. The inspectors observed that staff knocked on resident's bedroom doors before entering. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents very complimentary of the staff and services they received. Residents said they felt safe and trusted staff. Residents told the inspectors that staff were always available to assist with their personal care.

Residents spoken to said they were happy with the activities programme in the centre. Group activities were observed taking place in the living room throughout the day. The inspectors observed staff and residents having good humoured banter during the activities. The inspector observed the staff chatting with residents about their personal interests and family members.

Residents enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. Residents told the inspectors that they had their breakfast in bed and were not rushed. The inspectors observed the dining experience for residents in the dining room. The meal time experience was quiet and staff were observed to be respectful and discreetly assisted the residents during the meal times.

The centre provided a laundry service for residents. Some residents who the inspector spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing. A small number of residents preferred to have their clothes laundered by a family member.

The inspector observed that visiting was facilitated. The inspectors spoke with two family members who were visiting. The visitors told the inspector that there was telephone booking system in place. Visitors spoken to were very complementary of the staff and the care that their family members received.

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

This was an unannounced risk inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspector followed up on notifications submitted to the Chief Inspector of Social Services since the previous inspection. The provider had progressed the compliance plan following the previous inspection

in June 2021, and improvements were found in relation to Regulation 5: individual assessment and Regulation 7: managing behaviour that is challenging. On this inspection, the inspectors found that action was required by the registered provider to address Regulation 28: fire precautions, and areas of Regulation 11: visits, Regulation 17: premises, Regulation 21: records, Regulation 27: infection prevention and control, and Regulation 34: complaints procedure .

The registered provider is Deerpark Nursing Home Limited. The registered provider had operated the centre for over 27 years. The company had three directors, two of whom were involved in the day to day operations of the centre. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by a clinical nurse manager, a team of registered nurses and health care assistants, activity, catering, housekeeping, laundry, and maintenance staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The centre had staff who were train the trainers to facilitate training for staff in safe guarding, fire safety, infection prevention and control, and restrictive practice. In addition, the centre was using an on line education application platform which provided theory based training to staff which could be easily accessed on their personal devices. Staff with whom the inspectors spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls prevention and restrictive practice. Audits were objective, identified improvements and had actions plans which were time bound. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly management meeting agenda items included; corrective measures from audits, KPI’s, complaints, restrictive practice, fire safety, and training. The annual review for 2021 was available on the day of inspection. It set out an improvement plan for 2022 based on the findings from training needs analysis, audits actions, meetings actions and residents surveys.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre’s policies. Policies and procedures as set out in schedule

5 were in place and up to date.

Overall electronic and paper based records were well maintained. All records as set out in schedules 2, 3 & 4 were available to inspectors. Retention periods were in line with the centre's policy and records were stored in a safe and accessible manner. Improvements were required in relation to personnel records to ensure that a full employment history was in place.

There was an effective complaints policy and the procedure for making complaints was outlined in a complaints notice on display at the entrance to the centre. The procedure detailed the person responsible for dealing with complaints and an independent appeals process. Inspectors reviewed the complaints log and it was clear that complaints were recorded. There was a need however for more detail to be included in the complaints log. A review was also required of the process outlined in the complaints policy for oversight of complaints in the centre.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding residents from abuse and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

Actions were required to ensure that staff records contained all information as outlined in schedule 2 and schedule 4 of the care and welfare of residents in designated centres for older people Regulations 2013.

- In a sample of four staff files viewed, two of the staff files did not have a full employment history. Actions were required to ensure a full employment history of any gaps was completed for all staff files to ensure that staff records were in line with schedule 2 requirements.
- Menu's were not available for residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls and restrictive practice. These audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the

Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre’s policies.

Judgment: Compliant

Regulation 34: Complaints procedure

While complaints were recorded, there was insufficient detail in the record of the investigation undertaken or any interventions in response to the complaint.

The complaints officer was identified as the person responsible for overseeing complaints, to ensure all complaints were responded to and that adequate records were maintained. This is not in accordance with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The rights of the residents’ was at the forefront of care in this centre. Staff and management were seen to encourage and promote each residents’ human rights through a person-centred approach to care. The inspectors found that the residents’ well- being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Improvements were required in relation to fire safety ,the premises, and infection prevention and control.

While visiting was still being booked, there was no restriction to visits in the centre. Visitors were seen to take place in the visitor’s room and resident bedrooms. There were ongoing safety procedures in place for example; temperature checks, questionnaires and hand washing procedures.

The centre was bright, clean and generally tidy. The overall premises were designed

and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and a programme of decorative upgrades was in place, ensuring the centre was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available outside all bedroom corridors. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents. However, some improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centre had a curtain cleaning schedule. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. Updated IPC guidance and actions required from specific IPC audits were evident. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

The centre had a risk management policy that contained actions and measures to control specified risks set out in regulation 26. The centre's risk register detailed centre-specific risks and the control measures in place to mitigate the risks identified. The risk register also identified the risks and controls in place related to the COVID-19 pandemic.

Fire safety management systems were reviewed. There were electronic door closure devices on cross corridor compartment doors and these were seen to work effectively when the electricity briefly cut out during the inspection. The emergency generator was noted to seamlessly take over the provision of power during the outage. There were battery operated door closures devices on some bedrooms and all were operational. There was a need to review one fire door that had a gap that would impair its operation in the event of a fire.

Assurances were required that residents could be evacuated from the centres largest compartment in a timely manner in the event of a fire. Simulated fire drills had not been practiced in the centre's largest fire compartment and on minimum staffing levels. A fire drill report was submitted following the inspection which demonstrated good evacuation times of the centre's largest compartment. Ongoing drills were required to ensure all staff were familiar the procedures to be followed in the event of a fire in order to ensure safe and timely evacuation of all residents and staff.

Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEPs identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed

throughout the centre, in each compartment. These required review to ensure they accurately reflected the design and layout of the centre. Staff spoken to were familiar with the centres evacuation procedure. Effective systems were not in place for the maintenance of the fire detection, alarm systems, and emergency lighting.

On the day of inspection there was one resident that smoked. While a risk assessment had been conducted, it was not personalised to adequately reflect the assessment of risk associated with that resident. A fire blanket, suitable ashtrays and a call bell were in place in the smoking room. A fire extinguisher was available outside the smoking room door which was easily accessible in the event of a fire in this room. Improvements required in relation to fire safety are discussed in more detail under Regulation 28 of this report.

The inspectors observed that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspectors were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls and infections. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required an in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiropodist. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. Nine of the thirty three residents had bed rails in place. This was a reduction of 15% in the use of bed rails since the previous inspection. There was evidence that the centre was continually engaging to reduce bed rail usage with a cohort of residents who choose to have bed rails in place for their own individual reasons. There were no residents with lap belts. Bed rails risk assessments were completed and inspectors were informed that the use of restraint was kept under constant review with a view to keeping restraint to a minimum. The front door to the centre was electronically locked.

The centre had arrangements in place to protect residents from abuse. There was a

site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights and choices for the most part were respected, and residents were actively involved in the organisation of the service. Resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details were displayed in the centre. Residents has access to daily national newspapers, local newspapers, books, televisions, WIFI, and radio's. Mass took place in the centre weekly. There was evidence that the centre had returned to pre-pandemic activities, for example; day trips to local areas such as a river cruise in Kilaloo. Weekly activities included bingo, arts and crafts, exercise classes, baking and rosary recital. The centre had a resident dog and had recently had a garden party, take away night and a glamour shoot activity.

Regulation 11: Visits

Visiting was not in line with the most up to date guidance for residential centres.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and personal possessions. Residents' clothes were laundered on site and adequate arrangements were in place for the return of clothes to residents following laundering.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Two floor tiles were missing in the sluice room.
- Lockable storage space required review, residents in rooms 5, 6, 11 and 14

did not have a lockable secure storage space.

- The storage area adjacent to the smoking room required review as it was cluttered with items such as board games, books, toiletries and cleaning equipment. This posed a safety risk to staff working and residents living in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register that identified the procedure for identifying and managing risk in the centre. The policy identified the measures and actions in place to control risk, including the risks specified in the regulations.

Judgment: Compliant

Regulation 27: Infection control

Actions were required to ensure the environment was as safe as possible for residents and staff. Some equipment and the environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Urinals were stored on the cisterns of communal toilets which posed a high risk of contamination and risk of transmission of infection.
- A review of the centres bathroom and toilet radiators was required as some contained rust. This posed a risk of cross contamination as staff could not effectively clean the rusted part of the radiators.
- Storage of large bulk supplies of new toiletries in the centres bathroom required review as they posed a risk of contamination and risk of transmission of infection.
- A review of the centres bins was required as some were hand operated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety management systems, including:

- while fire drills had been undertaken, these had not been undertaken at a suitable interval to ensure a safe evacuation of residents in the event of a fire.
- there was inadequate detail in the fire drill records, such as mode of evacuation for each resident, to ascertain the effectiveness of the drill.
- there was a large fire compartment containing eighteen beds and assurances were required that all residents in this compartment could be evacuated in a timely manner at the time of highest risk.
- preventive maintenance had not been conducted on emergency lighting at quarterly intervals in accordance with the requirements of relevant standards. Records were not available to ascertain when the most recent maintenance had taken place.
- there was a gap in the preventive maintenance schedule of the fire alarm system from April 2022 to October 2022, which is outside of the recommended quarterly schedule.
- there was a gap in a fire door and it would not therefore effectively prevent the spread of smoke and fire in the event of a fire.
- evacuation plans on display did not accurately reflect the design and layout of the centre and did not clearly identify where you were in relation to the nearest exit in the event of a fire.
- smoking risk assessments did not adequately assess the risk associated with individual residents or identify the level of supervision required while smoking.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when

appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. The use of restraint in the centre was high but was kept under review and used in accordance with the national policy. Staff were knowledgeable of individual resident's behaviour and were observed to be kind and caring in all interactions with residents. Alternatives measures to restraint were explored and the least restrictive measures were put in place.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially 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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Deerpark Nursing Home OSV-0000222

Inspection ID: MON-0037876

Date of inspection: 02/11/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff records: When application forms are completed we will ensure full employment history is completely checked. Menu's: have now been updated and menus available on display and available individually for all residents.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We have adjusted complaints procedure poster, as requested by inspector, complaints officer registered provider, complaints auditor Person In Charge	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Following inspection we undertook a residents meeting, and we sent emails and letters to all families with regard to a continued scheduled visiting. It was highlighted in emails and letters that there will be no restrictions on visits only we would like to know times and who is visiting for general safety of residents and staff. The replies were very positive from both resident's and families, and they are all in favour and very happy to	

ring and get times to visit. Risk assessment also completed

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Premises: Two floor tiles missing: Fixed
Lockable space for all residents now available
Storage area adjacent to smoking completely cleared

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Urinals stored in appropriate stands completed
Rust on radiators in bathroom being attended to by maintenance
Foot operated bins purchased to replace hand operated bins

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire Drills: Will be increased to be done at regular intervals, for all staff to ensure a safe evacuation of residents during fire drills that all staff are aware of the 'Peeps' and review regularly FIRE DRILL was completed for all night staff in the largest zone. This has been documented, improvements need to be made and drills will be increased in 2023 ELECTRICAL LETTER now contracted to ensure quarterly maintenance is completed, and maintained. first quarterly check has been completed FIRE ALARMS COMPANY now contracted, quarterly check completed before HIQA visit. FIRE DOOR gap in door into smoking area, fixed EVACUATION PLANS AND MAPS. Now completed and all on display as required in appropriate areas. SMOKING ASSESSEMTENTS. Careplans and assessments have now been updated and reviewed for all residents that smoke

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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	07/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	07/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	07/12/2022
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	07/12/2022

	consistent with the standards for the prevention and control of healthcare 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.	Not Compliant	Orange	31/01/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	31/12/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Not Compliant	Orange	31/01/2023

	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.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2022
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 residents.	Not Compliant	Orange	31/01/2023
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a	Substantially Compliant	Yellow	07/12/2022

	resident’s individual care plan.			